

the area of T. She was able to admit that she had had the impulse to take him by the neck and shake him.

#### (14) Driving Home Insight

Now once more the therapist consolidated insight into her mechanisms for avoiding anger. When he prepared to bring the first part of the trial therapy to a close she said that she didn't want to stop—"It's like looking for the beginning in a ball of thread and I don't want to let it go."

Thus a very carefully graded technique, proceeding in a spiral alternating between the areas of C and T, and repeatedly driving home insight into the link between impulse and defense, resulted in a major but controlled breakthrough, and there was both relief and a marked increase in unconscious therapeutic alliance. Now the patient is ready for the second part of the trial therapy and the completion of this comprehensive psychodiagnostic evaluation.

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# The Technique of Unlocking the Unconscious in Patients Suffering from Functional Disorders. Part II. Direct View of the Dynamic Unconscious

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Part I described the first part of the trial therapy with a patient suffering from both migraine and chronic depression. In such patients, unremitting pressure and challenge are absolutely contraindicated, and the therapist must take the pressure off as soon as anxiety reaches a certain level, only re-applying it when the level of anxiety has reached a tolerable level. In this way he proceeds in a spiral, gradually restructuring the patient's defensive system. Once this has been achieved the therapist can revert to a more unremitting technique. The present article describes this latter phase. The second part of the trial therapy of the same patient is presented to demonstrate the technique of unlocking the unconscious. The article concludes with a discussion of two further important aspects of the technique, namely: (1) the therapist's use of nonverbal communication, and (2) the handling of pathology of the superego.

#### Recapitulation

In Part I of the present article I made clear that in patients suffering from chronic or characterological depression and or functional disorders, the underlying impulses—usually sadistic—are very intense and deeply unconscious, and any attempt to bring them to the surface too quickly arouses intolerable anxiety and results in an immediate breakdown of communication and a later exacerbation of symptoms. For this reason, a technique of sustained, unremitting pressure and challenge is contraindicated. The technique that must be used has the following characteristics:

Beginning with carefully graded pressure and challenge, usually in the area of the patient's current life (C).

Acute awareness that all pressure and challenge produce a rise in transference feelings (T), which are inevitably loaded with anxiety.

Therefore, vigilant monitoring of nonverbal signs both of transference and of anxiety.

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Attempting to bring some of these transference feelings into the open as soon as they arise.

Immediately taking the pressure off as soon as anxiety reaches a certain level, which is done mainly by switching to enquiry or to another area, from T to C or vice versa.

After an interval in which the patient's anxiety has been reduced to a tolerable level, returning to pressure and challenge at a higher level, gradually bringing the underlying impulses to the surface.

Each time the impulses are experienced, whether in the area of C or T, driving home and consolidating insight into the instantaneous defensive mechanisms by which these impulses are converted into depression or functional disturbances.

In this way proceeding in a spiral until the defensive system is restructured and the final breakthrough and the unlocking of the unconscious takes place.

This spiral process was illustrated very clearly by the interview presented in Part I, and in fact the spiral contained four turns in all, at first consisting of C followed by T, and then of the sequence: C,T, consolidation of insight. The patient, a divorced woman of 48, suffered from both migraine and chronic depression. The graded, spiral technique eventually led, first, to a partial breakthrough of anger against a current man friend, Dick, and then to a violent attack of rage against her son Paul, so severe that for a moment she was in an almost psychotic state—both moments of breakthrough thus occurring in the area of C. The final result was not increased anxiety, but relief, and mobilization of the unconscious therapeutic alliance. At this point the therapist brought the first part of the trial therapy to a close.

The present article consists of an account of the second part of the trial therapy followed by an over-all discussion.

#### **The Case of the Woman Used as a Go-Between—Second Part of the Trial Therapy; A T-C Link Followed by Return to Enquiry in the Area of C**

The patient now showed evidence of her heightened therapeutic alliance, which was obviously a consequence of the work done on the triangle of conflict in the areas of T and C.

*PT: If you don't get through the wall it doesn't make sense . . . Before I had this feeling of anger to you, I felt "I hope he doesn't give up on me" . . . It was like a holding onto you and almost a begging. There was an element of fear that you would not pull through with me.*

The therapist makes use of this communication to link the transference with current relationships and open up enquiry in this area.

*TH: But do you have this feeling always in any relationship that the other person might give up on you?*

*PT: I don't "have this feeling." It happens.*

*TH: Because one of the things we learned from that part of the interview is that you have problems in relationship with people. What we understood was, with me.*

The patient said that she didn't have the same problems with women, and the therapist therefore reminded her of the relation with Dick. The patient again showed her heightened therapeutic alliance, to which the therapist responded by pointing out a major pathological feature of her relationships.

*PT: Yeah. Dick seemed to be an accumulation of everything that I had experienced before, and it is really not the relationship itself. It is as if everything that happened before came out, not really during the relationship, but in the aftermath. That I really started to get afraid of him. He used to ridicule me.*

*TH: Yeah, but in your relationship with Dick one feature of it is you being used and abused. It is then a feature in your relationships with men?*

*PT: Yes.*

The therapist asked for another example, which led to the relation with her husband, whose name is Hans. Here the following emerged, amply illustrating the seriously pathological nature of her relationships, characterized by her adoption of the role of professional victim.

She met Hans at the age of 24, at the time when she was working at a responsible job in Vienna. He moved in with her, and while he was unemployed and making no attempt to look for work, she supported him and helped him in his aim of draft-dodging. They decided they would get married, she gave up her job, and in continuance of his aim of draft-dodging he moved to Canada, where she was due to join him later. She paid his fare. She was disturbed that he had referred to her as "perverted"; she wrote to him asking if he wanted to call the marriage off, but he responded with a cable asking her to come over so that they could talk about it. The outcome was a situation bearing an extraordinary resemblance to the one—described previously though it occurred later—which Dick created between the patient and Maria.

*PT: . . . Two hours after I arrived here his girlfriend appeared. He had not told me he had a girlfriend. I had given up a marvelous position, I had left the city I loved and all the friends . . . Here arrives this woman, and an hour later she says, "Hans, shall I undress now, how long is she going to stay?"—as if I wasn't even there.*

Return to Resistance

Pressure in the area of C.

