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Management of Tactical Defenses in Intensive Short-Term Dynamic Psychotherapy, Part II: Spectrum of Tactical Defenses

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Recapitulation

In Part I of the present article I described, very briefly, a technique of intensive short-term dynamic psychotherapy (IS-TDP) and emphasized that it can be applied to the whole spectrum of psychoneurotic disturbances as well as those with fragile character structure. Some of the major features of the technique were described which can be summarized as follows:

(1) The technique of direct access to the unconscious; unlocking of the unconscious was briefly described.
(2) The major aim of the technique; to loosen the patient's psychic system and to change the balance from the dominance of the resistance to the dominance of the unconscious therapeutic alliance was presented.
(3) I further indicated that the most impressive fact in this whole transformation is reorganization of the unconscious; optimization of the unconscious therapeutic alliance; total breakdown of all the forces maintaining the major resistance; creating a situation which we may call 'Dreaming while Awake' which heavily speeds up the process and finally results in multidimensional structural character changes.
(4) I emphasized that the therapist who wants to work with this technique must have a comprehensive knowledge of the new metapsychology of the unconscious which I have introduced over the course of 30 years of research.
(5) It was emphasized that rapid mobilization of the unconscious mobilizes what I call tactical defenses. It is essential for the therapists to make themselves familiar with these tactical defenses used by the patient in the service of the resistance so that they can challenge each one the moment it appears.
(6) The spectrum of these tactical defenses shows an extraordinary uniformity across the wide range of patients.

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(7) The continuum of tactical and major defenses was discussed and Part I heavily emphasized on the management of two sets of tactical defenses namely cover words and indirect speech, and a series of cases were presented.

In Part II of this two-part article I continue to discuss the management of the spectrum of tactical defenses commonly encountered. An attempt will be made to present a series of case examples.

Rumination

Make explicit
Ask decision, call defense in question
Challenge defense in question

It is encountered in a variety of patients, its central characteristic is an element of intellectual repetitiousness, of going over and over some subject, often with an air of doubt and apparent searching for the truth, which in fact is being used to avoid the emotional impact of the truth.

Rumination	**Intervention**
"	"You are giving a description 'that doesn't make sense.' How did you experience your annoyance?"
"	"'Stupid bloody doctors' is again a sentence, but what was the way you experienced this annoyance?"
"	"'A stupid situation,' 'I felt heated,' 'I felt bothered' doesn't tell us how you experienced your annoyance."
"	"What do you mean by 'unfinished task'?"
"	"'I know myself.' You are ruminating on that. That doesn't tell us anything."

The following are a few examples.

The Case of the Salesman

Suffering from obsessional neurosis from the extreme left of the spectrum.

TH: You mean the breasts? She's a large-breasted woman?
PT: Yeah. I think that is what... I don't know... I have always been sort of attracted to that.

. . . . . .

PT: I guess because he was the youngest, sort of thing. So I guess I used to think that he got more, or really he didn't. But...

. . . . . .

PT: Yes, I guess he was then but... We are looking at it then... Okay... favorite?... favorite? He was the favorite because he was the youngest.

The Hyperventilating Woman

Some aspects of the interview with this patient were presented in Part I.

TH: Was there a similar feeling with your husband for ignoring you? Were you angry with him?
PT: Well it wasn't anger. Or maybe it was. Or maybe I don't know what anger is.

. . . . . .

The interview focused on her male teacher, who appeared in her recurrent dream.

PT: At the time I thought I loved him, but I really just...
TH: You mean you loved him in what sense? You had sexual feeling for him?
PT: Yeah, but...
TH: But you say it in a hesitant way. Did you or didn't you?

The Chess Player

The following is a passage from the interview with the "chess player", a segment of which was presented in Part I. It gives a striking illustration of obsessional rumination in which every sentence is factually true but which nevertheless blocks emotional communication. In the last sentence the intellectualization is heightened by the use of words that are hardly ever found in everyday speech:

PT: I am defensive. I am aggressive. I become more defensive when I feel threatened. I am more threatened when I feel more worn down and less able to deal with situations which are confronted. And my "aggressivity" comes out in ways that I am not as "privy to" as I would like to be...

Vague Rumination — Make explicit
Pressure, challenge

Tactical defense of vague rumination is encountered frequently: "I am a little confused about that," "I don't understand you right," "Here we go again," "I felt okay," "I felt fine," "I felt myself running from myself," "I am feeling confused," "I felt ridiculous" and "I feel out on a limb." The following are a few examples:

Case of Man with Foggy Glasses

A segment of the interview with this patient was presented in Part I. The therapist is focusing on how the patient experiences his annoyance toward him, and the patient responds with a vague rumination — "that doesn't make sense."

PT: Well I said to myself uh you know to me "It doesn't make sense."
TH: But that is a sentence.
(Pause)

TH: You say you were annoyed but then I said how did you experience this annoyance. Now you are giving a sort of description: "that doesn't make sense." How did you experience your annoyance?

Further pressure on his feeling of annoyance mobilizes further tactical defenses—"stupid bloody doctors."

PT: Well in my... in my mind I said uh you know "stupid bloody doctors."
TH: "Stupid bloody doctors" is again a sentence, but what was the way you experienced this?

In addition to vague rumination there is the tactical defense of generalization, "doctors," avoiding to address the transference directly and the therapist immediately challenges that:

TH: How did you experience this annoyance? In terms of thoughts, was stupid bloody doctors... but then you also make it plural, doctors.
TH: Who is the stupid bloody...?

The Case of the Microphone Man

Which was discussed in Part I. Focusing on the experience of his annoyance toward his landlord:

PT: Well by a "feeling of heatedness" I guess.

. . . . . .

PT: I felt "bothered" and "burdened."

. . . . . .

PT: I felt "heated."

. . . . . .

The therapist questions him on the actual experience of the annoyance and he responds:

PT: "Stupid situation."

The Case of the Bee-Bee Gun Man

When he entered into treatment he was in his thirties, married and suffered from diffuse symptoms and character disturbances. In focusing on the nature of his problem he said:

PT: Trouble with coping with everyday situation... Negative situations.

When the therapist asked for a specific example he responded with:

PT: Work not up-to-date. Car trouble... things like that.

Attempt to understand the nature of his difficulty, he responded by saying:

PT: Any unfinished task.

Intervention: Attempt to make the statement explicit

TH: And my question is this, what do you mean by "unfinished task?"

Masochistic Woman with Migraine Headaches

Aspects of the interview with this patient were presented in Part I.

PT: Would you give me an example? How I should express myself that we get to the point quicker.
TH: Hmm. Again that is vague... to get to the point. Which point?

In the same interview the therapist reflects on the patient's resistance against emotional closeness.

TH: How did you feel?

. . . . . .

TH: You don't want me to get to know you. You have a problem talking about yourself.
PT: I don't know what is really "the real self."
TH: Hmm. Do you notice you have a tendency to label?
PT: I am learning that right now. I sometimes think I know myself.
TH: You see again you are ruminating on that. That doesn't tell us anything.

The Case of the Butch

A segment of this interview with this patient was presented in Part I. The therapist is putting pressure to the actual experience of the anger towards his partner:

PT: What I felt... a "rushing feeling" of a, of a hate, of a feeling of a hate for the guy.
TH: Now you move to the "rushing feeling of hate" which is vague. You said that you felt angry towards him. How did you experience the anger.
PT: (stutters) *If that is not anger I don't know, I don't know what anger is.*
TH: Let's not to ruminate on what anger is. How did you physically experience the anger you felt.

The Man from the United Nations

When he was first seen, he was 54 years old and suffered from long-standing irritable bowel syndrome. He was referred from the coronary intensive care unit where he was admitted because of severe chest pain. He had a quarrel with his daughters and he was enraged, walked out of the house with an explosive discharge of affect. Shortly after that he had severe chest pains and had to be admitted, with no organic findings. During the initial interview the focus was on his feeling:

TH: How do you feel here, right now?
PT: I... "I clam into myself."
TH: That doesn't say how you feel. So let's see how you feel here with me?
PT: "I feel my life died."

. . . . . .

PT: "I feel confused"... "confusion."

Intellectualized Rumination — Challenge the defense

The Case of the German Architect

A man in his thirties suffering from major characterological disturbances and masochistic character traits. In the early part of the interview, the therapist is focusing on the patient's difficulties, the phase of inquiry. He is vague and then moves to ruminate in an intellectualized fashion:

PT: No, I'm not, I'm simply explaining that umm...
TH: Now you are becoming slow.
PT: I beg your pardon? No, I'm trying to say that umm, it becomes a more "plausible thing", ah, with a more "plausible cause" when you realize...
TH: Yeah, but you see this is very vague, you see you say the, still the question that I had was what seems to be the difficulties and so far you are in a sense ruminating in a vague fashion on the...
PT: No, I'm not, I've definitely said I have a problem with commitment, and that very much came home when I discovered the same problem elsewhere in people related to me who have the same background, ah...
TH: So one problem that you have has to do with commitment.
PT: Yes, but don't forget that of course it took me many, many years to even realize that I had a problem there. I mean I've been plodding in the dark for almost as long as I've been alive. Ah, which brings up another point, maybe I have a problem with feelings.

Rationalization — Ask for explicit statement; Challenge, dismiss the defense

Rationalization	Intervention
"	"You see again you are not talking about feeling.
"	Again you move to 'because'."

Rationalization — the Word "Because"

The word "because" is likely to introduce a rationalization.

The Case of the Salesman and his Sister-in-law

The focus is on his mother's favoritism of his younger brother:

PT: ...he was the favorite "because" he was the youngest.
TH: Let's not get to "because."

Rationalization that the Anger is Unjustified

Rationalizing away angry feelings is to find excuses for the other person's action, leading to the feeling that the anger is unjustified, keeping in mind that the anger by itself is a tactical defense against violent rage or murderous rage.

The Masochistic Housewife

Aspects of the interview with this patient were presented in Part I.

