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Management of Tactical Defenses in Intensive Short-term Dynamic Psychotherapy, Part I: Overview, Tactical Defenses of Cover Words and Indirect Speech

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In this two-part article the author presents the management of tactical defenses in his technique of intensive short-term dynamic psychotherapy (IS-TDP) as well as in his method of psychoanalysis. He describes the spectrum of tactical defenses. Part I primarily focuses on the management of the tactical defenses of cover words and indirect speech.

Introduction

I have already both presented and published the discovery of the technique of "Unlocking the Unconscious" and have demonstrated that this provides opportunity for both the therapist and the patient to have a direct view of the psychopathological dynamic forces responsible for the patient's symptom and character disturbances. I have described a powerful technique of intensive short-term dynamic psychotherapy (IS-TDP) as well as the highly powerful method of psychoanalysis. I have emphasized that the technique can be applied to the whole spectrum of psychoneurotic disturbances as well as those with fragile character structure.

Briefly, the major features of the patients on the extreme left of the spectrum are: high degree of responsiveness; single psychotherapeutic focus; absence of the unconscious murderous rage; and the nature of the resistance is very much different than that of patients on the right side of the spectrum.

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I have outlined some of the main characteristics of highly resistant patients within the spectrum and indicated that all these patients demonstrate a highly complex core pathology and there is the presence of major trauma, the pain of the trauma and reactive murderous rage or primitive murderous rage and intense guilt- and grief-laden unconscious feelings. In all of these patients we see the presence of the major resistance.

The "central dynamic sequence" in the process of unlocking the unconscious and the technique of handling major resistance have been described. The dynamic sequence consists of a series of phases: inquiry; pressure; challenge; transference resistance; direct access to the unconscious; and systematic analysis of the transference.

Here I will summarize some of the important features of the technique:

(1) Pressure leading to rise in the transference and to resistance in the form of a series of defenses.
(2) Challenging the resistance; heavy crystallization of the patient's character defenses in the transference; transference resistance.
(3) Mounting the challenge to the transference resistance; head-on collision with the transference resistance.
(4) Rapid breakdown of the major resistance and direct access to the unconscious.
(5) To loosen the patient's psychic system and to change the situation from the dominance of the resistance to the dominance of the unconscious therapeutic alliance, which is the first breakthrough into the unconscious.
(6) The most impressive fact in this whole transformation is reorganization of the unconscious and optimization of the unconscious therapeutic alliance.
(7) With direct and optimum experience of the transference feeling and optimum mobilization of the unconscious therapeutic alliance we see the passage of the murderous rage or primitive murderous rage in the transference; the transfer of the murdered body of the therapist to the murdered body of the mother, father or brother, etc; with the instant passage of the intense guilt-laden unconscious feeling; in this whole process the patient is in direct relationship with his or her early biological figure.
(8) I have described a new concept of transference. In contrast to all other forms of psychoanalysis, here we don't have any traces of the transference neurosis.

It has been emphasized that in patients suffering from psychoneurotic disorders, from the very early phase we should maintain predominantly our focus on the process rather than on the structure of the psychic system. But in patients suffering from fragile character structure, in the early phase we should maintain our focus on the structural pathology and then on the process. I have further indicated clearly that the therapists who want to work with this technique must have a comprehensive knowledge about the *new metapsychology of the unconscious* which I have introduced over the course of 30 years of systematic research.

Having given some general overview, now I want to focus on one of the important features of this powerful technique. Rapid mobilization of the unconscious mobilizes what I call "tactical" defenses and this has been presented in a large number of symposia, courses and other publications. It is essential for the therapist to be absolutely familiar with these tactical defenses used by the patient in the service of resistance so that he can be ready, when

appropriate, to challenge each one the moment it appears. They show an extraordinary uniformity across a wide range of patients.

Defense and Resistance

I have freely used these two terms without explicitly making clear the relation between them. These can be very easily defined as follows:

(1) Defense is any mechanism used for the avoidance of the true feeling.
(2) Resistance is the use of such defenses in the therapeutic situation.

Continuum of Tactical and Major Defenses

These two categories of defense form a continuum, and any attempt to draw a sharp distinction between them would only result in hair-splitting. In highly resistant patients, those with complex pathogenic unconscious, tactical defenses are aspects of major defenses and they can be considered the frontline defensive structure of the major resistance. While in patients with no major resistance, the resistance predominantly consists of a series of tactical defenses.

For example, the case of the "sister-in-law", a man in his twenties, married, who suffered from obsessional neurosis from the extreme left of the spectrum of the resistance, when the therapist inquired about the physical appearance of his sister-in-law:

TH: How would you describe your sister-in-law in terms of physical appearance?
PT: Physically she is a very attractive girl, very well built.

The therapist asks the patient to be more explicit.

PT: Hm hmm. In what way?

What happens now is of immense importance to anyone learning the technique. The patient showed his resistance by using a series of *tactical defenses.* These are not major defenses such as repression, projection, etc. Nevertheless, they are almost universal and appear over and over again in different patients, often in a regular sequence, as a response to pressure from the therapist. It is essential both to be able to recognize them immediately and to know how to handle them.