*TH: And what was your reaction to that?*

*PT: Fight. Fighting, fists.*

*TH: How did you experience your feeling? (The patient sighs deeply.) You see right now you took a deep sigh.*

*PT: Yes, because I don't remember the feeling, I remember the actions. I . . . I was just desperate.*

*TH: Now again we are back to a situation like Dick, that there is another woman in the picture. But what is your reaction to that? (The patient sighs again.)*

*TH: You remain puzzled again.*

*PT: Because I don't really remember. I must have turned cold, I think, and then my thought was a matter of survival.*

The therapist keeps up the pressure, and the nonverbal signs of anxiety become more marked; tension as a component of anxiety in the striated muscles has increased, tension in the intercostal muscles is creating continuing sighs. There is avoidance of eye contact. The therapist began to introduce challenge.

Return to Challenge to Resistance in the Area of C

*PT: I can tell you what I did but I cannot tell you what I felt.*

*TH: So again you are paralyzed regarding how you felt?*

*PT: Ja.*

The therapist pointed out the parallel with the situation involving Dick, in which she suddenly finds out that the man is not faithful. "But then what is your reaction? Totally you become helpless." The patient said that her feeling is deadened, she kills it. He pointed out that this had not been so in the situation with Dick, when she had expressed her rage by hitting the bed with a tennis racket. The patient now resorted to silence.

*TH: Do you see that as soon as we approach your feeling you become retarded and slow?*

As indicated before, discharge pattern of anxiety can be in the form of tension in the striated muscles and in some patients it might involve the whole voluntary muscles and as a result create psychomotor retardation. Such a retardation can function as a major defense against breakthrough of the impulse, and in the process of challenge to the resistance can prevent the rise in the complex transference feeling. The defense of retardation needs special attention. It can be a defense against aggressive impulse; it can be the result of too much anxiety in the form of tension in the entire system of striated muscles, it can be a mixture of the two. The process returns to challenge in the transference, which is then followed by pressure and chal-

lenge in relation to her husband; and finally a de-repression consisting of a memory in the past in relation to her first nanny, as well as anger toward her brothers.

Return to Pressure and Challenge in the Area of T, with Partial Breakthrough

*PT: I'm not retarded (she laughs).*

*TH: You smile when I say you are retarded and slow.*

*PT: I'm the last person who is retarded (she laughs again).*

*TH: But obviously you are.*

*PT: (Angrily) I wouldn't be here if I was retarded.*

*TH: It doesn't make a difference you're being here, still you are retarded, and you smile when I say you are retarded because you become immediately slow and incapable to tell me how you felt in that situation.*

*PT: I feel like shaking you.*

Because of the work done in the previous interview, the challenge could now be much stronger and more sustained.

*TH: That is again a sentence. What is the way you feel inside? (She sighs.) Again deep breathing, that is all we see. You say you feel you want to shake me.*

*PT: I want to shake you . . . I . . .*

*TH: How would you shake me?*

*PT: I would take you like this and say . . .*

*TH: Where would you take me exactly?*

*PT: Shoulders, arms. And I would shake you, and I feel like saying, "Don't tell me I'm retarded"—except that there is a wall.*

*TH: But that is a sentence, "Don't tell me I'm retarded." I'm saying, how do you feel? You say you take my shoul . . .*

*PT: I wonder whether its a matter of not wanting to give up control.*

*TH: But what is the way inside you feel? In terms of thoughts—if you let yourself go what would you be like here with me?*

*TH: Now you see again you become totally passive, and almost paralyzed like that.*

*TH: With Paul you wanted to strangle him to death.*

*PT: Yes.*

*TH: Then with me is an exception to the rule.*

*PT: You are not an exception.*

*TH: But then let's to see how you feel. So far you have a hold on my shoulder but the rest of it we don't know and you see your hand like that now.*

*PT: I don't have a strongly, a feeling, a build-up with you as a person as . . .*

*TH: In a sense I am an exception. Now let's see why I am an exception.*

*PT: You don't abuse me.*

The therapist pointed out that in her other relationships her feelings had been murderous and asked why he was an exception, she spoke as follows:

*PT: Because with Paul and Dick and Hans it is a build-up, a history of not having acted, of having been passive, and then it's like a champagne bottle; you turn it . . .*

#### Return to Pressure and Challenge in the Area of C-Triangle of Conflict in Relation to Hans

The therapist pointed out that there her reaction had been much more than passive—with her husband she had left her job and come to Montreal and found him with another woman. The focus is on her feeling.

*PT: No, there is another thing that . . .*

*TH: Let's not move to another thing, let's see how you felt there.*

*PT: I've been taught all my life to be nice and sophisticated (her voice is rising).*

*TH: . . . That is not sophistication, that is taking abuse . . . Let's see how you felt there.*

*PT: Degraded.*

*TH: That is a sentence. Now let's see how you felt there? How you felt giving up a job and coming and then suddenly the scene?*

*PT: Degraded.*

*TH: That is a sentence. (Patient sighs.) Degraded.*

*PT: God, I thought I had learned something last time. What do you want to hear?*

*TH: What do you mean, what do I want to hear? Let's not get to what I want to hear. Do you see you are incapable and handicapped to tell me how you reacted to a situation like that?*

*PT: Yes, I see that.*

*TH: We know with Paul you were boiling inside, you were near to strangling him and this and that. You walked through the city to shape up. How did you feel there between you and your future husband and this woman?*

*PT: There was a mixture of fear and anger. Fear because I was stranded.*

*TH: Let's see what was the anger. (The patient sighs.) What was the way you experienced the anger with Hans?*

#### Anger in the Past—Breakthrough of Painful Feelings

She talked about her earliest memory which was of herself at age two or three being angry as she saw the red, angry face of her nanny leaning over her cot. At this point she became very emotionally charged, sobbing as

she spoke and described her first actual outburst of anger which was at age eight.

*PT: Because I don't remember having . . . I tried to remember from last time to now when have I expressed real anger in my life.*

*TH: When?*

*PT: The very first time I remember the first memory of my life is having a very bright red angry face upon me when I was . . . (The patient is sobbing.)*

*TH: Bright red angry face.*

*PT: Furious, that's my . . . ja . . . that is my very first memory in life. (Patient continues to cry.) A face full of rage.*

*TH: Uh hmm.*

*PT: What I relate to the face of our nanny because she had red hair . . . I didn't like her. She was very stern, very strict.*

Then she went on to describe her first actual outburst of anger, which was at age eight. She explained that she was the youngest, with three older brothers, and that her father came to visit when they were away from home. They were playing a board game and she became enraged because she was losing: "I just threw the whole board down and so I was sent to bed."