Here the subject under discussion was the way she is passively compliant with the demands of both her mother and her husband:

PT: Yes, I do get angry with my husband. But then I tell myself, "What can he do?"—my mother dominates him as well.

The Case of the Hyperventilating Woman

The subject is her husband's neglect of her:

TH: Yes, but you see again you are not talking about your feelings.
PT: Well, I felt angry but I wasn't sure that I was justified.
TH: No, let's not get into the intellectual aspect of it. Let's look at your feelings.

Intellectualization Make explicit, challenge

All defensive intellectualization consists of thinking rather than feeling.

Intellectualization	Intervention
"	"'If I had been a male...'now you want to move to intellectualize."
"	"Still you haven't told me about your problems and now you want to intellectualize about where the problem comes from."
"	"You have not told me the dream, and now you are analyzing it."

The Case of the Real Estate Lawyer

A segment of the interview with this patient was presented in Part I. In the following passage in which she is still trying to avoid experiencing her anger, she

uses generalization, hypothetical ideas, cover words, while the whole passage consists of a theoretical discussion about the nature of her reaction:

PT: "When" blood surges there "has to be" "some sort of" emotional... there "must have been" a tremendous... there was an "emotional reaction" "for sure," "otherwise I would not" blush, my ears wouldn't get red.

Thinking Rather than Feeling

As I have mentioned before, all defensive intellectualization consist of thinking rather than feeling, but there is a type of defense of which this description is particularly appropriate: instead of reacting emotionally to a situation the patient makes some intellectual judgement about it. In the following example the patient avoids her intense feeling of rage by using the much more cognitive concept of curiosity and follows this by using yet another cover word.

Real Estate Lawyer

PT: I just felt very "embarrassed."
TH: But you see it is not absolutely clear how you felt.
PT: I was "curious" as to who had done it, because at that point I was very "shocked."

Intellectualization and the Word "If"

The word "if" will almost certainly be used to introduce some defensive intellectualization.

Real Estate Lawyer

PT: I guess "if" I had been a male and someone had done that to me my reaction would have been...
TH: No, let's not move to if you were male.

In the same interview the focus was how she felt about an incident:

PT: Well it has made an impact, otherwise eight or 9 months later I would not still be...
TH: No, let's not go after that. Let's see how you felt.
PT: Okay, "if" I say I definitely was angry I would not be telling the truth, because at that point I didn't sort of mentally remark to myself all the feelings that I had, I mean I didn't analyze it. (Intellectualized rumination)

Intellectualization, Cover Words

Henry-IV Man

A segment of the interview with this patient was presented in Part I. In the following segment the focus is his mother, who had had an affair with a friend of the family:

PT: I felt first of all it was "shocking" that my mother... something must be wrong with her.
TH: Did you feel rage with your mother?
PT: Yes. I really felt that she's... I really put the world of people in two categories, people who are straight and people who have...
TH: Did you feel rage with her?
PT: Yes, I felt rage with her.

Intellectualization and Diversification

The Woman with the Fainting Attacks

A part of the interview with this patient was presented in Part I. In the following segment the therapist is exerting pressure to describe one or two incidents of her fainting attacks. First, she resorts to the defensive weepiness when she wants to move to intellectualize into the cause of her fainting attack and diversify from giving a detailed description of her actual fainting attack, which is anxiety provoking.

TH: I mean to go to what is the cause of passing out is not going to help. It is very important for us to explore one or two incidences when you passed out that we can get a better picture of what it is like.
PT: That's why I'm crying because it's it's difficult for me to talk about it. Okay I'll describe it.
TH: Most recent one would be best.

Finally, she describes in detail two of her major fainting attacks.

Generalization — Make it specific / Challenge the defense

As I have emphasized many times, the ultimate aim of every intervention that the therapist makes is to bring the patient to the direct experience of his feelings. Direct experience inevitably implies feelings about something specific, which is why the therapist asks the patient to describe a specific incident or to concentrate on his feeling at a particular moment, including the here and now. The patient resists this pressure by keeping his responses as general as possible continuing to describe general situations or make generalizations about his feelings instead of describing them in an actual situation—and the therapist's task is to ask for a specific situation or incident.

Generalization	Intervention
"	"Could you give me an example?"
"	"But that is vague and general."
"	"We are not talking about a 'person'. We are talking about you."
"	"But, you see, you are not specific."
"	"Could you give me a specific example?"

The Chess Player

TH: So your sister's relationship with you is a hostile one.
PT: Her relationship with "everybody" is a hostile one.
TH: But we are focusing on you.

The Bee-Bee Gun Man

When asked to give an example the patient continues to talk about general situations.

PT: I won't commit myself unless I'm sure of something.
TH: Could you give an example?
PT: I like "everything" done right.
TH: Yes, but that is vague and general.
PT: Whether I work on the house, whether I work...

The Case of the Manageress

A segment of the interview with this patient was presented in Part I. In the following passage the patient generalizes in response to the question 'What was it like?' The session was focusing on her anger toward her mother:

PT: I started fighting with her immediately, the moment she said that.
TH: What was it like when you were fighting with her?
PT: Well, we've had very big fights "all the time," and screaming back and forth.
TH: What was the way you wanted to lash out physically?
PT: Well, I feel like hitting her "sometimes" because I feel she doesn't react.

It is important to keep in mind that certain words "all the time" and "sometimes" in the patient's responses, indicate that he/she is not describing a specific moment but making a generalization about events over a period of time. The same function is served by the words "usually," "a lot," and by the word "when" when occurring at the beginning of a sentence. The therapist can be alerted, since it will almost certainly introduce a generalization.

The Case of the Hyperventilating Woman

The patient is describing a series of dreams she had had at one time about her teacher:

PT: Those were the dreams when I thought at one point I loved my teacher. "Most girls" fall in love with their male teachers, I think, but...
TH: Let's not get to "most girls." Let's focus on you.

The Real Estate Lawyer

In response to a question "what was that eight degree of anger like?" the patient used the cover word "confused." The therapist challenged this by simply pointing it out, and she responded by using two different forms of

generalization: the repeated use of the word "when," accompanied by the use of the words "a person" as a substitute for making a direct statement about herself. This latter kind of generalization, which includes the use of the word "one" as a substitute for "I," is also used frequently.

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... "When" I'm very angry I don't think rationally.

The following responses of this same patient, to the implied question of why she was smiling at a particular point in the interview, also contain both forms of generalization:

PT: Okay "when" "people" tend to giggle for no reason... Smiling "usually" indicates happiness, comfort... "When" I smile it's a reaction which I give to "people" generally. I smile "a lot" for no reason.

"Usually," "all the time," "sometimes," "when," "one" as a substitute for "I," "a person," "a lot," "I feel frustrated," "I feel somewhat irritated," "I feel angry," "I had positive feeling." These are some of the most common forms of generalization encountered. It is of great importance to note that the therapist might often use these same defenses. For example, the patient might declare that he is frustrated and the therapist responds "How do you experience the frustration." The patient's frustration or anger is directed at the therapist but generalizes it in the form of being frustrated. Clinician's attention to these tactical defenses is extremely important. Some of these tactical defenses are well entrenched into the major resistance. The therapist should take into consideration that in a large number of character neurotics, frustration by itself is a tactical defense against anger and anger is a defense against violent rage, murderous rage or primitive murderous rage and intense guilt-laden feeling in relation to the murderous rage which in turn is connected with the trauma and the pain of trauma. Repeated bypassing of this form of tactical defense makes the access to the murderous rage and the guilt toward the early figure impossible. The following example illustrates this form of tactical defense and its management.

The Case of the Strangler

When he entered into treatment he was in his forties and suffered from diffuse symptoms and character disturbances. During the initial interview there was pressure toward his avoided feeling in the transference. There was clear evidence that his character defenses were crystallized in the transference and he declared frustration:

PT: I feel frustration.

TH: You feel frustrated with me. Is this what you say?

PT: I feel frustrated, that's what I'm saying.

TH: You feel frustrated at who? Again you are crippled, to say your are frustrated... is a cut-off sentence. "I feel frustrated" is a cut-off sentence. Frustrated at who?

PT: *I'm...*
TH: *Again you're crippled, frustrated at who? Your hand again.*
PT: *I'm frustrated.*
TH: *Frustrated at who; First let's to establish at who are you frustrated. Now your head goes there, your hand goes there...*
PT: *(makes growling sound) Orrrrrh...*
TH: *...and then you move toward this crippled position. Frustrated at who? You said you are frustrated, frustrated at who?*
PT: *Do I have to be frustrated at someone?*
TH: *At who are you frustrated?*

Technically, the therapist should not exert pressure to the actual experience of frustration in the transference until this tactical defense is managed. The therapist continues systematic challenge to this tactical organization of the major resistance. Now the patient moves to the defense mechanism of *denial* "I am not frustrated at anybody:"

PT: *I'm not frustrated at anybody.*
TH: *Do you notice how crippled you are? You say you are frustrated, but at the same time you don't want to really spell out at whom you are frustrated. Look to your hand. Now you are fidgeting.*
PT: *Hm hmm.*
TH: *"Hm hmmm."*
PT: (laughs)
TH: *At who are you frustrated? Let's first establish that. You have a tendency to flight, you have a tendency to run away from any issues.*
PT: *Yes.*

In the following passage there is head-on collision with the defiance, deactivation of the transference, and emphasizing the consequences of maintaining the resistance in the transference.

TH: *You have done it 46 years of your life, and if you want to do it you can do it and go to your grave.*
PT: *No, I don't want to do it.*

Often the tactical defense can be well entrenched with the major resistance and should be considered as such. As we see, the process is on systematic challenge to this defense "generalization;" "Do I have to be frustrated at someone." The challenge in the above passage has further intensified the rise in the transference, and the therapist monitors it via unconscious anxiety in the form of tension in the striated muscles. He had deep, sighing respiration, the rate of which has increased and which clearly indicates to the therapist that the rise in the transference feelings is in the upward position. It should be emphasized that it would be a major mistake for the therapist to explore the patient's feelings. The therapist well knows that the nature and the degree of the resistance and the complexity of the psychopathology are extremely different from those patients who are placed on the left or the extreme left of the spectrum of psychoneurotic disorders. We return to the interview where we had left it.