Now let's take another patient, this time from the mid-left of the spectrum of the resistance. He described an incident that he and his wife had quarelled a few days before the interview. The therapist questioned him about his feeling toward his wife and he responded:

PT: "I must," "maybe" I am feeling resentful...
I "must" be resentful.

By such devices the true experience of the feeling can be largely avoided. In interviews with patients, these kinds of devices are encountered again and again — the use of indirect and hypothetical phrases such as "maybe," "I think,"

"I guess," "I suppose," "sort of" provide as cover words to avoid or weaken an open declaration of something painful or anxiety-laden, and when the therapist puts pressure and challenges these defenses a stronger word may appear in their place, but the therapist should not necessarily be satisfied for such tactical defenses might be used to avoid the actual feelings.

As I have already mentioned, tactical defenses may be aspects of the major defenses and in patients with major resistance they can be considered the front-line defensive organization of the major resistance. This can be illustrated by focusing on the very early part of the interview with a young man in his thirties. He entered into the interview anxious, which had transference implication. The therapist exerts pressure towards his feeling:

TH: Let's to see how you feel about your coming here and seeing me.
PT: I felt nervous.
TH: That is one, what else?
PT: Uhh.

Here, anxiety is a defense against the underlying feeling and the therapist exerts further pressure "What else do you feel besides anxiety?" This immediately gives rise to the patient's transference feeling and mobilization of resistance. He puts his head down and says:

PT: I don't know, I don't know what my feelings are uhmm... other than feeling nervous about it and the nervousness comes from...

Now we see mobilization of the tactical defense of *diversification*, which is immediately blocked with pressure to the underlying feeling.

TH: Now you move to where the nervousness comes from. My question is what else do you experience besides nervousness?

Now the patient spontaneously introduces anger, but immediately also moves to *diversionary tactic* "my need to..." which is immediately blocked and then there is mobilization of the tactical defense of *retraction.*

PT: Uhmmm... I'm trying to think of anger, anger over my need to...

. . . . . .

PT: Well I don't know if I'm angry or not.

Then he again declares anger but with *diversionary tactic.*

PT: Yes I'm angry, at myself.
TH: You say you are angry but then you move and say you are angry at yourself. First let's to establish are you angry or aren't you angry, then second we go to . . .
PT: Yes.

The therapist exerts pressure on the actual experience of the anger and he moves to another tactical defense "*invisible frown.*" The therapist challenges this "that is a sentence," and exerts pressure to the actual experience of anger. The patient then moves to the tactical defense of *passive-compliance.* Then another tactical defense emerges, "*I don't know.*"

PT: What are we going to do about it? I don't know.
TH: "I don't know" is another helpless position.

The results in further intensification of the resistance crystallized in the transference with the emergence of *defiance.*

PT: You're asking me to give you words that will satisfy your question. I don't...

. . . . . .

PT: The anger I'm experiencing now is towards you. I don't wanna talk about it anymore.

What the therapist has done is exerting pressure to the underlying feeling, the anger, and this immediately mobilized a set of tactical defenses such as diversionary tactic, retraction, passive-compliance, vagueness, rumination etc. Each of these defenses was immediately challenged; immediate rise in the transference feeling; intensification and crystallization of the front-line character defenses in the transference. The therapist's pressure to the experience of anger immediately reactivates the unconscious defensive organization against the patient's unconscious murderous rage towards his sister, to a much higher extent towards his mother and to a lesser degree towards the father as well as intense guilt- and grief-laden unconscious feelings as well as the very center of his unconscious psychopathological dynamic forces: the attachment; the trauma; the pain of the trauma; reactive murderous rage; and subsequent traumas.

The therapist must always take into consideration that the two categories of the defense, tactical and major, form a continuum. The continuum can be illustrated by a frequently used defense of 'not remembering.' At one end, the patient may use the tactical defense of pretending that he can not remember something of which he is fully aware but which he does not wish to admit to the therapist; at the other end, he may genuinely be unaware of something held at bay by the major defense of repression; while in the middle are all gradations of not wanting to admit something to himself, which involves repression to a greater or lesser degree.

These two articles describe, with clinical examples, the categories of the tactical defenses most commonly encountered. The first article would address two major categories of commonly used tactical defenses, the tactical defense of cover words and the tactical defense of indirect speech. The second article would focus on the wide range of other tactical defenses that the therapist might see in the course of the work with their patients.

The Tactical Defense of Cover Words
Call defense in question
Challenge defense in question

This tactical defense is frequently encountered. The patient uses a weaker, watered-down word for the one he doesn't wish to say. Of all types of tactical

defense of cover words, those expressing anger and murderous rage are the most frequent. The following are examples: "upset me," "bothered me," "humiliated," "embarrassed," "unhappy," "frustrated," "annoyed," "irritated," "aggravated," "confusion," "uncomfortable," "dislike" and "pissed off."