Then she talked about an incident two years ago in which she had behaved in the same way. She had a relationship with a much younger man and they were playing chess and she suddenly got angry and knocked down all the pieces. She was in a state of anger.

*PT: He accused me and then he said 'by the way I'm leaving tonight anyway, I'm going to my parents' and I said why didn't you tell me before and then I could have arranged my weekend differently.*

*TH: Uh hmm.*

*PT: 'Why should I tell you?' Then shooosh, it just came shooosh.*

*TH: What was the rage like when you said shooosh, that doesn't tell us.*

*PT: It feels like champagne bottle which goes open and just losing shooosh. Everything turns red and my reaction was I threw everything down, the chess board.*

*TH: Did you feel you wanted to attack him? Is very important.*

*PT: No I didn't want to attack him. I led it out on the chess board.*

The therapist emphasized the mechanism of displacement and drew the parallel with the situation at age eight, where the impulses were so clearly displaced from her brothers.

#### The Link with the Transference—Driving Home Insight into Anger, Anxiety, and the Defense

*TH: I am questioning if with me there was mobilization of anger but then you had to protect me against the anger?*

*PT: Ja, that's right. But the anger I experienced toward you is not as strong as that I feel . . .*

*TH: It doesn't have that intensity, but did you experience the anger?*

*PT: Yes, yes I did, and I experienced it last time.*

The therapist pointed out that she protected him against her anger by becoming passive. Suddenly her therapeutic alliance spontaneously added an unexpected detail.

*PT: That's right. And I felt . . .*

*TH: The question for us . . .*

*PT: Wait, wait, wait. And I felt like stroking your face.*

*TH: That is different from the way you went to the chessboard.*

*PT: But this is how I also deal with anger.*

*TH: . . . and then the way you dealt with anger in relationship with me is going to the opposite and stroke my face, hmm? . . . And the way you deal with anger is to try to be pleasant and nice and goody-goody toward the other person?*

*PT: Ja, that's right.*

#### T-C Interpretation

The therapist now made the T-C link, bringing out that this was how she behaved in other relationships, particularly with her husband, with whom she tried to be perfect. Again her unconscious therapeutic alliance collaborated, for she now spontaneously mentioned the anxiety, thus completing the triangle of conflict.

*TH: What was the way you experienced the fear?*

*PT: That he would leave me . . .*

#### Systematic Analysis of Defenses against Anger—The C-T Link— The First Mention of Her Masochistic Pattern (Superego Pathology)

The therapist now drove home insight into the various mechanisms that she used in order to protect the other person from her anger: With her husband, she became passive and submissive and let herself be used and abused; in the transference she became passive, retarded, immobile, or went to the opposite of anger and became nice; with Paul on one occasion she had to walk out in order to cool down, and on another occasion she remained calm but developed a migraine and depression. The patient then made the C-T link, saying that her anxiety in the transference was that the therapist would reject her and refuse to continue with her. The therapist emphasized that the more appropriate word would be "retaliate" rather than "reject," and went on to say that in all her relationships there was a need to be used and abused. The patient said, "It seems there is this kind of need in me, and I don't want it," thus confirming that her masochism was becoming more

ego-dystonic and there is further increase in the unconscious therapeutic alliance against forces of resistance.

#### Return to Enquiry in the Area of C

The therapist asked her to continue the story after her arrival in Canada. In fact the other woman who had become pregnant had walked out and had then phoned the patient to say, "I'm sorry for you that you've ended up with such a schmuck." In spite of this message about Hans' character, of which in any case she had direct experience, she had continued her self-destructive pattern by becoming pregnant, and then had married him.

The story thereafter was complicated. Her husband had become ill, lost his job, and they had returned to Vienna. There she had got her previous job back, and again she had supported her husband while he became a student and thus still managed to avoid the draft. Later he had returned to Canada once more, himself returning to his previous job, while she stayed behind in Vienna. After a year he then began phoning her—"look, we are married and marriage is forever and we have a son and I've changed, let's try again"—so she came back and joined him. Within a short time she was pregnant again.

Here she gave further details about the disastrous situation with her husband, now concerning the sexual relation. Before they came to Canada this had been satisfactory to her, but she had only been able to reach orgasm by manual stimulation of her clitoris, and she did not know that her husband regarded this as a "perversion." Moreover, as soon as they got married, "it turned into just screwing," "if I wouldn't have sex with him—which means that missionary position forever, just go at it and turn over. If I refused this then he was very angry the next day and said, 'I can't concentrate if you don't let me have sex, and then I'm in a bad mood all day'." She dealt with it by complying, and once more the therapist emphasized her pattern of bending over backwards to please and her need to be used and abused.

This led to further information, now about her husband's apparently compulsive infidelity. He had tried to go to bed with all her girlfriends, and had had an affair with another woman whom they had met while on vacation.

#### Return to Pressure and Challenge in the Area of C, Leading to Breakthrough

At last the gradual, spiral approach began to pay off, for now under pressure and challenge the patient reached the true experience of anger in relation to her husband.

*TH: And how did you feel?*

*PT: Again . . . (pause)*

*TH: You are going to go again . . .*

*PT: Yes, retarded. And then I started to . . .*

*TH: How do you feel when you talk about it?*

*PT: Yuk!*

*TH:* Yeah, but "yuk" doesn't say how you feel.

*PT:* Disgusted. I feel disgusted.

*TH:* What is the way you feel right now. Being "disgusted" is a sentence, it doesn't say how you feel. Does it mobilize rage in you?

*PT:* (Loudly) NO, NO.

*TH:* No, right now how do you feel when you see your anger?

*PT:* Ahhh . . . I feel like taking my fist and just hitting the table and there's pressure in here (pointing to her stomach).

*TH:* What is the pressure like in there?

*PT:* It's like giving birth to an ulcer. You know, everything is coming out through my belly button. Like squirting pus. Oh God, it almost sounds like the White Hotel, yuk.

*TH:* Uh hmm.