TH: So let's to see at whom you are frustrated.
(Pause) (Further challenge to generalization)
Again you are terrified at looking at my eyes and declaring.
PT: (deep sigh)
TH: Again your sigh. Do you notice your hand? You are totally crippled to look at my eyes and tell me at who you are frustrated. Because frustration refers to something negative huh?
PT: Yes.
TH: But you are paralyzed to look to my eyes... Let's establish at who are you frustrated?

Finally, in the following passage he declares "I am frustrated at you:"

PT: I am frustrated at you.

Now the therapist proceeds and exerts pressure to the actual physical experience of frustration in the transference and the process moves to pressure, challenge and composite form of head-on collision and finally to major breakthrough into the unconscious, his murderous rage toward his wife, his mother, his father and his brother with intense guilt and then grief-laden unconscious feelings.

Diversionary Tactics Block the defense

Diversionary tactic is a frequently used tactical defense, most frequently used in the early part of the trial therapy during the phase of rise in the transference when the forces of the resistance are still in a dominant position in relation to the unconscious therapeutic alliance. Definitely when the process enters to the phase of optimum mobilization of the unconscious therapeutic alliance against the resistance, one would not see the emergence of this form of tactical defenses.

Diversionary tactics	Intervention
"	"I questioned you, how did you experience the annoyance? Now you are moving to something else."
"	"Do you notice I questioned you about the experience of your resentment toward me, but you are avoiding my question and want to talk about your childhood."
"	"We are focusing on your brother right now, you repeatedly want to bring your sister into it."
"	"Let's to focus on yourself first."

Case of Man with Foggy Glasses

When he entered into treatment he was in his early forties and suffered from a wide range of symptoms and character disturbances. He entered the interview with anxiety which had transference implication; started the session wanting to talk about his conflict with his wife regarding the issue of drinking in the garage, behind her back, using the diversionary tactic to avoid his feeling in the

transference. The therapist blocks the defense and focuses on his anxiety, his frequent deep sighs and what emerges is that he has feelings about having been on the waiting list:

PT: I had "called" back and I got no reply, I got no reply so...
TH: Let's to see how you felt about that.
PT: I was annoyed quite frankly.
TH: Annoyed?
PT: Annoyed. I mean I said to myself...

Diversification was blocked.

TH: You mean you were annoyed and that is past or you are annoyed?
PT: No I was annoyed at that time.
TH: Not anymore you mean?
PT: Uh no, when I called back and you know there was an immediately kind of reply.
TH: So what you say is this; you were annoyed but you are not annoyed anymore. So that is the case you mean?
PT: Yes.

. . . . . .

TH: How did you experience your annoyance?
PT: Well I said to myself uh you know to me it doesn't make sense.
TH: But that is a sentence.
(Pause)
TH: You say you were annnoyed but then I said how did you experience this annoyance. Now you are giving a sort of description: "that doesn't make sense." How did you experience your annoyance?

The Case of the Microphone Man

In focusing on actual experience of annoyance there was mobilization of the tactical defense of diversification and the therapist's intervention is calling upon the resistance and blocking the diversionary tactic:

TH: Could you tell me how did you experience this annoyance?
PT: Well through... through two or three different mediums I think, one was...
TH: I questioned you how did you experience the annoyance? Now you are moving to something else.

The Case of the Butch

The focus of the session was on being "frustrated" and "aggravated" which immediately was followed by being "mad" toward the therapist, and the therapist was exerting pressure for the actual experience. He immediately uses diversionary tactic.

PT: I... I've never been through something like this. I... there is...

Here, the patient wants to diversify and the therapist immediately blocks it and brings him back to the actual experience of his feeling in the transference, which eventually leads to the breakthrough of the impulse in the transference.

The Case of the Manageress

The focus of the session is her problem with anger "it surfaces very easily" and the therapist asks her for a specific example:

PT: Well, I can give you an example of when I visit my parents. For some reason I try to, like, speak to my mother. She's always very nice and everything, but somehow just invokes this anger in me and I just remember all kinds of things from my childhood.

Intervention: therapist exerts pressure on the resistance, "could you give me a specific example in the current, most recent time?" Later on the focus was on her anger toward her mother. She described a recent incident when she was very angry but suddenly moved away and diversified speaking of a past situation that was highly significant. As I have indicated before, the therapist must vigilantly avoid this form of diversification, which is a trap, even if the content is highly significant.

TH: Could you give me a specific example in the current, most recent time?
PT: I spoke to my mother last week and she said, "I'm not pickling very many things because I don't have any jars," and I said to her, "Well, you can go and buy jars," and she said, "No, we don't buy jars, I don't have any jars," and I immediately became very angry and started fighting with her because... what it symbolized for me is that when we were young they neglected us, they never wanted to pay for anything.

The therapist blocked this diversion and brought her back to the recent incident, which led eventually to her murderous feelings toward her mother.

Chess Player

The focus is his brother:

PT: Yes, I have a recollection that my brother and I fought like hell, like cats and dogs all the time.
TH: Fighting like cat and dog.
PT: Wait, not just with my brother, with my sister too.
TH: I know, but we are focusing on your brother right now, hmm? You repeatedly also want to bring your sister into it.

Masochistic Woman with Brutal Mother

A segment of the interview with this patient was presented in Part I. The focus is on the patient's earliest memory:

PT: The first time my mother hit me,
TH: Hm hmm.

PT: I also remember...
TH: What was that memory that your mother hit you?

The Case of the German Architect

The initial interview started by the therapist questioning him about the nature of his difficulties. He was vague and the therapist's attempt was to make him more specific. Then he said "I guess it is uh...commitment." Then he moved to diversify and generalize and the therapist immediately blocks it:

PT: It seems to be very difficult and it seems to run in the family and since I've discovered that, uh that all my brothers and my sister have that problem...
TH: Yeah but let's to focus on yourself first.
PT: Yes, well all I'm saying is that since they all have that problem uh we can point to a cause which is our upbringing.
TH: Yeah but you see let me to question you this; you are now moving to the cause of it before you tell me what the problem is. Do you notice that?
PT: Yeah yeah I understand that.
TH: You see my question was what is the difficulties that you have? But now you are moving to the issue of the cause.

Not Remembering — Call defense in question / Challenge defense in question

I have already described the continuum of not remembering. At one end of the continuum the tactical defense is quite conscious, pretending not to remember; at the other end the patient genuinely being unaware of something held at bay by the major defense of repression. Two examples of the former were shown by the "masochistic woman with the brutal mother", who first did not want to admit her feelings against the previous interviewer, and then did not want to give any details of her masturbation, which will be presented shortly. The following are some examples of the types of intervention.

Not remembering	Intervention
"	"How is your memory? You have problems with your memory?"
"	"Now your memory collapses on you."
"	"Now you move to the position that it is difficult to remember."
"	"Why do you think you cannot remember?"
"	"I am not sure it is that you don't remember, but that somehow you want to leave it in the middle of nowhere."
"	"How long ago is that?"

The following are a few case examples:

Masochistic Woman with the Brutal Mother

TH: I know it is difficult to tell me what you wanted to tell him. We are talking about thoughts and ideas.
PT: "I don't remember" what I would have told him... I'm feeling embarrassed... I would have called him a fucker.

. . . . . .

TH: And what do you do while you have this fantasy?
PT: Uh, "I don't remember."
TH: I mean you're masturbating and have this fantasy, or...?
PT: I think I'm touching myself.

In the first of the above examples, the first independent evaluation had taken place about a week previously and was clearly quite fresh in the patient's mind.

In the following three examples the event in question had happened progressively earlier, so that each one in the sequence probably involved a greater degree of repression than the last. Nevertheless, in all three cases pressure and challenge were effective in bringing the relevant feelings to the surface.

The Real Estate Lawyer

The event was less than a year ago:

TH: Are you talking in a hypothetical way or are you saying you were angry?
PT: Okay, for me to identify exactly how I felt is very difficult because "I don't recall" how I felt.

The Chess Player

The situation under discussion had arisen 4 years ago:

TH: And what was the way you felt when your supervisor was exerting power over you?
PT: That is "too long ago to get in touch with."
TH: You say you were pushed around. But how did you feel toward this man who was pushing you around?
PT: I eventually felt hostile toward him.

The Masochistic Woman with the Brutal Mother

The patient's deeply loved grandmother had died 14 years ago:

TH: Where is she buried?
PT: Near Philadelphia somewhere.
TH: You mean you don't know where she is buried?
PT: I never went, I never go back to her grave.
TH: Do you remember the burial?
PT: Vaguely, vaguely.

TH: You were 18 years old!... And this woman meant a lot to you obviously. So how come you don't remember?
PT: I guess "I don't want to remember."
TH: I know.
(The patient is crying)

The Strangler

After the first breakthrough into the unconscious, and mobilization of the unconscious therapeutic alliance against the forces of the resistance, the therapist moved to the phase of dynamic inquiry into his marriage. What emerged was that during intercourse with his wife he has to resort to the mental image of a specific woman. When asked to describe the body of the woman he could not remember and there was mobilization of the major resistance.

TH: ...do you notice again your memory collapses?
PT: Yes.
TH: Yes what!
PT: Yes it collapses, "I don't remember it."
TH: I mean you say you are an engineer.
PT: Yes.
TH: As an engineer you have a problem with your memory?
PT: No.
TH: Then how come here your memory with me immediately collapses? Do you notice the position here?
PT: Hm hmm.
TH: What "hm hmmm?"
PT: I feel...