Cover words	Intervention
" "	"'I felt terrible' is *just a sentence.*"
" "	"You are *back again* to the issue of 'embarrassed.'"
" "	"You are *helpless* to tell me what your inner experience was."
" "	"Do you notice you are totally incapable of telling me how you felt?"
" "	"'Embarrassment' is just a word. It doesn't tell us how you felt."
" "	"What is that? What is 'confusion'?"
" "	"You use the word 'confusion' for being uncomfortable?"
" "	"Now you move to 'confusion.' Still we don't know how you experience your anger."

The following are a few examples to illustrate the tactical defense of cover words.

Masochistic Woman with Brutal Mother

When she entered into treatment she was 30 years old, divorced and suffered from masochistic character pathology, episodes of depression, diffuse anxiety, and major disturbances in interpersonal relationships.

PT: I notice you are using the word "crippled" again... well she could walk with a walker, but she was "handicapped."

Here again the avoided word was too explicit because it would face the patient with the reality of what had happened to her grandmother, and her infinitely painful and guilt-laden feelings about it.

Tactical Defense of Cover Words for Anger

As already mentioned there are a wide range of tactical defenses used to avoid the expression of anger, rage, violent rage and murderous rage; they can be classified into a number of broad categories. We should keep in mind that in a large majority of patients suffering from character neurosis, particularly those on the right side of the spectrum of resistance, the anger itself is a cover word to avoid the unconscious murderous rage and intense guilt-laden unconscious feeling. Here we focus on the range of tactical defense cover words used to avoid anger.

Describing Distress Rather than Anger

"Upset," "agitated," are tactical defenses against anger. This is one of the commonest tactical defenses encountered in the therapeutic situation for avoiding the experience of anger. If underneath the anger there is violent rage or murderous rage, the person who is angry avoids by converting it into an appeal for sympathy.

The Case of the Hyperventilating Woman

At the time of the interview she was in her twenties, suffered from chronic anxiety, conflict in her marriage, conflict with members of her family and frequent attacks of hyperventilation.

PT: ...and then I had a conversation with my sister which "bothered" me a lot, and then for the next few hours I hyperventilated quite badly.

. . . . . .

PT: Yes, it "upset" me quite a bit.

In the second interview she described her husband's neglect:

PT: He'd come home from school at 3 o'clock. We'd have supper together and then he would have to go out again.
TH: And how did you feel toward that?
PT: That "upset" me a lot.
TH: Let's look at your feeling.
PT: "Disappointed."

The degree to which these words were being used as a cover for her real feelings may be judged from the obvious spontaneity of the following passage, which emerged after challenge and work on the transference.

PT: I was angry and I felt he was unfair. When finally I got the courage to tell him he was unfair, he didn't agree. I was angry because one of the first things we had ever said was that in our marriage we would have communication; and he kept promising me, "If it's too much, I'll give the drama group up." I told him in the first couple of weeks of our marriage it was too much. He said, "Well we'll give it a try." I told him again it was too much. He didn't see it was too much...

Again I emphasize that here the anger to which she admits now by itself is a defense against her unconscious murderous rage, which in subsequent unlocking became her mother. She saw her mother in the entrance of her bedroom dressed up in a white coat, like a nun, with a butcher's knife in her hand wanting to murder her (projection) and in the following week she experienced intense murderous rage with the visual image of having murdered her mother with a butcher's knife and mutilated the upper-middle chest of her mother and there was the passage of intense guilt-laden feeling. It is on that basis that I would say that anger here is a cover word and has a defensive function.

The Case of the Real Estate Lawyer

When she entered into treatment she was 37 years old, married, and suffered from mild episodes of depression, anxiety, problems in interpersonal relationships, problems with her boss, marital conflict and a wide range of characterological problems.

This patient had been subjected to an extremely cruel practical joke by one of her male colleagues. This had been done to her at an office party in front of the entire staff. The patient could only describe her embarrassment and humiliation, while going to extraordinary lengths to avoid any description of anger.

TH: And how did you feel?
PT: "Stupid" and "embarrassed."

. . . . . .

TH: What did you think?
PT: I was so "humiliated." I didn't think at all.

. . . . . .

TH: And then what else did you experience?
PT: "Embarrassment."
TH: Yes, but in terms of the inner feeling, what type of feeling?
PT: Let's see, "embarrassment," "shame."
TH: That is just words. It doesn't tell us how you felt.
PT: "Terrible."

. . . . . .

PT: ...it's still an "open wound" "a little bit."

. . . . . .

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

. . . . . .

PT: I was "very unhappy" at that point.

After a great deal of work on the therapist's part, the word "angry" did eventually creep into the patient's responses. She then proceeded to intellectualization, saying that on a scale of 1–10 she was "probably" "8 degrees angry."

TH: What was that 8 degrees of anger like?
PT: "Confused."

Here again the anger that she admits to, but at the same time intellectualizes it, is a tactical defensive organization of the major resistance. Underneath is a highly primitive murderous rage and guilt feeling in relation to her father and then her mother, both were alcoholics, highly explosive and physically as well as psychologically traumatizing.