*PT:* I don't want to be dirty anymore.

*TH:* So there is right now rage in you?

*PT:* Ja.

#### Breakthrough of the Impulse

There is nonverbal communication of a definite breakthrough of the impulse at this moment. There is a rise in her voice, with absence of tension in the vocal cords. Her hands are held up in a fist position, pointing to the table. There is a marked decrease in tension in the striated muscles. She then stamps her feet.

*TH:* And if Hans was here right now what would you do?

*PT:* (Using the defense of rationalization) I'm so angry at him now for other reasons, for not taking his responsibility and the . . .

*TH:* (Sensing that pressure, rather than challenge, will be enough) And if he was here how would you deal with your anger? If you could be honest with your thoughts and ideas.

*PT:* I think I would castrate him, to be very honest.

*TH:* Yeah, but that is a sentence.

*PT:* That's a sentence, yes. You know, I feel like krrrrsh.

*TH:* What?

*PT:* Just like beetle, a beetle.

*TH:* Could you exactly describe what you would do if he was here?

*PT:* I would just like a beetle put my heel on him. Turn my back on him. Squash him.

*TH:* Could we picture how you would squash him?

*PT:* I would picture him like a beetle and I would just squash him and I would turn my back on him and I would never look back.

*TH:* But after you squash him what would he be like?

*PT:* Well, if you squash a beetle it's dead. There's only a shell.

#### Analysis of the Triangle of Conflict—Interpretation of the Masochistic Mechanism

The therapist senses his opportunity to give her a major piece of insight: masochistic pattern as a defense against repressed sadistic impulses.

*TH:* So there is an impulse to torture him and to . . .

*PT:* Destroy him.

*TH:* Murder him. But who in reality are you torturing and murdering?

*PT:* Well I assume it's me.

*TH:* Assume.

*PT:* Okay, it's me. Certain parts of me which . . .

*TH:* But, you see, it is very important you look into this. That you need to be tortured, you have a need to suffer, to go to a life of agony. You have a need to live the life of a criminal, don't you?

*PT:* That's strong.

*TH:* You look at what way your life is better than the life of a criminal. (pause) So you are the one who is suffering, being tortured, living a life of agony, being squashed like a beetle.

*PT:* Uh hmm.

We have ample evidence that the resistance has been sufficiently weakened. The therapist now asks the crucial question which leads the enquiry into the past. It soon becomes evident that the phase of direct access to the unconscious has begun.

#### Direct Access to the Unconscious—The Link between Present and Past and the Origin of Her Punitive Superego Structure

*TH:* Now the question is this. What have you done that you have to mess up your life like this? Have you ever questioned yourself what you have done that you have to torture yourself? There is self-sabotage, there is self-defeat, hmm?

The unconscious therapeutic alliance has been mobilized.

*PT:* That's what I've started to ask myself during the last two years . . . If this wouldn't be there I wouldn't attract people who make use of it. I'm providing for it, but what is it? Where does it start?

*TH:* Obviously you have a need to gravitate toward people who are going to use you.

*PT:* Yes, yes that's right. It's my choice . . . just the thought of it makes my hair stand up.

Here the therapist suggested a five-minute break, and then began a systematic enquiry into the past. Very quickly the following important episodes in her childhood emerged: Her mother she described as useless, nonaffectionate, detached, totally preoccupied with herself, highly promiscuous, had no relationship with the patient. She showed more interest in her brothers, but that was mostly in the form of buying gifts and giving them material things. Her father she described as subservient to her mother, with episodes of becoming volatile, his only way to cope with his controlling, demanding wife. She remembers episodes of him becoming explosive. In the very early phase there was a nanny, whom she described as a stern, cold, and angry

woman. There was a chauffeur, who was kind. After the first nanny left, a second nanny came, who was kind. She was five when World War II started. She and her three brothers were placed with an aunt somewhere in the mountains. Her earliest memory is of prewar times, her father waking her. Her first migraine headache started when she was placed with her aunt, and she has memories of her mother coming to visit, bringing gifts to her brothers. In the early part of her life she had disturbed behavior. The most dramatic incident was when she kidnapped a baby boy and hid him in the cellar for a day before he was discovered. During wartime her mother sent food parcels to her brothers, but not to the patient. She remembers that her parents visited and took them out for a walk. She would sulk and develop a headache and be unable to walk. The therapist pointed out that this was her way of expressing her anger both with her mother and her brothers. Her therapeutic alliance responded to this by describing further disturbed suicidal behavior, in which, day after day, she climbed high into a tree and sat there, just rocking, and making her aunt afraid that she would injure or kill herself.

The therapist points out that similar mechanisms are still operating today.

*TH: The way you deal with your rage today is sulking, becoming retarded, becoming helpless, developing migraine headaches, going into depression, or wanting to kill yourself. So this system was set up in the very early years.*

#### The Relation with her Mother—The Patient's Role as “Go-Between” or Procress”: Repetition-Compulsion—Marrying a Man Similar to Her Father

She spontaneously offered another crucial piece of information: that when she was about 17 her mother made use of her to entice men into the home. The patient would then go to bed, leaving the man and her mother together. This happened even though her father was at home. The focus is on bringing men to have sex with her mother. The therapist now made an important link with the “compulsion to repeat,” her pattern of becoming involved in triangular relations in her current life.

*TH: Your memory totally collapses. Because, you see, what you say is very striking. Do you notice that here is a triangle of you, your mother, and another man, hmm? You bring the man home but he ends up with your mother and you go to your own bed, hmm? Now what happened with Dick and Maria? Isn't that something in a different context but similar? Dick and Maria end up to go on vacation and then you are out?*

*PT: Uh hmm. right.*

Her unconscious therapeutic alliance now adds another example.

*PT: Hans and I go on vacation and he is taking off with the group and I'm out.*

Hans ends up having sex with the wife of the couple they had met; the highly sexually promiscuous husband and its similarities to her mother. The therapist added another example and reemphasized the link between present and past.

*TH: You leave Vienna to come here to marry Hans and then you find another woman is sleeping with him. So constantly we see triangle after triangle, hmm? So we understand a little bit about these triangles of you and another woman. That in a sense you bring the man to the house and then you have him in bed with your mother.*

#### Her “First Love” and the Link with Her Father

Then the focus of the session is on bringing men home who would end up in bed with her mother, and she herself would go to her own bed. The therapist asked who, in fantasy, the patient had in bed. She responded by talking about a student named Franz who had come to live in the house with them when she was 16—though this did eventually lead to her father by a circuitous route.