The Case of the Cement Mixer

A segment of the initial interview with this patient was presented in Part I. The focus of the session is on an incident with his wife a few weeks prior to the interview:

PT: That is too long ago to get in touch with... "I can't remember."
TH: How is your memory? Do you have difficulties with your memory?

The Case of the Masochistic Woman with Migraine Headaches

When she entered into treatment she was a 48 year old divorced woman who suffered from migraine headaches — as often as 25 days a month — since the age of 6 years, as well as from episodes of major clinical depression. Her last relationship was with a man named Dick who was involved with another woman, Maria, who worked in the same office. The patient had given Dick an ultimatum "Either Maria or me," and Dick told her that he had dropped Maria.

The therapist exerts pressure toward her feeling for Maria being dumped by Dick and this mobilizes resistance:

TH: And how did you feel that he dropped Maria for you, because she was around 7 years with him, and you were 2 months hmm?

Further pressure and challenge to the resistance:

PT: I didn't feel too good about it.
TH: Yeah, but you see that is just a sentence, "I didn't feel too good about it." That doesn't say how you feel.
PT: I did not feel guilty.
TH: But that still doesn't say how you felt. "I did not feel guilty" is a sentence again. Do you notice, I question you how you felt but then you use sentences to describe your feeling?

Now she moves to the defense "I don't remember," which is immediately challenged:

PT: "I don't remember" how I really felt.
TH: Now, how is your memory usually?
PT: Very good.
TH: So, your memory is very good, so how come when it comes to your feeling for Maria who is dropped by Dick, suddenly your memory collapses? Now you look puzzled.
PT: Ja, because I try to put myself into that time.
TH: Do you notice how helpless you become when I question how you felt towards Maria being dropped by Dick after your demand?
PT: (Silence)

Denial

Make explicit
Call defense in question

A most frequently used major defense, but often is also used tactically. The following are a few examples from a number of cases:

The Case of the Hyperventilating Woman

First the patient actually declares that she is angry at her husband, but when pressed she moves to denial:

TH: Yes, but you see again, you are not talking about your feelings.
PT: Well, I felt angry but I wasn't sure that I was justified.
TH: But still, your feelings?
PT: Well, I didn't feel angry. I know I didn't feel angry then because...

The Real Estate Lawyer

PT: I felt embarrassed, humiliated.
TH: Yes, but that doesn't tell us how...
PT: I didn't feel angry, I just felt very embarrassed.

The focus of the session was on an incident with her boss in which she was badly humiliated. The therapist exerts pressure on the experience of her feelings and the patient uses cover words and employs denial.

PT: I was so humiliated I didn't think at all.

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

The Case of Henry-IV Man

The following examples are taken from the initial interview with this patient. In the first he is trying to deny that his father had any special interest in him, in the second that he had any interest in his mother's body. On both occasions the denial was very easily penetrated, revealing a highly emotionally-charged situation underneath.

PT: I've seen a picture of him holding me on his lap... It might have just been a photographer who put me on his lap and then took the snap, but it was maybe not representative of what he did all the time.

. . . . . .

PT: Oh yes, as a matter of fact he had great interest in me... Later he told me that I was his only son, that the two other boys had other fathers...

. . . . . .

PT: I saw her dressing, and... but I opened the bathroom door... but I never sort of noticed anything.

. . . . . .

PT: She had curves. She had a beautiful face also. She still has, and she has nice fingers, and a nice tone of voice, beautiful eyes...

The Case of the Chewing Gum Man

When he entered into treatment he was 29 years old, married, suffered from panic attacks, somatization and functional gastro-intestinal tract disturbances, phobic symptoms and characterological disturbances.

During the phase of dynamic inquiry and the phase of exerting pressure the focus is on the regressive dependent secondary gain aspect of his phobic symptom. The therapist is inquiring into the ways his symptoms interfere with his functioning:

PT: Oh yeah. In the kind of work I am in I could go to Wisconsin. I would go to Texas. I could go anywhere, cause they have courses okay? That would mean I would have to leave Montreal, that that scares me no end. I think, "what if I got sick over there?", because here I know if I am sick or cannot drive, she can — somebody's there to take care of me. That is the same thing when I am at

home and she goes out and I am minding the kid. I get nervous, not for myself—I am afraid "what if I faint or get sick with the kid there?" you know. I am preoccupied with "what if I get sick."

Here, the tactical defense of denial "not for myself."

TH: You said, "not for yourself". What does that mean? Are you saying that you are more concerned about your daugher than yourself?

Denial of New Ideas

There is a form of denial which does not emanate from resistance rather than from the unconscious therapeutic alliance. Here, for the sake of brevity, I will give two examples—one of a patient on the extreme left of the spectrum of psychoneurotic disorders and the other from the mid-right of the spectrum.

The Case of the Salesman

As I have described before, this man suffered from a mild obsessional neurosis and was treated in a single interview. The resistance that the therapist encountered was a series of tactical defenses. The focus of the session is on his baby brother:

TH: You were glad to have a baby brother, but at the same time this baby brother is getting a lot of attention from your mother. Could we look to your feeling about that?

PT: What I remember is that I never had "temper tantrums."

In the above passage, no one had said anything about temper tantrums—why should such an idea be mentioned at all. The answer is that, under pressure from the therapist, the balance between the unconscious therapeutic alliance and the resistance has been shifted. The result is a compromise: the underlying feelings are brought to the surface but are mentioned only to be denied. It is essential for the therapist not to fall into the trap of taking the denial at its face value. On the contrary, he should use it as a highly important communication from the unconscious therapeutic alliance, indicating that the therapist's pressure is becoming effective and that as long as he persists he will reach the feelings that the patient is trying to avoid.

In the "case of the salesman", these eventually emerged as follows:

PT: I felt like punching him. I resented it. I kept it in. But in the past 2 or 3 years I have talked about it to my mother.

In this example, the statement "I never had temper tantrums" was no doubt, literally speaking, true. What was being unnecessarily denied by implication consisted of underlying feelings which might have led to temper tantrums.

Now we turn our attention to another patient, a resistant patient with a more complex core-pathology, to elaborate on the denial as an indicator that the balance between unconscious therapeutic alliance and resistance has shifted, and the former has taken a dominant position *vis-à-vis* the latter.

The Case of the Man with Foggy Glasses

When he entered into treatment he was in his forties, suffered from diffuse symptoms and character disturbances and life-long characterological problems. He entered into the interview with anxiety in the transference. The process rapidly moved to pressure and challenge to the tactical organization of the patient's major resistance. There was rapid rise in the patient's tranference feeling, intensification and crystallization of the patient's character defenses in the transference, and then the process moved to pressure and challenge to the major resistance. Then he spontaneously made the following communication:

TH: Now you become silent again.
PT: I didn't go around "thumping things."
TH: Now you are telling me you did not go around...
PT: Yeh, I did not go around "thumping things," okay.

Shortly after this, he emphasized:

PT: In my whole life I have never raised my hand against any creature.

This is exactly a communication from the unconscious therapeutic alliance, and the process indicates that the unconscious therapeutic alliance is taking a dominant position in relation to the resistance. Shortly after that, he talked about an incident in which he was enraged toward his brother-in-law. The patient's brother-in-law was angry with his wife, and the patient, in a state of rage, stood between his sister and his brother-in-law and told him that if he raises his hand "I would not be responsible for what I do." In describing this, all the indicators are that he is clearly experiencing his rage. Then there is a major communication from the unconscious therapeutic alliance describing an incident, some 30 years ago, that he was near to murder another student. He had the head and the hair of the student in his hands, and was banging his head against the wall.

PT: It's going to crack open or it's going to get badly damaged, squashed as they say.
TH: So it would have been squashed?
PT: Yeh.
TH: And that means what?
PT: Well he could have been severely damaged you know, like he could have had a bad concussion or it could even have gone to death. I don't know, it could have.
TH: So you could have killed him then?
PT: I could have probably.
TH: Again you immediately use the word probably.
PT: I would have okay, but it didn't happen so...

(The patient is experiencing the somatic pathway of his murderous rage)

What emerges later on is his murderous rage toward his brother, who became the extreme favorite of the mother, as well as guilt-laden feeling and subsequently his primitive murderous rage toward the mother with guilt-laden unconscious feeling, as well as a great deal of painful feelings about his life with his father and the pseudonym of this patient is related to the memory of his last goodbye with his father. He was at the bedside of the father until the last breath.

He used his eyeglasses as a detector of whether or not his father was breathing. During the last breath of his father his eyeglasses become foggy, he cleaned them and placed them back against his father's mouth and they didn't fog up again, which meant that his father had died.

Retraction — Challenge the defense

This is a common tactical defense, particularly in patients with obsessive character structure. The patient admits to a specific feeling and immediately retracts it. This can be illustrated by the following case. After the first breakthrough, the patient describes an incident with his partner who was angry with the patient. The patient was mad and angry. The therapist exerts pressure toward the experience of anger and he immediately used the tactical defense of retraction.

The Case of the Butch

TH: He dumped you and you say you felt angry toward him. How did you experience the anger?
PT: Angry is not the right word, may be it is not . . . ah . . .
TH: And now you are moving away saying I did not feel angry.

Then he moved to another tactical defense becoming slow and retarded, and the therapist moved to challenge that defense.

Externalization — Make explicit
Challenge the defense

The externalization is a form of defense often used to avoid the experience of anger and can very easily be missed; the following examples illustrate the point:

The Chess Player

This passage follows immediately the passage that I have quoted before in which the patient had got as far as saying that he felt "frustrated" by his supervisor.

TH: You say "frustrated." What was the way you experienced this frustration?
PT: I felt "unfairly pushed."

The Case of the Hyperventilating Woman

This passage also follows the one I have already quoted, in which the patient has just described being "upset" by her husband's neglect.

TH: But again we don't know what you mean by "upset".
PT: I felt "it was unfair."

TH: And what does that mean? "Unfair," "upset," being "sandwiched" into his life?