Describing Anxiety Rather than Anger

Since many patients do in fact experience anxiety when anger is potentially aroused in them, the description of anxiety rather than anger is a defense that comes readily to hand. This is one of the major features of all character neurotics. Most of them don't experience anger; what they experience is anxiety which is in the service of the major resistance. Here I describe two examples:

The Case of the Manageress

She suffered from diffuse symptoms and character disturbances. She is describing an incident that she was angry at her mother. When pressed for the experience of anger she only could describe anxiety:

PT: All of a sudden I became so angry towards her and I just became very "agitated" and "nervous" and I wanted to...
TH: What was the way you experienced your anger?
PT: I just became very "agitated" and "nervous" and I wanted to...

. . . . . .

PT: Yes, and hatred towards her when she told me that.
TH: But how did you experience the anger?
PT: I felt very "agitated" inside.
TH: What do you mean agitated inside?
PT: "Nervous," I started getting "nervous" and "agitated."

The Case of the Man with Violent Dreams

When he entered into treatment he was 30 years old and suffered from symptom and character disturbances. The trial therapy started with the phase of pressure as he was anxious when he entered the interview.

TH: Let's to see how you feel about your coming here and seeing me.
PT: I felt "nervous."
TH: That is one, what else?
PT: Uhh.

The therapist exerts pressure to the underlying feeling and then he declares anger in the transference.

TH: Now you say you feel, you feel angry, let's to see how you experience your anger.

Here again we see another example of the tactical defense of describing anxiety rather than anger and what emerges after a number of unlockings is a primitive murderous rage toward the mother and toward the sister. This is a universal phenomenon in all these patients suffering from character neurosis and it is a major mistake if the therapist thinks that all what the patient is defending against is anger.

Further Examples to Illustrate the Tactical Defense of Cover Words for Anger

The Chess Player

At the time of the initial interview he suffered from diffuse symptoms and character disturbances.

TH: You say that your supervisor was a pain, he was demanding, he pushed you around. But how did you feel toward him?
PT: I felt "frustrated."

. . . . . .

TH: But how did you feel toward this man who was pushing you around?
PT: I eventually felt "hostile" toward him.

Further pressure produced hints of death wishes and subsequent breakthrough into the major resistance unlocked his unconscious murderous feeling; first towards his sister, then towards his mother and we equally saw violent rage, but to a lesser degree, toward his father with intense guilt. Again we can reemphasize that the whole set of defenses such as "frustrated," "hostile," "anger," "death wishes" are tactical defenses of the major resistance in relation to the volatile murderous rage and guilt- and grief-laden feelings in relation to their biological figures.

The Hyperventilating Woman

In the following passage the patient steadily retreats from the idea of anger; first to "irritation" and then to "upset":

TH: Have you ever thought of it like that? That there might be a connection between the anger and hyperventilation?
PT: I didn't think of it in terms of anger. I thought of it in terms of "irritation." "I guess" sometimes I realized that I got very "upset" after my mother phoned me every day.

The Manageress

This patient has been describing an incident with her mother:

TH: You said that the discussion was around pickling and the jars, and you were in such anger with your mother.
PT: Yes, and "hatred" towards her when she told me that.

Further pressure and challenge.

PT: I wanted to start telling her all kinds of things that I felt towards her.
TH: You mean you wanted to verbally...
PT: Yes, yes. Sometimes I wanted to "hit her," sometimes I feel I want to "kill her"...

To "kill her" by itself is a defense as she actually is not experiencing her murderous rage toward her mother with intense guilt-laden unconscious feeling.

The Case of the Butch

When he entered into treatment he was 26 years old, suffered from diffuse symptoms and character disturbances. The session is focusing on his feeling in the transference:

PT: "Confusion."
TH: What is that? What is "confusion?"
PT: Confusion is...
TH: What is the way you experience your confusion?
PT: Uh..."uncomfortable."
PT: Yeah.
TH: So you use the word confusion for being uncomfortable?
PT: Hm hmm.

Pressure on the actual experience of the discomfort led to another defense "dislike." Then when there was pressure on the actual experience of the dislike there was mobilization of the tactical defense of rumination which was challenged. Then he declared being frustrated:

TH: And I question you how do you experience this dislike? You are not really answering how you experience that. You ruminate with a sentence.

. . . . . .

TH: You feel frustrated with me?
PT: Yeah, right now...
TH: Okay. Now what is the way you experience your frustration?
PT: I feel I am not able...

There is mobilization of the defense of rumination and diversification and the therapist exerts further pressure for the actual experience of the frustration. Then he declares:

PT: I am getting a bit, I'm getting a bit "aggravated."
TH: Aggravated?
PT: Yeah, "mad," a bit "mad."
TH: You feel mad?

"Confusion" as a Tactical Defense of Cover Word

This defense functions in the service of resistance in the form of diversification. It particularly comes into operation when there is a rise in transference feelings.