She had felt herself to be in love with Franz for six years. She used to wake him up in the mornings and give him a kiss, and he would respond by making her a cup of tea. Here the therapist drew the parallel with her father, since it had emerged earlier that her father used to wake her in the morning and bring her breakfast in bed. The patient responded by saying, “But that's all he did for me, and everything else was his expectation of me—that I should do all the big things he dreamt about without any support, and that I should support the family at the same time.” So it now appeared that she was in the position of being used and abused by both her parents.

However, the therapist wanted to hear the rest of the story about Franz. Franz had moved away but had still been very attentive and had kept writing to her. Then when she was 22, he had married “a very rich woman.” The therapist immediately asked how she felt about being left for another woman. She said first that she felt “terrible,” and then that she felt “real shitty.” The therapist pointed out that this was yet another example of her dealing with anger by turning it on herself.

He then concentrated on the situation of her bringing home a man to go to bed with her mother, asking repeatedly, “What do you become in that system”? He then asked what happened between Franz and her in bed. Her reply gave a hint of the eroticized relation between she and her father—on both sides.

*PT: I had one weekend with Franz in bed where there was no intercourse, because my father had said to him, “I want her back as she went”—because he thought I was a virgin.*

The therapist now pressed her about her relation with her father. This had been reestablished when she was 11, when he used to make breakfast for her, take her for walks, and speak of dreams about her future, one of which was that she would eventually come and work for him in his business. Then she began to speak of negative feelings.

*PT: I was afraid of him . . . He had incredible anger outbursts, and if I didn't do what was expected of me he used to scream like a lion. I remember one incident in which I just dove under a bed.*

She did not remember what this incident was about, but it then emerged that her father never screamed at her three brothers but only at her and her mother. The therapist pointed out that it always seemed that her brothers were favored over her. He then searched for positive feelings for her father, to which she said that her father was physically affectionate in a very Victorian way, holding her hand or giving her "a little pecky kiss."

*TH: But you looked forward to being with your father?*

*PT: No. I found it boring and very restricting.*

#### The Final Relation with Her Father—Transformation of Pathological Mourning to Acute Grief Reaction

*TH: What happened to your father? Is he alive?*

This led to an extremely traumatic incident, which happened on the last occasion when she saw her father alive. She visited her parents in Austria the Christmas before he died. He had had a stroke and was partially paralyzed on one side, and the patient described how this man, who had formerly appeared so terrifying, now looked small and helpless. The nurse had not come to wash him and therefore the patient, knowing how strongly he felt about cleanliness, undertook this task.

*TH: You washed his body?*

*PT: And I think he must have felt very embarrassed that I did this.*

*TH: And how did you feel?*

*PT: I felt very good about it. I could do something for him. I felt really good, and later . . .*

There is a major wave of physical distress associated with affect-laden painful feeling. (Patient continues to cry.)

*TH: So you must have a lot of feeling about this.*

It seems that her father had been disturbed by the physical closeness involved in being washed by her, and found himself compelled to drive her away as cruelly as he knew how:

*PT: Because he had a terrible reaction. The next day we got into a fight and he said to me that I didn't turn out all right because I thought . . .*

Another wave of physical distress, associated with waves of painful feeling.

*TH: You mean his dream for you?*

*PT: He said to me you . . . did . . . it's even stronger. You have turned out like shit.*

*TH: So you see you have a lot of mixed feelings about your father.*

Patient continues crying.

*PT: Because I saw him being so helpless. Once he gave my mother a book . . .*

*TH: No, let's look to this last visit with your father, because it must be very painful for you. It was true that there was a lot of anger in him, but also he was dreaming for your life, hmm?*

*PT: Yes, he . . . he was, he was dreaming for all of us.*

*TH: I know, but let's look at it.*

*PT: Ja.*

*TH: It was very explicit, the relation with you, hmm? The walk was with you in the park and holding your hand and this and that, and you said he was a lonely man and he died a lonely man. Didn't he die lonely?*

*PT: Yes.*

*TH: So you must have a lot of feeling about it.*

*PT: Yes I do.*

*TH: So could we look to your feeling? Because obviously it is there.*

The wave of physical distress and affect-laden unconscious feeling continues.

*TH: So in that last moment he was angry with you again?*

*PT: Ja.*

*TH: What happened?*

*PT: I took my suitcase and I left and I said to myself I would never come back.*

*TH: Oh, you left him with anger.*

*PT: I left him with anger, ja.*

*TH: And you never saw him again?*

*PT: No.*

*TH: So that must make it very painful that your last good-bye to your father . . .*

*PT: It was very painful for awhile.*

*TH: No, let's look at it. The last good-bye to your father is in the atmos-*

*phere that he is helpless and he is on his way to his grave and you left him helplessly with anger.*

PT: Yes.

TH: And you never saw him again?

PT: No.

She never visited him and he died about a year later.

TH: Did you feel that you wanted to visit him, if you be honest with yourself?

PT: The situation at home was so terrible.

TH: We are talking about you and your father and you want to move away.

PT: I would have liked to live with my father.

The patient explained that the situation at home was intolerable, with her mother and father in constant conflict.

#### The Triangle Involving the Patient, Her Mother, and Her Father

Murderous impulses toward her mother—one of the sources of punitive superego structure.

TH: So if you had a choice you'd live with your father?

PT: I would have lived with my father, that's right.

TH: But your mother was in the way between you and your father, hmm?

PT: My . . .

TH: Let's look at this. Is that right?

PT: That's right.

Mindful of the patient's punitive superego as manifested in her masochistic pattern, her involvement with men who create triangles, and his own question, "What have you done that you have to torture yourself?", the therapist opens up the question of death wishes toward her mother. This raises resistance which needs persistent pressure and challenge.

TH: And if your mother had disappeared in the picture what would have happened between you and your father? In terms of thoughts?

PT: I would have taken care of my father but he . . .

TH: Did you have thoughts during the early years, particularly during the war?

PT: During the war I wanted my mother.