PT: Well, "I felt he was being immature."

In each example the sentence begins with the words "I felt," so that the therapist might be easily deceived into thinking that the patient is describing feelings at all. The first patient states "unfairly pushed" saying that he is the victim in relation with his supervisor. Often when the therapist does not detect the defense of externalization he might then move to the following intervention: "What did you feel about being unfairly pushed?" The same is with the hyperventilating woman: "I felt he was being immature." Here the patient is using impersonal construction "it was unfair" to describe a situation, followed by the word "immature" to describe her husband.

It is important to emphasize that externalization by the use of the past-participle passive is a trap against which the therapist needs to be constantly aware, especially when he is pressing the patient for feeling in the transference.

Vagueness — Make explicit / Challenge the defense

It is frequently used.

The Case of the German Architect

The therapist is focusing on the nature of the patient's difficulties and he remains vague. The therapist brings this to the focus:

TH: My question is what seems to be the difficulty and you use a bunch of sentences that are vague. Do you notice that;

PT: Hm hmmm, hm hmm.

TH: Do you notice that you are vague?

PT: Yes I know, but I am. I mean I am very vague about...

TH: So the first question for us is what are we going to do about the vagueness because up to the time you are vague then we wouldn't have a clear picture of what seems to be the problem.

PT: Uhmmmm...

Vagueness and Evasiveness

The Case of the Salesman with his Sister-in-law

In exploring his mother's physical appearance he became evasive; the tactical defense of evasiveness is mobilized, indicating the degree of anxiety that he felt about his eroticized relation with his mother.

TH: I am talking about when you were a child—your memory of her body and her build.

PT: Uh...not really anything to speak of...nothing in particular.

TH: You mean you don't have any memory of your mother as a child?
PT: I remember...
TH: What do you remember?
PT: She was "there," sort of...(!)
TH: I know she was "there," but what do you remember?
PT: I don't really, you know, in particular, nothing...

The Henry-IV Man

In a passage quoted earlier this patient had used the cover phrase "lose my reason or something" in order to avoid admitting his fear of loss of control. Immediately before this he had tried to avoid the subject by the use of evasiveness.

PT: Because I was afraid of my reaction after slapping her.
TH: What was your fear?
PT: My fear was that I...I don't know, but I was...just...

Evasiveness — Make explicit
Challenge the defense

The Chewing Gum Man

The focus of the session is on his dependence on his wife and on his boss and that whenever his boss leaves the working area he develops a panic attack. The therapist puts pressure to how he explains this and he becomes evasive and laughs:

TH: But in actuality when he is also around, when he was also around you were really doing the job isn't that?
PT: Sure I was doing the job. Well I was doing a good job.
TH: And then when he would uh move, you know he would go out and then suddenly you start to have all these thoughts...
PT: Yes.
TH: ...that something might go wrong with you.
PT: Hm hmm, that's right.
TH: What do you think about this?
PT: I (laughs) *I don't know what to think about it.*

Evasiveness Followed by Diversionary Tactic

The Man from Southampton

A segment of the interview with this patient was presented in Part I. In the following passage the patient is trying to avoid the pain of remembering that his relation with his feared and hated father had once been a good one:

PT: That reminds me that before the War I remember looking for my father when he would return from work. I could see the pathway that he would take approaching the house.

TH: What is your memory of that path?
PT: It was just a path across the field.

. . . . . .

PT: And I would see him walking from... he had to leave by the back and walk down by the river and across the pathway and I would see him. We lived in a block of flats...

Further pressure brings out a memory of his being so excited on seeing his father that he fell down the steps and cut his chin, and had to be taken to hospital.

Obsessional Indecisiveness — Make explicit Challenge the defense

The Case of the Butch

The focus of the session is on the patient's warm feeling for the female therapist who had seen him as the first evaluator and the patient has feelings for the second evaluator; and the therapist focuses on the patient's feeling, and he becomes indecisive:

TH: And how do you feel about me being cold, because you don't like the way I am, hmm?
PT: Yeah, I... I don't know, I don't know why.
TH: You like it or dislike it? I mean which one?
PT: Well, I am not comfortable with it.
TH: Now, you are not answering the question, I said do you like the way I am?
PT: I sort of dislike it... I don't hate it, I don't ah...

This form of tactical defense of obsessional indecisiveness needs to be challenged. Then the patient declares that he dislikes the way the therapist is. Then the process moves to the intervention of focusing on the actual experience of the patient's feeling.

Somatization

The development of physical manifestation can of course be used unconsciously as a major defense against the experience of feeling. For example, a total numbness described by the "masochistic woman with the daily attacks of migraine headaches" was a major defense against primitive murderous rage and guilt in relation to her son (which had its roots in relation to her mother). But in a somewhat similar "but much less unconscious" way the description of the physical manifestation can be used as a tactical defense against the experience of feeling. The following examples demonstrate this form of tactical defense:

The Case of the Real Estate Lawyer

The therapist is putting pressure for the experience of her feelings which has to do with anger.

PT: "I went flame red."
"My stomach was in an uproar."
"My stomach went flip-flop."
"When blood surges there has to be some sort of emotional reaction."
"My face went like a mask."

The Case of the Man with the Chewing Gum

He suffered from a wide range of symptom disturbances, functional gastrointestinal tract disturbances, complained of dizziness, "I feel fragile," "I am not sure of my footing." In his job he becomes pale, his hands shake then he becomes panicky whenever his boss leaves the counter or when his wife leaves the house for shopping. The patient's use of symptoms, many of which were somatic, as a way of avoiding his true feelings has already been noted.

TH: So in your job you have to have your boss around in order to function. And in your personal life you cannot function without your wife. What do you think about all this?
PT: I don't have any thoughts. What can one do when one has all these symptoms?

The Case of the Masochistic Secretary

A segment of the trial therapy of this patient was presented in Part I.

TH: You said you feel uncomfortable, what is the way you experience this being uncomfortable?
PT: I "Blush," I feel "hot in my face," I chew and bite my lips.

In this case the patient is describing two different manifestations, blushing which is an involuntary reaction while chewing lips or biting her finger is a nervous habit and more or less under conscious control, and as we saw in the "real estate lawyer" "going flame red" is an involuntary reaction.

Action as a Defense Against Feeling

If we return to the Case of the "masochistic secretary", the therapist has focused on her feeling and she responded:

PT: I "blush," I feel "hot in my face," I chew and bite my lips.

As I have already indicated chewing her lips, a nervous habit, is more or less under conscious control. The "real estate lawyer" also described the nervous habit of "biting my fingers."

The Real Estate Lawyer

TH: But saying you felt terrible doesn't tell us how you experienced...
PT: Okay, I left very soon afterwards.
TH: What was it that you experienced?

PT: I tried to mask it. I tried to laugh about it in front of everybody.
TH: It is not clear how you experienced your feelings at that moment.
PT: I got very embarrassed. I put his so-called gift away and threw it in the garbage.
TH: What was the way you experienced this 8-degree anger?
PT: I didn't say a word and I walked away. My face went like a mask.

Body Movement as a Defense Against Feeling

A wide range of body movements; movement of the hand, the restless movements of the legs, rhythmic movements of the pelvis are seen during the passage of the primitive murderous rage, and in particular primitive murderous torturous rage, in the transference and when the therapist becomes actually transferred to the biological figure. What follows is a major guilt-laden unconscious feeling. It is important to note that as soon as the passage of the primitive murderous rage takes place there is no trace of these body movements.

"*Explosive discharge of the affect*" in the form of banging the fist on the table with a loud voice or even breaking some object can be used defensively to abort the buildup of violent rage and homicidal impulses.

Stubbornness; Defiance — Confronting comment / Challenge / Head-on collision

Defiance and stubbornness can be purely tactical defenses or can be part of a major resistance. They are almost universal and appear over and over again in different patients, particularly those suffering from long-life character neurosis often in a regular sequence as a response to pressure from the therapist. Here I will highlight this with the following example:

The Praying Mantis

This young woman's pseudonym arises from her fantasy of murdering a man during sexual intercourse by stabbing him with a knife at the neck level of the vertebral column. At the time of the trial therapy she was 22, complained of severe phobias of seeing doctors, injections, genital examination, and of sexual penetration. She has always refused gynecological examination and currently suffers from vaginal infection. The gynecologist had failed to do a gynecological examination. It was arranged for the nurse to introduce a speculum, which was not possible. She has suffered from disturbances in the interpersonal relationships, major conflict with her parents so that she has moved to another city as a college student.

In the early part of the interview she described how her phobia went back to childhood. The result had been that for years she refused to be seen by her doctor, and her mother has had to describe her symptoms over the phone and receive instructions about how to treat her. She described incidences around the age of four and five in which stubbornly "I turned his office upside down," and from thereon her pediatrician treated her over the phone, via her mother.

The therapist made a summing up remark:

TH: Then you were stubborn in a way.
PT: Very, I still am.
TH: Was it only with the doctor? Or were you stubborn with others?
PT: I was quite stubborn as a child.

Through the whole of the early part of the interview the patient used the defense of *belle indifference,* talking in a cheerful way about even the most intimate and distressing subjects. She has never had sexual intercourse. She goes out with men and attempts to have intercourse but because of vaginismus and severe pain the intercourse becomes totally impossible. Then the therapist focuses on her masturbation:

PT: I have had orgasms from masturbating ever since I can remember. And I have been masturbating ever since I can remember.

The therapist went on to ask about details, receiving an initial reply which was the epitome of belle indifference:

TH: What are the fantasies you have during masturbation, and how do you do it?
PT: I just sort of grab my crotch with my hand (spoken with apparent relish)
TH: And then what type of fantasies do you have? (The patient smiles in a coy and embarrassed fashion)
PT: I just really don't want to go into it. They embarrass me very much.

The patient's smile might have been taken simply as expressing her embarrassment at being asked such an intimate question, but there is more to it than that. She is now embarking on the same kind of defiant stubbornness as she has described with a number of gynecologists and pediatricians and other relationships, so that there is an obvious parallel between these and the transference.