Case of Man with Foggy Glasses

When he entered into treatment he was in his forties, married and suffered from heavy drinking, chronic anxiety, episodes of depression, problems in interpersonal

relationships, marital conflict, sexual problems as well as major characterological problems. He had entered the interview with anxiety in the transference. The focus of the session was on pressure to experience his annoyance toward the therapist.

PT: I am a little "confused" because...
TH: Now you move to confusion. Still we don't know how you experience your annoyance.
PT: I'm tense, I'm trying to "explain."

The first defense, "confused," followed by the second, "because," wanting to give explanation. This often can function in the service of diversification; and often the therapist might explore the confusion, and the process totally moves away from the transference. This form of diversionary tactic is important to be identified. Here the annoyance is a tactical defense of cover word against violent rage, murderous rage; and that is the reason that the therapist's simple pressure to experience annoyance in the transference reactivated the tactical defense center which in this case is the major resistance against the patient's murderous rage and guilt.

The following is another example of confusion as a tactical defense of cover word.

The Real Estate Lawyer

The focus of the session was on the experience of her anger and the patient used the cover word "confusion."

TH: You say you are 8 degrees angry and I question you how you experience this anger, and now you say "confused."
PT: Okay, "when" "a person" is very angry or "when" I'm very angry...

The following is another example of tactical defense of cover word.

The Case of the Microphone Man

When he entered to treatment he was in his forties, suffering from long-life character neurosis with diffuse symptom disturbances. He described an incident that he felt mad:

PT: I felt "mad," I felt "aggravated."

Therapist's intervention: call upon the defense; ask for actual experience of aggravation.

TH: "I felt mad" is a sentence, "I felt aggravated" is a sentence.

. . . . . .

TH: How did you feel?

In the same interview the patient had described an incident with his landlord who slammed the door on him and the therapist focuses on his feeling:

PT: Well, "annoyance."

. . . . . .

PT: Oh, "very annoyed."

Anger as a Cover Word for Murderous Rage

As I have already mentioned, the anger is the very surface of a major column of murderous rage in one or multiple direction in relation to the early figures. This can be illustrated by the following case:

The Case of the Auto Mechanic with Somatization

When he entered into treatment he was 44 years old, suffered from chronic anxiety, sharp chest pain, pain in his neck, problem in his marriage and episodes of explosive discharge of affect in relation to his wife. All medical investigations were negative.

In the first four sessions there has been major unlocking of the unconscious with the passage of the murderous rage in the transference, and the transfer of the therapist to his father who was a traumatizing figure throughout his early life. He also came in touch with the actual experience of his murderous rage toward his wife, which also became transferred to his father with the passage of intense guilt. In the fifth session, he entered into the interview anxious:

PT: Well on my way here this morning I... (sigh)...
TH: How you feel right now?
PT: Well I'm... I'm uh upset and...
TH: Upset means what?
PT: I'm "angry" at...

He has frequent deep sighs and the therapist focuses on his anxiety:

PT: Yeh. I'm anxious. Yeah I think I know exactly why I'm anxious too, but it has to do with something that just happened in traffic and...

He indicates that he has been anxious following a traffic incident before the interview:

PT: It is some insight I gained into how mad I got. How this therapy is going toward my "anger" and how the...
TH: You see you talk about anger.
PT: Yeah.
TH: But we know so far it has been murder.
PT: I know that's the part that produces...
TH: But do you notice you use cover words?
PT: Yeh because it's anxious to say I'm a murderer and that is becoming more...
TH: But you use cover words. You know what cover words mean?
PT: Yeah I know.
TH: And a while ago you covered the anger by the word upset.
PT: Yeah.
TH: Do you notice that?
PT: Yes, yeh.
TH: So instead of you saying angry you say I am upset.
PT: Yeah but I didn't wanna come in here and say I felt like murdering the woman because she cut me... well she cut me off.

Tactical Defense of Cover Word for Emotional Closeness

Many patients defend themselves as strongly against positive feelings as against their negative feelings and they put up a wall against any form of emotional closeness. In some patients, resistance against emotional closeness is much more extensive. The center of this resistance lies within the center of the pathogenic dynamic forces of the unconscious, namely the bond, the trauma, the pain of the trauma, reactive murderous rage or reactive primitive murderous rage, intense guilt, grief, character defenses and the resistance against emotional closeness. On the basis of this, when the therapist focuses on this resistance, it might mobilize a set of tactical defenses to divert the therapist. An example:

Masochistic Woman with Brutal Mother

The therapist is focusing on the patient's facade and barrier in the transference:

TH: *And do you think there is something of a facade with me?*
PT: *No. I feel that you see through the facade, and it makes me "embarrassed." I feel a little bit "naked." It's almost as if I'm sitting here with no clothes on and you're just looking at me.*
TH: *"Naked" has to do with closeness, if you carefully look at it, hmm?*
PT: *Closeness?*
TH: *Yeah, that I am getting close to your intimate thoughts and feelings. Do you have a problem with closeness, intimacy?*
PT: *Uhh...*
TH: *I have a feeling that here with me you are trying to cover up your feelings.*
PT: *Yes.*

. . . . . .