TH: Why should you want your mother? From your description she is useless, she doesn't give any affection, she sends a parcel to your brother. Again we are facing your paradoxes.

PT: This is what . . .

TH: Now if you don't want to look at these paradoxes, then you are

going to go on to your own grave and torture yourself. Let's look at it.

PT: Yes, uh . . .

TH: On the one hand you give a picture of a woman who at first you don't have any memory of. The woman who stands in your life is your nanny, okay? You said your mother is spoiled, she has affairs with other men, and when it comes to the parcel . . .

PT: I didn't know it at that time.

TH: Obviously even right now you don't want to look at anything.

PT: I only want to get it straight.

TH: Now let's look at it. You said yourself you were jealous of your brothers because they were getting parcels and you were ignored. You said that you kidnapped another child because that child had a mother. So this means that you must have had a lot of negative feeling for your mother, who preferred your brothers to you, sends parcels to them, uses you to bring men to her bed, but then at the same time you want to brush it away.

PT: Because . . .

TH: Let's not get to "because." Is there negative feeling or isn't there?

This stronger challenge now produces results.

PT: There . . . there was a lot of negative feelings, terrible negative feelings.

TH: And if your mother had dropped dead what would have happened?

PT: Oh, I would have been very happy, because she was a totally useless person.

TH: So you would have been very happy if she had dropped dead?

PT: (Laughing)

TH: You smile now.

PT: Because now I'm not sure anymore.

TH: Again you ruminate on this. You yourself said you would have been very happy if she had dropped dead, hmm? And now you move to the position that you are not sure about it. You see, you ruminate and vacillate from one . . .

PT: Because I was . . . I'm . . .

The therapist now directs a challenge toward the unconscious therapeutic alliance and against the superego.

TH: You are full of paradoxes, and what I am saying is this: if you want to look at these things and put your feelings in the right perspective and see things the way they are, then you can see the light to freedom. But if you don't want to look at them and close your eyes, you can do that—but you would never see the light, and you have to live the life of a criminal. Now let's see what was your feeling for your mother?

PT: It's love and hate, it's both.

*TH: Of course there is love and hate, but you said that if she had died then you would have been . . .*

*PT: Ja.*

*TH: And then what would have happened between you and your father? How would you picture the life then?*

*PT: We could have pursued our lives without destruction.*

*TH: So isn't a part of you still with that man in spite of the fact that another part of you has a negative feeling for him? Isn't it that in a sense you punished your father in the last part of his life? You avoided seeing that man who was so helpless and lonely, the same man that would walk in the park with you and make your breakfast, would talk about his dream for your life. You left him helpless in bed and for one year you avoided seeing him. Was that a way of getting at him? It is very important you look at it. Do you see what I mean? Because you left him with anger and never saw him again, hmm? Was that year a way of punishing your father, getting at him, taking revenge on him?*

*PT: No.*

#### Two Spiritual Experiences: The Inner Reconciliation with Her Father

The therapist persisted with his pressure, but the patient maintained her position and eventually recounted the following incident.

*PT: I don't have a lot of feeling about it now anymore because of a very strange incident. A friend took me to a seance in a church and I sat in the last row, and there was a medium—I mean, you may think I'm crazy and sometimes I think it myself—I was in the back of the church, I have never been there before. There were about 300 people. She starts to identify me, and said, "There is a woman sitting in the last row and I have a message for her." She described exactly how my father was, how I had seen him last, and this man is sending you a message. I said, My God, that's my father, and she gave me a message, and from then on I was in peace.*

The message was that he was all right, that everything was going well, and she should not worry anymore. This was five years after his death. When the therapist asked her what she thought about this experience she said that she had had many spiritual experiences. She went on to describe one which had occurred just before she had her violent outburst at Christmas. Since this one involved only herself, it is more easily explainable in purely psychodynamic terms.

*PT: I took a walk with a friend and we split and I went to an area which I really like. And the light was very beautiful. It was snowing, and I felt so peaceful, and all of a sudden there was a wind and a rustle in the leaves, and suddenly I felt I was all illuminated, and every-*

*thing was very light, and I was . . . aaaahhh . . . so elated, and I fell on my knees in the middle of the road, and I said "My God, God is alive and he's right inside me," and then I felt a little bit embarrassed and I got up and went home and I said, "Okay God is alive, the good is in me and everything is going to be all right."*

*TH: What do you think about this?*

Patient is very sad, crying.

*PT: That there's good in me too.*

#### Mixed Feelings for Both Parents, Many Links between Past and Present—Further Sources of Superego Pathology

The therapist uses this incident to bring into the open another source of guilt which must contribute to her punitive superego.

*TH: What you say is this: that there was both negative feeling for your father as much as there was positive feeling, hmm? But it is very important you look at that experience, because in a sense there is a war in you about deserting him and letting him go alone and lonely. And because of that pain—you see you are trying via these experiences to come into peace with your father, aren't you? Which indicates that you must have a lot of mixed feeling for your father. And when you talk about that gentleman, Franz, maybe he also represented the positive aspect of your father. Do you see what I mean?*

*PT: Ja.*

*TH: And when your father had a high expectation of you, it really means something. It means that he also had a high opinion of you, for you cannot have a high expectation unless there is something there. But if you look, there was something positive with your father, but then this positive was counterbalanced by events that you have described. And your memory of your father is mixed with these positive and negative, you see. And maybe a part of you is nagging on you because your mother had all these affairs, and this means your father was in a sense helplessly struggling with this woman, hmm?*

*PT: Uh hmm.*

*TH: But at the end, here he was, a man of prestige at some time in his life, but then in the latter part of his life he goes alone, hmm? . . . And then you must have a lot of feeling about deserting him during that last part of his life, you see. So that is where the negative-positive comes, hmm?*

#### Return to the Relation with Her Mother

Then she spontaneously talks about her mother.

*PT: I have a lot of feeling also about deserting my mother.*

*TH: Because you see a part of you is in rage with your mother, a part of you, as you put it, said "if she had died you would have had your freedom." So that means a lot of conflict, doesn't it? Is she alive now?*

*PT: Ja.*

*TH: When was the last time you saw her?*

*PT: Last year.*

*TH: And if she dies, how would you react?*

*PT: (Sighs)*

*TH: Have you had thoughts?*

*PT: Ja, I have thoughts about it because she is now 80 and she might die. One part of me feels I should go and take care of her, and the other side says I have to take care of my kids and I have to take care of myself.*

*TH: But that is very important to look at, because you see a while ago we established that the way you deal with your rage is to go to the opposite, hmm? Maybe a part of you feels that to deal with the massive rage against your mother you have to go to the opposite . . . part of you says to punish, not to give in, to do what you did with your father, but maybe another part says that you should sacrifice the rest of your life for the years that she's alive . . .*

This is confirmed.