TH: You said that you have always been a stubborn person, hmm? And that you always get your way. And this has been a pattern in both your current life and in the past with your pediatrician as a child and currently with your gynecologist.
PT: I don't know if I get my way always. Not anymore, certainly. When I was a child I got my way, always.
TH: Yeah. But you said that when you see a doctor *you manage to get your own way.*
PT: No... I mean... I have to submit to them eventually. I will go through a bit of trying to talk them out of it in order to stall.
TH: Finally you give in?
PT: Finally I give in.
TH: And do you think that might be here with me?
PT: Well... I am not going to go into those fantasies.
TH: You are smiling.
PT: Maybe if I talk to you a second or third time I might be willing to. But on first meeting, no, I won't. Now maybe that is stubbornness, but...

The therapist must be extremely careful not to allow himself to be drawn into the battle of will. The simple technical intervention is a special form of head-on

collision pointing out the therapeutic task, deactivation of the transference, deactivation of the defiance. The details of this technique will be described in another paper; the application of head-on collision in the management of defiance and other malignant character defenses.

Tangents	Confronting remark Challenge

Tangents	Intervention
"	"Usually it is like this... you go round about the way."
"	"You have a tendency to go to tangents."
"	"You have to give a lot of preamble."
"	"Could you describe that incident without circling around?"

This defense can be seen in the whole spectrum of psychoneurotic disorders, with the exception of those cases on the extreme left of the spectrum. We see it more frequently in patients on the right side of the spectrum. It is one of those defenses that needs immediate intervention, first by clarification then, if necessary, with pressure and challenge.

The Case of the Masochistic Woman with Frequent Migraine Headaches

The therapist has asked for a specific example and she soon started to go into tangents, unnecessary detail about irrelevant matters, and the therapist's intervention is clarification rapidly followed by challenge and pressure to the defense:

TH: You see, you want to tell me about... and your relationship but now you are moving...
PT: Yes, I am getting there, no I'm getting there.
TH: Usually is it like this. That when you want to describe an incident you go round about the way.
PT: Ja, tangents (laughs).
TH: But labelling it is not... We have to see what are you going to do about it.

The Case of the Englishman with Fainting Attack

When he entered into treatment he was 51 years old, married and suffered from a chronic state of anxiety with attacks of hyperventilation and an episode where he had fainted, functional disorder of the gastro-intestinal tract with diarrhoea, flatulance and sharp-shooting stabbing abdominal pain, major conflict with his wife and daughters, sexual difficulty with an inability to have an erection and characterological problem.

The initial phase of the trial therapy interview consisted of inquiry, dynamic inquiry, the phase of pressure and the mobilization of the twin factors of the

resistance and the transference. The process then moved to the phase of pressure and challenge alternating with dynamic inquiry. The therapist was exploring the family dynamics and the patient described an incident where his wife had had a big argument with one of her daughters, with exchange of anger, and the next day she was withdrawn and detached. While describing the incident he becomes circumstantial and goes into tangents:

TH: Now what way did you get involved? Still you have not...
PT: Well I'm trying to get to that, I'm trying to get to that.
TH: But do you know you have a tendency to go to tangents? Do you know what is tangents?
PT: Yeah, yes I understand.
TH: Now you have to give a lot of preamble, to go on and on, circle around subject until you could describe that issue. Do you notice that? My question is this, is it here with me or this is per se *you? That when you want to describe an event you have to circle around and around until you come to the point. The point is, at what point you got into this battleground between Susan and your wife?*

Then he described an incident of exchange of anger with the loss of control.

Defensive Weeping, Crying and Spectrum of Regressive Defenses

A spectrum of regressive defenses can be used tactically, these are frequently encountered and the therapist should look out for their emergence. A few examples:

The Woman with the Fainting Attacks

At the start of the initial interview she indicated that one of her problems is fainting and the therapist asked the patient "Could you give me a specific example of you passing out?" This mobilized anxiety and she responded "You want the most dramatic one or you want the one that is..." The therapist's response was "Obviously, if you choose the worst one it would give us a better picture." There was further mobilization of anxiety and she started crying, became weepy.

PT: Here I go. (sniffling)
TH: What do you mean "here you go?" because of your tears you mean?
PT: (blowing nose, sighing)
TH: From where these tears come from?
PT: (deep sighing, sounds of weeping)
TH: How long have you felt like this? This morning?
PT: (choked-up voice) *No this is... when I think about passing out I guess I have a phobia in uh situations so... because I'm afraid I'll pass out.*

Then she wants to move to intellectualize into the cause of her fainting attack:

TH: I mean to go to what is the cause of passing out is not going to help. It is very important for us to explore one or two incidences when you passed out that we can get a better picture of what it is like.

PT: That's why I'm crying because it's it's difficult for me to talk about it. Okay I'll describe it.
TH: Most recent one would be best.

Then she described a major fainting attack that she had 2 years ago in a subway. Now the therapist moves to explore in detail two of her major fainting attacks.

The Case of the Masochistic Secretary

The patient had declared that she frequently gets angry with her husband and the therapist is focusing on how she experiences her anger in a specific incident:

TH: How did you experience your anger toward him?
PT: I cried.

What emerges is that she becomes withdrawn and detached and further indicates that at times she screams and resorts to the regressive defense of temper tantrum "I want to hit him."

Talking to Avoid the Experience of Feelings

Clarification

It is a tactical defense seen in a wide range of situations, particularly to avoid the actual experience of painful feeling. We encounter with this defense when the breakthrough of intense guilt-laden and grief-laden feelings is eminent. It is particularly seen in partial unlocking of the unconscious at the time of the passage of painful feeling. Technically, the therapist would not encounter this defense during the passage of the intense guilt in major unlocking as well as in major extended unlocking. The main reason for that is optimum mobilization of the unconscious therapeutic alliance.

The following are a few examples:

The Case of the Microphone Man

Immediately after partial access to his unconscious the patient has become visibly sad. He was describing his last visit with his father, who looked older and tired. This intensified his sadness and the therapist continues focusing on the patient's feeling, which is very close to breakthrough and the patient uses the tactical defense of talking over and over to abort the breakthrough of the painful feeling:

TH: Now when you say that, I have a feeling here that there is a lot of feeling in you. But then you keep talking and talking. Do you notice this here? It is very important...
PT: The feeling is that I wished that we had been really closer together. That we could have talked...
TH: Yeah, but let's to look to the feeling.
PT: That we could talk with depth you see, and be close.

TH: I see now there is this, uhh, deep-seated feeling that you have for your father, but by talking and talking we cannot understand this feeling. Why is it that you don't want to look to your feelings rather than to...

. . . . . .

PT: Yeah it is.
TH: Hm hmm. Silence is threatening to you because under that we see there is a lot of feeling for the man. (patient is sobbing heavily)

The Case of the Bee-Bee Gun Man

The therapist has achieved the first breakthrough at which the situation changed from the dominance of the resistance to dominance of the unconscious therapeutic alliance and the patient has become increasingly sad, with tears in his eyes and he uses the tactical defense of talking to avoid the experience of the intense painful feeling.

PT: I have tears in my eyes and I don't even know why.
TH: I know, let's get to the tears first and then to see why and see from where do they come from. Underneath there is a major wave of feeling, but you want to talk to avoid to experience the painful feeling.
PT: You see, I have the tears.
TH: You want to talk, feeling, feeling.

Nonverbal cues — Call defense in question
Challenge defense in question

• Nonverbal cues are extremely important to monitor during the process and they can be considered as a signaling system of the unconscious; for example, any degree of the rise in the transference feeling or any degree of mobilization of the twin factors, namely the transference and the resistance, can express themselves in a nonverbal way. The following are a few examples:

The Case of the German Architect

The focus is on his problem with feelings and the therapist exerts pressure by probing for feeling.

Rise in transference feeling:
Increased resistance:

TH: Problem with feelings.
PT: Yeah.
TH: Could you tell me about that, I mean that is a sentence "problem with feeling".
PT: Yes it is a sentence. Uhmm maybe my reactions to things that I should feel are...
TH: Yeah but that again is vague, "my reaction to things"...

PT: *Okay.*
TH: *Now you turn your head on the other side, do you notice that?*
PT: *Beg your pardon?*
TH: *You move your head on... Do you notice that in a sense your head moved?*
PT: *Yes I'm looking for another tack you see.*
TH: *Another?*
PT: *Tack.*
TH: *What does that mean?*
PT: *A... another approach.*
TH: *Hm hmm. Another approach to what?*
PT: *To explaining maybe why I'm here.*

Challenging nonverbal cues and pressure toward the transference feeling:

TH: *Now your eyes also avoid me.*
PT: *Well, I mean I can't look at you all the time, one hundred percent of the time.*
TH: *Do you notice that you avoid my eyes?*
PT: *No, I don't avoid your eyes. I look at your eyes when you talk to me.*
TH: *Uh hmm.*
PT: *But then I look away so I can, ah, think for myself where I don't have to concentrate on your eyes, umm...*
TH: *And how do you feel when you look at my eyes?*
PT: *Fine, I...*
TH: *Fine means what, I mean fine is another vague... you smile now.*
PT: *Is that okay, I mean I smile?*
TH: *uh hmm. Now your eyes go toward the ceiling.*
PT: *Right, that's quite right.*
TH: *Right, huh?*
PT: *Umm, how do I feel when I look at you.*
TH: *You are avoiding me. This is the real issue.*
PT: *I'm avoiding you?*
TH: *Yeah, is it or isn't it? I mean you can tell me.*
PT: *No, I don't think I'm avoiding you particularly.*
TH: *Now look, you have been vague so far...*
PT: *No.*
TH: *...you have not been specific so far and now we are focusing on your feeling, you say fine.*
PT: *Well, that's what everybody in this country says, ah...*

It is extremely important to take into consideration that one of the major features of all patients suffering from long-life character neurosis is the presence of the resistance against emotional closeness which immediately comes into operation in the transference. The therapists who are well in tune with the unconscious universe can detect the presence of such a resistance in the transference behavior and nonverbal character defenses.