In the following passage the patient has become increasingly sad:

PT: *Sad.*
TH: *And you don't want to share it with me.*
PT: *It's very painful. "I don't understand you."*
TH: *I'm not sure it's that. You see, right now you are very sad and you don't want to let it go.*
PT: *I'm trying to let go.*
TH: *You want to control.*

In the following passage the patient moves to the tactical defense: "I don't trust you:"

TH: *Right now I am saying you are fighting the feelings. Let's look at your feelings.*
PT: *I feel very tight in my throat and I feel my eyes...*
TH: *You see, right now you talk, not to let the feeling come out. And I don't know why.*
PT: *Because I don't want you to come too close to me. I'm afraid of you in some way. I "don't trust you."*

Patient's tactical defense is swept aside:

TH: I'm not sure it is trust. It is tremendous conflict and fear, I don't know from where it comes. There is a tremendous fear of intimacy and closeness. Obviously it is sad.

Then she moves to another tactical defense "make fun of me:"

PT: Somehow I'm afraid you'll "make fun of me" or something.

The patient's tactical defense is again swept aside:

TH: You see, these are all mechanisms you use to avoid your painful feelings. You know it well.
PT: (Pause) Maybe I don't believe that you can...
TH: Yeah, but right now you know that these are all mechanisms for fighting your very painful feelings.
PT: I can't go around crying in front of people every time they hurt me.
TH: You see, a while ago I was saying that you have a tremendous problem with the issue of intimacy and closeness.
PT: (Whispering, hardly audible) I keep people very far away.
TH: Far away uh hmm. (Pause) Is it much more with men or women?
PT: (She sighs deeply.) I don't know. (Hardly audible) I don't know. I really don't know. Men have hurt me more, but I don't know if it's...
TH: So it has been more with men?
PT: Only because I've had a series of relationships with men that didn't work out.
TH: You mean a series of relationships with men that ended up in disappointment?
PT: Uh hmm. (She is very sad, crying.) Disillusionment is so deep that I wonder if I can ever love anyone.
TH: I don't know what has happened, but maybe a part of you has decided that you will never let any person get close to you again.

The point to emphasize here is that there are a set of tactical defenses that might come into operation when the therapist focuses on this major resistance. Here, we saw a few: "I don't trust you," "you make fun of me," "you reject me."

Cover-Words: "Silly," "Stupid," "Funny," "Dumb."

This form of tactical defenses such as "it was a funny situation," "I know it was stupid," or "silly," "I felt dumb," "I felt stupid," "I felt no good" are commonly encountered. The following will illustrate:

The Case of the Machine-Gun Woman

She suffered from episodes of clinical depression, sexual difficulties and characterological problems. She had seen a therapist who had decided that the major aspect of her problem that needed treatment was sexual difficulties. The treatment consisted of her laying down on a couch; the therapist was on the other side of the room with a curtain separating them from each other. The therapist would play music on a tape and the patient was masturbating with her clothes on and fantasizing.

PT: He had me doing various exercises "I guess."

TH: What do you mean "guess?"
(Tactical defense of indirect speech)

. . . . . .

TH: And what was your fantasy?
PT: It was... it was more tied into the tape and I can't remember what the tapes were. I found the whole thing "silly."
TH: But now let us not call it "silly."

The focus is on the situation that developed in her previous therapy in which she passively complied with her therapist's decision and ended up by being exposed to humiliation which was itself an expression of characterological problems; inability to assert herself, and the tendency to enter into situations in which she is used and abused.

TH: You go yourself on your own will, but then the focus is on sexual problems which you have okay?
PT: Uhmm.
TH: But you say that you have had other major difficulties but the focus is on sex and you go along with it?
PT: Yeah, I know, it sounds "funny."

The following is another example of the tactical defense of cover word in a patient who wants to communicate that he may lose control over his violent rage.

The Case of Henry-IV Man

At the time of the initial interview he was 28 years old, married, suffered from symptoms and character disturbances.

The patient had been describing a confrontation with his wife and her lover:

TH: Was your fear that you might do something drastic?
PT: Yes, or that I might lose my... "my reason," "or something."

Cover Words, Rumination — Ask for explicit statement

Case of Salesman

When he came into treatment he was 26 years old, married, suffered from mild obsessional neurosis of recent onset and problems with concentration.

TH: How would you describe your sister-in-law in terms of physical appearance?
PT: Physically she is a very attractive girl, very well built.
TH: Hm hmm, in what way?
PT: Er... well: she is very pretty, she has a "big chest"... the rest of her body is nice.

Here the patient clearly felt that the word "breasts" was too explicit, the deep reason for this being that it led in the direction of his feelings about his mother.

Blanket Words — Challenge defense in question

An example is a situation that mobilizes violent rage and the patient's response is using blanket words "I was very shocked," "backing up mentally," "pissed off mentally."

The Case of the Cement Mixer

At the time of the initial interview he was married and suffered from diffuse character and symptoms disturbances. He described an incident that he was enraged with his wife. The therapist is exerting pressure for the actual experience of the anger:

PT: I was "very shocked."
TH: That doesn't say how you experienced your anger.
PT: I was "backing up mentally."
TH: Still that doesn't say how you actually experience your anger.
PT: I felt an "empty, lonely space."