*PT: You know, from my mother there was always this expectation that I as a daughter ought to sacrifice my life for her, and it was expressed many times . . .*

#### The Link between the Relation with Her Mother and Other Relations

The therapist now prepares to bring into the open the "compulsion to repeat"—here to repeat the relation with her mother in later relations—a kind of pattern that is largely perpetuated by the superego.

*TH: And obviously we see the way you were abused by your mother as well. You see, when you describe bringing men to her bed.*

*PT: It was not that. I was also providing for her, coming home and having to cook dinner. She has never washed or ironed a piece for me.*

This explains the intensity of her rage when her sons left her with the cleaning up to do after the Christmas Eve party.

#### Repetition-Compulsion and Punitive Superego Structure

*TH: Have you ever thought that . . . the men that you describe . . . if you look to your husband, is he more like your father or your mother?*

*PT: No, Franz was the only one who was like my father.*

*TH: You see, if you look at the picture you describe of you and your husband, you are taking care of him, hmm? . . . You see, your father was the one who used to cook and do things, but your mother never touched anything. So the question is this: was it really that you married your mother in a sense? You see, your mother used to have affairs with other men. Have you ever had thoughts that in a sense . . .*

*PT: I never thought of that.*

*TH: That they have some similarity to your mother?*

*PT: I only . . . when I try to analyze it, they always look more like my father. They start out as my father, being lonely.*

*TH: But look. They use you, they abuse you. If you look to your father, at least your father did something for you.*

*PT: I never thought of that . . . that the men have more the characteristics of my mother.*

*TH: That is something you have to look at. Isn't it a fact that you gravitate toward the men who use and abuse you the way your mother used and abused you . . . And when you described the relationship with Dick you said it became one-sided. Giving and giving but never receiving. So isn't that the relationship with your mother?*

*PT: Uh hmm, and it still is.*

*TH: So the question is this: isn't there a lot of mixed feelings about your life with your father, your life with your mother, and more mixed feelings about the early phase of your life. That in a sense it is totally wiped out.*

*PT: Uh hmm.*

*TH: That they are the engine to all the problems that you have. Because, look to your relationship with men, all has ended up to disaster, hmm? And if it continues like this . . .*

*PT: It won't! (She said this in a very determined way.)*

*TH: I know, but then you would join your father and be faithful to him, wouldn't you? Maybe a part of you still has a lot of feeling for that man in spite of the other part which is angry at him. Angry that he put up with your mother, hmm? Angry that he took all this messy situation?*

*PT: Why would I have the need to choose someone who resembles the person who, as I knew, was destructive to me and used and abused me. Why?*

*TH: You see, it is a very important question you are raising. It is important we look at it. Is this a way of paying for your murderous feelings for your mother? . . . You said that you wished her dead. Is it for that wish that in a sense you are punishing yourself and saying okay the destiny of your life is to be used and abused. Of course it is more complicated than that. It is not as simple as that. There are other factors as well in it.*

#### P-C Interpretation

The process now moves to further linking between her mother and the incident when she had murderous impulses toward her son Paul.

*TH: You have already indicated that in your relationship with your mother you were used and abused . . . always giving and never receiving, cooking and cleaning up after her. You see, the incident when you had intense rage toward your son, which had murderous qualities, and you ended up running out of the house, there your son had left you to clean up after the party.*

*PT: Ja, ja . . . (She has a deep sigh.) I was really physical.*

This is further linked with her husband—at one level her murderous impulses and her need to let herself be used and abused.

Further communication from her unconscious therapeutic alliance: She becomes sad and tearful and says she feels guilty; that her rage toward her sons, particularly Paul, comes when she comes home and cooks for them, and when she washes the dishes she is always fuming. They she talked about her adolescent years, complaining to her father that she is the maid in the house, that her mother never did anything in the kitchen.

Bringing the interview to a close and setting up a psychotherapeutic contract.

*TH: You see, what I'm saying is this. There are a lot of complicated issues in your current life . . . in relation to your son, in relation to men, as well as in other aspects. Going from the frying pan into the fire. In a very complicated, round-about way which is related to many buried feelings. Complicated issues of the past . . . your early life, your feelings about your mother, the mother you wished you had had. The wish that she could not have been in the picture. Your feeling for your brothers who were preferred by your mother. All the mixed feelings there and all the mixed feelings you have toward your father and the last part of the life of your father. And of course there are other features in the early part of your life like the chauffeur who was more kind, or the second nanny, who was also kind—but she left.*

*PT: Uh hmm.*

*TH: There are a lot of mixed feelings about your father, the early part of your life, the way he was used and abused, who helplessly*

*struggled and in a very lonely way died. You see . . . there are a lot of mixed feelings.*

*PT: Uh hmm.*

*TH: And also there are a lot of mixed feelings about your brothers and many figures in your past that we have not fully explored.*

*PT: Uh hmm.*

*TH: So you see you have all kinds of these mixed systems of feeling.*

*PT: Uh hmm.*

*TH: So the question is this; if you be able to examine all these feelings and carefully look at them for the way they are. Of course when I say the way they are means to look at them, to examine them in more detail and to see them as they are, hmm?*

*PT: Ja.*

*TH: Obviously a lot of them are burried in you, okay? Do you think if you put them together and see them as they are and experience them as they are, do you think this might in a sense give you your freedom in a sense?*

*PT: Ja.*

*TH: Because you are in a sense if you look at it repeating the life of the past. Is a war time life for you. Do you see what I mean?*

*PT: Ja, that's . . . I even said that the other day. It seems that my life is always war.*

*TH: Yeah, is a war time life . . . and in a sense is worse, is a frying pan into the fire pattern.*

*PT: Always.*

*TH: In a disastrous way you are, hmm? What I am looking at is this; up to the time you don't put all your mixed buried feelings in the right perspective, I am sure you are going to perpetuate the past, live a crippled life, and die in a crippled way.*