The Real Estate Lawyer

TH: *And do you notice, also you look somewhere else, you avoid my eyes.*
PT: *Oh.*

TH: Do you notice that?
PT: It's not intentional.
TH: It doesn't make a difference, still you do. Do you notice that?
PT: Yes.
TH: How do you account for that? Avoiding my eyes. (Once more the patient smiles)
TH: A smile again.
PT: Not smiling, maybe it's because you can see something, or you understand why I don't express any feeling and...
TH: And still you avoid my eyes.

This repeated confrontation with the nonverbal signs, avoidance of eye contact and other indicators of the presence of the resistance against emotional closeness, aims at mobilization of the twin factors of the transference and the resistance and brings her nearer to acknowledging her transference resistance.

PT: I have never in my entire life expressed feeling to anyone.
TH: Hm hmm.
PT: To myself, to my parents, to my husband.
TH: But you see again you are avoding my eyes. (Again she smiles). *A smile comes...*

The Case of the Butch

He described an incident with his partner who was angry with the patient. The therapist was exerting pressure to the actual experience of the anger towards his partner. His fist is clenching and he has frequent deep sighs.

PT: It was like, ah... (deep sigh), like a boiling feeling.
TH: Uh hmm.
PT: ...like getting very warm, very hot, physically getting hot.
TH: Uh hmm.
PT: My body was hot, my hands started to sweat, and I was shaking.
TH: Uh hmm.
PT: I was shaking.

Further pressure to experience his anger.

PT: A feeling of... (deep sigh)...
Th: And again you make a fist.
PT: Yeah...a fist.
TH: Uh hmm.
PT: That's a kind of, that's the physical feeling I had.
TH: Uh hmm.
PT: ...I am trying to...It's a reenactment of that particular moment.

The passage of violent rage toward the partner is mobilizing anxiety in the form of tension in the striated muscles; muscles of the hand; supinator and pronator of the forearm; making fist; tension in the intercostal muscles with sighing respiration. The boiling, heated feeling in the abdomen indicates that the somatic pathway of the violent rage is being mobilized.

Passive-Compliance Make Explicit Challenge

Passive-compliance can be a defense to prevent the patient from experiencing his true feeling. For example, in the case of the "salesman and his sister-in-law", a young man in his twenties suffering from mild obsessional neurosis; the therapist focused on his rivalry with his brother, who had become the favorite of the mother. First he used rationalization and rumination, then he moved to passive-compliance to prevent him from experiencing his true feeling.

Case of the Salesman

TH: Now what are your memories about your brother getting more?
PT: Uh... gee... (pause)*... getting more...*
TH: It had to do with the attention of your mother.
PT: Yeah... it always, like to me I guess it seemed that he used to be able to stay up later than I did at his age, you know. Not to do chores.
TH: Your mother was more lenient with him and more strict with you? And your brother had a heavenly deal.
PT: I guess you could say that, yes.
Th: That he was the favorite of your mother? That he became the star?
PT: Yeah... okay.
TH: Why do you say "yes... okay?" Is it, or isn't it?

Passive-Compliance, Rumination, Rationalization, Vagueness

The Case of the Salesman

The therapist used the challenging phrase of whether his younger brother had become their mother's favorite. This led to mobilization of a series of tactical defenses.

TH: Your mother was more lenient with him and more strict with you? And your brother had a heavenly deal.
PT: "Yeah, okay." (passive-compliance)
PT: "I guess he was then, but..." (Rumination)
PT: "He was the favorite because he was the youngest." (Rationalization)
PT: "Possibly right." (Vagueness)

The Strangler

The trial therapy started with the phase of pressure and as soon as there was tangible evidence that his character defenses were crystallized in the transference the therapist moved to the phase of challenge. There was mobilization of the tactical defense of passive-compliance "I don't know" and mobilization of the resistance against emotional closeness:

TH: Again you move to the "I don't know." Moving to the helpless position. How do you feel when you look to my eyes?

PT: I don't know.
TH: Hm hmm. So "I don't know" is another system like "I guess so," "perhaps," huh?
PT: Yeah.
TH: Now this is another format of the... huh? (Pause)
TH: Do you notice that you are very much detached from me?
PT: Yes.
TH: What?
PT: Why?
TH: And there is some kind of a wall between you and me.

The Case of the Woman with the Diamond Ring

She was 35 years old when she entered into treatment, gave abundant evidence of a pattern of passivity, compliance and self-depreciation in most of her interpersonal relationships. Her first marriage was to a man who was paranoid and she allowed herself to be used and abused by him and finally ended up in divorce. She had problems in her second marriage, suffered from episodes of clinical depression, masochistic character traits letting herself be used and abused. She had had a baby during her first marriage who died at birth and she had passively complied with the doctors who discouraged her from going to the funeral. Her behavior in the initial interview showed a similar pattern of passivity, compliance, vagueness and self-depreciation. The therapist had clearly established the parallel between her behavior in the transference and that of the outside relationships; the entry of the transference. The focus is on the set of tactical defenses "I don't remember," "I don't know," "I was so dumb," "It was absurd:"

TH: Did you feel that you wanted to see the baby?
PT: "I don't remember." I think... Yeah, I wanted to see...
TH: Did you?
PT: No. they didn't want me to see the baby.
Th: Why didn't they want you to?
PT: I don't know.
TH: I am not sure that you don't know, or is it that in a sense you...
PT: You see... I don't believe, you know, "I was so dumb"... I just don't think...

. . . . . .

TH: Let me clarify one thing here. Have you noticed that during this period of time whenever we are getting into some of the important issues you say either it is "absurd," or "I don't remember," or "I don't know," and now you say you were "dumb". Have you noticed that whenever we approach any of these painful issues you become very vague?

Later on she declared anger in the transference. Then the process moved to pressure for the actual experience of the anger in the transference. It is important to note that anger by itself functions as a defense against the violent primitive murderous rage and intense guilt, in relation to her mother, her father as well as her brother, which is under the major resistance of repression.

Generalization, Vagueness, Vague Rumination, Cover Word, Jargon Word and Sarcastic Laughter

The Case of the Son of the Australian Journalist

When he entered into treatment he was in his forties, suffered from symptoms and character disturbances and a long-life character neurosis. The session starts with the phase of inquiry:

TH: What is the problem that you want to get help for it?
PT: Either behavioral problems or if not that then what I feel I have uh by ways of blocks okay.

. . . . . .

PT: Well I feel at times uhmm . . . there are certain times that I'm functioning on about seven or eight pistons and there's other times I'm working on a . . . a couple of cylinders.
TH: You mean seven to eight percent of your potentiality?
PT: Pistons, seven or eight cylinders, okay. (sarcastic laughter)

Therapist attempts to make it specific; he further moves saying "Just to improve myself," then he says "Personal growth . . . I think I have some blocks."

Cover Words, Generalization, Indirect Speech, Rumination and Nonverbal Character Defenses

The Case of the Board-Like Professor

At the time of the initial interview he was 56 years old and suffered from a wide range of symptom disturbances and major syntonic character pathology. He suffered from chronic anxiety, somatization and depressive disorders, problem in his marriage and with members of his family, episodes of explosive discharge of affect in relation to his wife, and at times actively suicidal. He has been treated by his family physician for the past 20 years for various functional disorders. Because of the research protocol, he had seen the first independent evaluator and when he arrived for the second independent evaluation he had feelings about repeating himself. The process moved to the phase of pressure toward his feeling, rapid rise in the transference and mobilization of a set of tactical defenses:

PT: I feel "irritated."
TH: Irritated at who? (Pause)
TH: Now you see you look down there.
PT: Well, you, I "guess."
TH: Yeah, that is "guess," that is a state of limbo. Are you irritated with me or aren't you irritated with me? Let's first establish that.
PT: I don't see where, where we are going.
TH: Let's not to get to where we are going . . .

During this very early part of the trial therapy he has had a number of "smiles," avoidance of eye contact, looking at the wall, rise in anxiety in the form of tension in the striated muscles in the form of clenching of the hands, deep sighs, tension in the intercostal, tic in the facial muscles, tic in the periorbital muscles in the form of closure of the eyelids, immobile board-like position and each of these nonverbal defenses is clarified and challenged.

Vagueness, Rumination and Intellectualization

The Case of the German Architect

The trial therapy started with the phase of inquiry. In answer to the question "could you tell me what seems to be the problem?" patient responded with vagueness, rumination, and wants to intellectualize if his difficulties are normal or abnormal:

PT: *Uh... no, not exactly. This is one...*
TH: *So you don't know exactly what the problem is, hmm?*
PT: *I'm here, ah, I only have ah, some hazy idea what might be the problem.*
TH: *Now if I question you what seems to be the difficulties that you have, what then you would say there? Because you are saying you have a hazy idea about your difficulties which is...*
PT: *Which I'm not even sure whether those difficulties are my re... normal part of being a human being, ah, however...*
TH: *So you have several difficulties that you question if is normal or...*

. . . . . .

PT: *Yes, I know, but I am vague, I mean I am very vague about...*
TH: *So the first question for us is what are we going to do about the vagueness? because up to the time you are vague then we wouldn't have a clear picture of what seems to be the problem.*

. . . . . .