Jargon Words — Challenge defense in question

The Case of the Chess Player

When the therapist questioned him about his difficulties he said "devastated and depressed."

The Tactical Defense of Indirect Speech; Hypothetical Ideas
Make explicit
Challenge defense in question
Call defense in question

In interviews with patients this form of tactical defense is encountered very frequently. For example, "probably," "maybe," "I think," "I guess," "I suppose," and "sort of" to avoid the true experience of feelings, open declaration of something painful or anxiety laden. The technical interventions consist of call the defense in question; challenge the defense in question.

Indirect speech	**Interventions**
"I suppose so."	"Why 'suppose?' You said he was a pain in your neck."
"Sort of."	"Again, 'sort of?' You see...you want to remain indefinite."
"Probably."	"Why 'probably?' Either you were angry..."
"I guess we probably."	"You see? Again you leave it in a state of limbo."
"I guess so."	"You 'guess so?'"
"I think maybe, I must be feeling resentment."	"You leave it in a hypothetical way...'think,' 'maybe'..."

The following examples illustrate this form of defense.

The Case of the Masochistic Engineer

A young man suffering from diffuse symptom and character disturbances. The focus is on his conflict with his son, and the therapist puts pressure on his feeling in relation to a recent incident:

TH: How did you feel?
PT: I "think," "maybe," "I must," "perhaps" felt resentment.

The Chess Player

TH: You said that you wished that your supervisor would be out of your way? You mean he would disappear in your life?
PT: "I suppose so."

The Henry-IV Man

The patient had been describing the incident that he was enraged with his wife:

PT: My wife is a frail, I should say very girlish young person, "sort of." I never became physically violent with her, and the only thing I did "sort of," was that I gave her two slaps on the face at that time.

The Masochistic Housewife

When she entered into treatment she suffered from diffuse symptom disturbances and major characterological problems.

PT: Yes, "I must" feel resentful or angry toward him.

The Real Estate Lawyer

PT: I "probably" was angry.
PT: "I'm sure" "I must have been" angry.
PT: The "probability of me being angry..."

The Salesman

PT: "I guess" we "probably" could have had time for intercourse.
PT: I have always been "sort of" attracted to that (i.e. breasts*).*
PT: "I think" it was that that attracted me about my sister-in-law.
PT: "I guess," "you could say," my wife is a small-breasted woman.

. . . . . .

PT: "I guess" it seemed to me that my brother used to be able to stay up later than I did at his age, "you know."
TH: Your mother was more lenient with him and more strict with you?
PT: "I guess" "you could say" that, yes.

PT: Yeah right. "I guess" so. "I guess" he was the favorite. "I guess" he was then but . . .
TH: And you were right after him to fight, and you were seven years older.
PT: "Possibly" right.

Masochistic Woman with Brutal Mother

TH: Could you give me one of the fantasies?
PT: Uh, being raped, "in a way."
PT: I relive the fantasy many times until I feel. "I guess," either "somewhat" disgusted with myself, or physically satisfied "in some way."
TH: And what do you do while you have this fantasy?
PT: "I think" I'm touching myself.
PT: I'm nude or at least my genitals are showing "in some way."

The Hyperventilating Woman

Repeated attacks of hyperventilation occurred quite clearly in the context of situations that mobilized anger in her. The therapist eventually raised the question if hyperventilation is a mechanism of dealing with the underlying anger in relation to her mother:

TH: In other words the question is whether the hyperventilation is a way of dealing with the emergence of this anger, and then also getting depressed?
PT: "Could be."

The Case of the Butch

A man in his twenties suffering from character neurosis. The interview started by him indicating that he had a warm feeling for the first evaluator, who was a female therapist, and he had feelings about the change. The therapist immediately focuses on the patient's warm feeling for the first evaluator. This immediately mobilized a set of tactical defenses, avoidance:

PT: Yeah "I guess so."
TH: "I guess so" hmm. Do you notice you're avoiding me?
PT. Yeah.
TH: So could we look into that?

. . . . . .

PT: Yeah "I guess so."
TH: You "guess so?"

The Man with Foggy Glasses

The focus of the session is on his feelings toward the therapist:

PT: "I think," "maybe," "I must" be feeling resentment.

In the interview with patients, this kind of defense is encountered again and

again. The patient explicitly uses anxiety-laden words but incorporates them into indirect speech so that the impact is nullified. The following are some of them "I guess," "Probably," "Perhaps," "I think," "I guess you could say," "I must," "the probability of my being angry," "Sort of," "Somewhat," "I assume," "I must have been angry," "I think I am feeling resentful," "I think maybe I am feeling resentful."

The Strangler

A man in his forties, married, suffered from episodes of depression, anxiety, marital problems, conflict in interpersonal relationships and a wide range of characterological problems.

He entered into the initial interview anxious. There was pressure toward his feeling which mobilized a number of tactical defenses. In the forefront were "guess" and "perhaps."