PT: *If, maybe if I knew what the difficulty was I wouldn't be here.*

Passive-Compliance, Rumination, Indirect Speech, and Nonverbal Character Defenses

The Case of the Board-Like Professor

The therapist is putting pressure to the actual experience of irritation in the transference. There is further rise in the transference, further crystallization of the patient's character defenses in the transference in the form of a set of tactical defenses:

TH: *How do you experience your irritation towards me?*

PT: (Pause)
TH: *Now your head goes like this.*
PT: *Uh huh.*
TH: *We know your hand is in clenching state like that; your body is totally immobile.*
PT: *I sit like this many hours of the day.*
TH: *Doesn't make a difference your rumination that I sit like this. Right now you say you are irritated with me and my question is this: how do you physically experience your irritation? And your hand is clenching and your body is immobile...*
TH: *Now you are ruminating still. You are not telling me how you experience physically your irritation.*
PT: *I, I feel tense here, I feel...*
TH: *So that is anxiety.*
PT: *Yes, Well I "guess" so.*
TH: *"Guess" so.*
PT: *I don't, I don't know how to, I don't know.*
TH: *"I don't know" is a helpless position.*
PT: *Well...*

From the above case-examples, it becomes clear that the tactical defenses appear in many different forms, and that they occur in similar forms over and over again in different patients. The classification given above is not hard-and-fast and there is a very considerable degree of overlap between one type of the defense and another. What is important for the therapist is to make himself familiar with them. This is summarized in Table 1.

Summary and Conclusion

Here it is important to summarize what has been presented in this two-part article:

(1) I briefly described a powerful technique which aims at a rapid breakdown of all forces maintaining the major resistance and rapid mobilization of the unconscious therapeutic alliance.
(2) I emphasized that the task of the trial therapy is loosening the patient's psychic system, reorganization of the unconscious; changing the situation from the dominance of the major resistance to a major dominance of the unconscious therapeutic alliance and mobilization of the whole unconscious system.
(3) Our clinical research clearly shows that the optimum mobilization of the unconscious therapeutic alliance against the forces of the major resistance is one of the basic aims of the therapist and it can be achieved in every patient, no matter what the degree of the major resistance.
(4) It was emphasized that one of the features of the technique, that is rapid mobilization of the unconscious, instantly mobilizes what I call tactical defenses in the service of resistance, and it is essential for the therapist to be familiar with these defenses.
(5) The continuum of tactical and major defenses was discussed and it was indicated that these two categories of defense form a continuum and any attempt to draw a sharp distinction between them would only result in hair-splitting.

Table 1. Management of tactical defenses in intensive short-term dynamic psychotherapy

Defense	Intervention
Cover words	Call defense in question; challenge defense in question
" "	"'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?"
" "	"What is that? What is 'confusion?' Still we don't know how you experience your irritation."
" "	"'I felt mad' is a sentence."
" "	"'I felt aggravated' is a sentence."
" "	"'I felt terrible' is just a word, it doesn't tell us how you felt.
" "	"Let's not to call it 'silly.'"
" "	"'It sounds funny' doesn't tell us how you felt."
" "	"Is it 'trust' or is it a tremendous fear of intimacy and closeness?"
" "	"Is it 'rejection' or is it that you are terrified to let me get to your intimate thoughts and feelings?"
Blanket words	Challenge defense in question
" "	"'I was very shocked' doesn't say how you experience your anger."
" "	"'Backing up mentally' doesn't say how you felt."
" "	"'I felt empty, lonely space,' that doesn't say how you felt."
Jargon words	Challenge defense in question
" "	"'Devastated and depressed,' what is that?"
Indirect speech	Make explicit
	Challenge defense in question
	Call defense in question
" "	"Why 'suppose?'"
" "	"Again 'sort of?'"
" "	"Why 'probably?' Either you were angry or you were not."
" "	"Again you leave it in the state of limbo, 'guess,' 'perhaps.'"
" "	"You leave it in the hypothetical way,"
" "	"You 'guess' so?"
" "	"Again you move to 'I think,' 'may be' you felt resentment."
" "	"Again you move to you 'guess' you could say."
" "	"Again you move to assumption."

(*Continued*)

Table 1. (*Continued*)

Defense	Intervention
" "	"I say how do you feel right now, you say you 'guess' you are nervous,"
" "	"You have to say 'it seems' that you are nervous, you are indefinite here with me."
" "	"You know what I mean by indefinite? You say, 'perhaps,' 'guess.'"
" "	"Why do you say 'perhaps' you have resentment. Either you do or you don't."
" "	"But you say 'guess,' you 'think' that you must have feelings. Either you do or you don't."
" "	"'Probably' again."
" "	"Again 'suppose.'"
" "	"You are leaving it in the state of limbo, 'perhaps,' 'maybe,' 'I suppose.'"
Rumination	Make explicit
	Ask decision, call defense in question
	Challenge defense in question
" "	"You are giving a description 'that doesn't make sense.' How did you experience your annoyance?"
" "	"'Stupid bloody doctors' is again a sentence, but what was the way you experienced this annoyance?
" "	"'A stupid situation,' 'I feel heated,' 'I felt bothered' doesn't tell us how you experienced your annoyance."
" "	"What do you mean by 'unfinished tasks?'"
" "	"'I know myself.' You are ruminating on that, that doesn't tell us anything."
Vague rumination	Make explicit
	Pressure, challenge
" "	"But that is a sentence."
" "	"'That doesn't make sense,' doesn't tell us how you experience your annoyance."
" "	"'Stupid, bloody doctors' is again a sentence."
" "	"Again that is vague... to 'get to the point,' which point?"
" "	"You see, again you are ruminating in a vague way. That doesn't tell us anything."
" "	"'Rushing feeling of hate' is vague, doesn't tell us how you actually experience your anger."
" "	"Let's not to ruminate on what anger is."
Rationalization	Ask for explicit statement
	Challenge, dismiss the defense
" "	"Again you move to 'because.'"
" "	"Let's not get to 'because.'"
" "	"Let's not get into intellectual aspect, let's look at your feelings."

Intellectualization	Make explicit, challenge
" "	"Now you want to move to intellectualize 'if I had been a male.'"
" "	"You haven't told me about your problems, now you want to intellectualize where the problem comes from."
" "	"You haven't told me the dream and now you are analyzing it."
Generalization	Make it specific
	Challenge the defense
" "	"But, you see, you are not specific."
" "	"Could you give me an example?"
" "	"But that is vague and general."
" "	"We are not talking about a 'person,' we are talking about you."
" "	"But we are focusing on you."
" "	"Let's not get to 'most girls,' let's focus on you."
" "	"'Just frustrated' doesn't tell us at whom are you frustrated."
" "	"You say you feel irritated, irritated at whom?"
" "	"It is important, could you give a specific example?"
Diversionary tactics	Block the defense
" "	"Again you avoided my question."
" "	"You are avoiding my question and want to talk about your childhood."
" "	"I question you how did you experience your annoyance, now you are moving to something else."
" "	"We are focusing on your brother right now, but you repeatedly want to bring your sister into it."
" "	"Let's to focus on yourself first."
Not remembering	Call defense in question
	Challenge defense in question
" "	"How is your memory? You have problems with your memory?"
" "	"Now your memory collapses on you."
" "	"Now you move to the position that it is difficult to remember."
" "	"Why do you think you cannot remember?"
" "	"You mean you don't have any memory of your mother as a child?"
" "	"I am not sure it is that you don't remember, but that somehow you want to leave it in the middle of nowhere."
" "	"How come you don't remember?"
" "	"How long ago is that?"
Denial	Make explicit
	Call defense in question
" "	"You said 'not for yourself,' what does that mean?"

(*Continued*)

Table 1. (*Continued*)

Defense	Intervention
" "	"Now you move to the position that you did not feel angry."
Externalization	Make explicit
	Challenge the defense
" "	"'Unfairly pushed,' what does that mean?"
" "	"What does that mean? 'Unfair'..."
Vagueness	Make explicit
	Challenge the defense
" "	"Why don't you want to be specific, repeatedly saying 'I don't know?'"
" "	"I wonder if you notice that you repeatedly use the phrase 'I don't know?'"
" "	"So the question for us is what are you going to do about the vagueness?"
" "	"Up to the time you are vague, we wouldn't have a clear picture of what seems to be the problem."
Obsessional indecisiveness	Make explicit
	Challenge the defense
" "	"You are not answering the question, do you like the way that I am or do you dislike it?"
" "	"You are not decisive about it, wanting and not wanting."
Stubbornness; defiance	Confronting comment
	Challenge
	Head-on collision
" "	"You said that you have always been a stubborn person, hmm?"
" "	"You said that when you see a doctor you manage to get your own way."
" "	"You have lived with all these problems as long as you have been alive, why now should you want to do something about it?"
" "	"You have done it all your life, and if you want to do it you can do it for the balance of your life."
Tangents	Confronting remark
	Challenge
" "	"Usually it is like this... you go round about the way?"
" "	"You have a tendency to go to tangents."
" "	"You have to give a lot of preamble."
" "	"Could you describe that incident without circling around?"

Talking to avoid the experience of feelings	Clarification
"	"You keep talking and talking. Do you notice this here?"
"	"By talking and talking we cannot understand this feeling."
"	"Silence is threatening to you."
"	"You want to talk to avoid to experience the painful feeling."
Nonverbal cues	Call defense in question
	Challenge defense in question
" "	"Now you turn your head on the other side, do you notice that?"
" "	"Now your eyes also avoid me."
" "	"Now your eyes go toward the ceiling."
" "	"But you see again you are avoiding my eye. A smile come..."
" "	"And again you make a fist."
Passive-compliance	Make explicit
	Challenge
" "	"Why do you say 'Yes... okay?' Is it or isn't it?"

(6) These tactical defenses show an extraordinary uniformity across a wide range of patients. A spectrum of tactical defenses most commonly seen was presented with their management (see Table 1). It will have become clear both that tactical defenses appear in many different forms and that they occur in similar forms over and over again in different patients. The classification given above is not hard-and-fast and there is a very considerable degree of overlap between one type of defense and another.

In conclusion, what is important for the therapist is to be familiar with these tactical defenses which I hope this two-part article has succeeded in conveying. Only if a therapist can recognize them can he know how to challenge them; and only if he can recognize them instantly can he challenge them quickly enough to be truly effective.

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