TH: How do you feel right now here?
PT. Not too bad, uh I'm, I'm having difficulty thinking clearly so I'm a bit... I "guess" I'm a bit ah, a bit nervous.
TH: I say how do you feel right now? You say "you guess."
PT. (small laugh) *I feel nervous.*
TH: You feel nervous. Then why you say "guess?"
PT: It's a way I have of speaking, "I think" I say that a lot.
TH: You mean that you are not definite about...
TH: But you have to say "it seems" that you are nervous, as if you are not...
PT: Hmm.
TH: Hmm?
PT: That's, that's certainly what comes out all right.
TH: Hm hmm, that you are always indefinite, or is here with me?
PT: Am I always indefinite? (low voice)
TH: You know what I mean by indefinite? That you say "perhaps, guess."
PT: Yeah, I see what you mean.

The Case of the Masochistic Secretary

When she entered into treatment she was in her thirties, suffered from episodes of clinical depression and long-life character neurosis. In the early part of the interview the therapist is focusing on her feeling toward her husband:

PT: "I think," "I guess," "perhaps" I do have some sort of resentment toward my husband.
TH: Why do you say "perhaps"? Either you do or you don't.

The Man from Southampton

When he entered into treatment he was 47 years old, married and suffered from a wide range of symptom and characterological problems. The therapist focused on his sex life:

PT: I "think" my sex life was not satisfactory.

The Woman with Fainting Attacks

At the time of the initial interview, she was 43 years old, single, suffered from diffuse anxiety, panic attacks, fainting attacks and disturbances in the interpersonal relationships. She has been indecisive about getting help for herself. In the very beginning of the initial interview she indicated that she has been thinking about getting help for herself for the past 5 years. The focus of the session was on her indecisiveness and she indicated that she had mixed feelings about getting professional help. The therapist focuses on her feelings:

TH: So you have postponed to get help for yourself for some years.
PT: Yes
TH: Then you must have a strong feeling about getting help for yourself.
PT: I, "I guess," "I think" "I must" have feeling.
TH: But you say you "guess" and you "think."
PT: Well, because I've...
TH: I mean, either you do or you don't.

The Case of the Masochistic Woman with Migraine Headaches

When she entered into treatment she was 48 years old, divorced, suffering from almost daily attacks of migraine headaches, chronic state of anxiety, and major conflict in interpersonal relationships with a pattern of letting herself be used and abused by men.

PT: "I assume," "I must" be depressed, first of all it is a loss, secondly it is a letdown.

. . . . . .

PT: "I would say," "maybe" it is a depression.

The Case of the Microphone Man

A man in his forties, divorced, suffering from a wide range of characterological problems and major conflict in the interpersonal relationships with both men and women. To the question if his interpersonal difficulties are more with men or with women he responded:

PT: Uhh, "I think," "possibly" with men more.

He had described an incident where his girlfriend had kept him waiting and he was outwardly passive but indicated that he was in a boiling rage.

TH: Do you think passivity was a defensive way of dealing with this boiling rage inside?
PT: "Probably."
TH: "Probably" again. You are again in a state of limbo.

Later on he wants to describe an incident that he had a high degree of rage inside.

PT: Well, the worst situation, "I suppose," was the night...
TH: Again "suppose."
TH: Do you notice...you are leaving things in a state of limbo "yes perhaps," "may be," "I suppose."

The Case of the Maid with Dermatitis

When she entered into treatment she was 35 years old. She was referred by her gynecologist because of frequent dermatitis in her genital area. She suffered from a compulsion of washing her vagina repeatedly after each sexual relation with her husband and was frequently seen by her dermatologist as well as by her gynecologist. During the trial therapy the focus was on her feeling towards her husband:

PT: "Perhaps" I do have resentment...my husband.
TH: Why do you say "perhaps?" Either you do or you don't.

Later on she declares anger and the therapist is exerting pressure to the actual experience of the anger.

PT: "May be" I have anger toward him.
TH: Again you say "may be." Do you feel angry or don't you?

. . . . . .

TH: How do you physically experience the anger towards your husband.
PT: I could "perhaps" kill him.
TH: But that is a thought, that is a sentence.

Summary and Conclusion

In this Part I of a two-part article I briefly described a powerful technique which aims at rapid mobilization of the unconscious, loosening the patient's psychic system, reorganization of the unconscious and changing the situation from the dominance of the resistance to a major dominance of the unconscious therapeutic alliance. I emphasized that the optimum mobilization of the unconscious therapeutic alliance against the forces of the resistance is one of the major aims of the therapist. It was emphasized that the therapist's comprehensive knowledge about the new metapsychology of the unconscious is essential to accomplish the task. Then I indicated that one of the major features of the technique is that it mobilizes what I call tactical defenses in the service of resistance.

In the first part of this two-part article two major sets of tactical defenses were discussed; namely the tactical defense of cover words and of indirect speech. A series of cases were presented as clinical examples. Part II of this article will focus on the wide range of other tactical defenses with case examples.

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