*PT: And that's what I don't want and this is why I am here. (In a very affirmative and determined tone of voice)*

*TH: We have only touched the tip of a huge iceberg. It is much deeper than that.*

*PT: Uh hmm.*

*TH: Now do you think this might be of help to you?*

*PT: Ja.*

*TH: Hmm?*

*PT: Ja. Because when . . . when . . . the things we talked about today, some things are somewhat there. I know that there are many paradoxes within which I cannot explain. I never thought about that my choices are . . . my choices in partners are really my mother.*

*TH: But you might want to think about it.*

*PT: And while I always considered them as being like my father when I thought about it.*

*TH: But obviously the story tells us different.*

*PT: And I never thought that my relationship with my children might have something to do with my mother.*

*TH: That is also something you might want to carefully examine. As*

*we saw, there are a lot of positive feelings toward them as well. Remember, you said, "I love him, too."*

The therapist brings the session to a close.

### Discussion

Summary of the course of the second part of the trial therapy: Although in the first part of the trial therapy there had been a major breakthrough of the impulse of rage (against her son Paul), and although at the beginning of the second part of the trial therapy she showed mobilization of her unconscious therapeutic alliance, it was still necessary to do some further work on her resistance before her unconscious could be unlocked; the kind of work that is necessary involves (1) applying further pressure in the areas of C and T, (2) challenging the ensuing resistance, now more strongly than in the earlier restructuring phases, and (3) systematically analyzing the residual transference.

This process unfolded as follows.

#### Pressure toward Impulses in the Area of C, Renewed Resistance Increased Challenge

The therapist began exploring the patient's relation with men, which enabled him to point out one of her most important pathological patterns, namely her need to be used and abused, which led in turn into the relation with her husband. At first, enquiry in this area proceeded smoothly, but as soon as an attempt was made to explore her feelings and impulses in the triangular situation involving her husband and the other woman, Maria, there was a return to resistance. Because of the controlled breakthrough of impulses which had occurred in the first interview, together with the partial restructuring of the defensive system which had been achieved there, the therapist now knew that it was safe to step up the level of his challenge: "So again you are paralyzed regarding how you felt . . . Do you see that as soon as we approach your feelings you become retarded and slow"?

#### Challenge and Pressure on the Resistance in the Transference

This led to further rise of the complex transference feelings and further resistance with a discharge pattern of anxiety in the form of tension in the striated muscles in the form of being retarded, which was further challenged. Nonverbal communication indicates that there is a build-up of the impulse and heightened resistance.

#### Return to Pressure in the Area of C

The therapist then returned to the area of C with pressure toward her feelings in the above triangular situation. Nonverbal cues indicate further build-up.

#### Partial Breakthrough in the Area of P, Followed by Partial Breakthrough in C

She now spontaneously took the subject into the past (P), where she described an outburst of anger displaced from her brothers onto the board game that they were playing, and followed this by describing a similar incident which had occurred two years ago (i.e., she made a P-C link). In this latter incident she was able to experience the intensity of her impulses, as indicated by her graphic description: "and then shoosh. It feels like a champagne bottle. Everything turns red." The therapist pointed out the mechanism of displacement in both incidents, which she was able to see.

#### Partial Breakthrough in T, Systematic Analysis of Transference Resistance

The therapist began with a systematic analysis of residual transference, with the use of the two therapeutic triangles—a step which tends to be forgotten by insufficiently experienced trainees but which is essential to enable the final unlocking of the unconscious to take place. He started by making the link between impulse and defense (two corners of the triangle of conflict) in the transference: the way in which she defended herself against anger with him by becoming passive and helpless, and by covering it up with a smile. In response, she was now able to answer his question with feeling: ". . . did you experience the anger"? "Yes, yes I did, and I experienced it last time." She then showed the mobilization of her unconscious therapeutic alliance by spontaneously mentioning another defense, namely turning her violence into gentleness, wanting to stroke his face. Here the therapist launched into a major linking interpretation, pointing out all the ways in which she defended herself against her anger, both in the transference, with recent men, and with her son Paul. Finally, he was able to bring out the anxiety, namely her fear of being rejected and abandoned. This systematic analysis thus covered all three corners of the triangle of conflict, i.e., defense, impulse, and anxiety, and two corners of the triangle of person, transference (T) and current (C).

#### Direct Experience of Aggressive Impulse in the Area of C, The Final Unlocking

Then we saw a breakthrough of the impulse in the area of C, with the intensely felt description of her impulse to crush her husband like a beetle, stamping her foot on the floor, high rise in her voice, no tension in the vocal cords, absence of tension in the striated muscles, all the nonverbal communication of the breakthrough of the impulse.

#### Enquiry into the Past, Direct Access to the Unconscious

Knowing that the unlocking had taken place, the therapist now began a systematic enquiry into the past. This gradually penetrated deeper and

deeper into her unconscious, culminating in her account of the traumatic last encounter with her father, which was followed by her inner reconciliation with him through two intense spiritual experiences. During this phase it was possible to undertake a comprehensive survey and a meaningful analysis of her neurosis, which covered many aspects of her relationship with each of her parents. The therapist devoted special attention to the analysis of her superego: bringing out intensely guilt-laden feelings which had caused her to live a life of constant self-punishment.

He finally closed the session by recapitulating on aspects of the multi-foci core neurotic structure responsible for the patient's symptom disturbances and character pathology.

#### Nonverbal Cues

The technique of Intensive Short-Term Dynamic Psychotherapy which I have developed involves the use of various kinds of intervention designed to influence the conflicting forces within the patient. In particular, the therapist is concerned with the balance between resistance and anxiety, on the one hand, and access to the unconscious on the other. The attempt to influence any complex system depends for its effectiveness on feedback, and this is especially true of the type of system involved here.

Central to my system of intervention is the technique of unlocking the unconscious and the major emotional upheaval associated with the breakthrough into the unconscious, and this requires a comprehensive knowledge of the psychophysiology of the psychic apparatus and all the nonverbal communication by the patient. Above all, the therapist must monitor the nonverbal signals or "cues" provided by the patient—referred to in future by the abbreviation NVC—which reveal the patient's inner state with great accuracy. These NVC are the accompaniment of an inner state of feeling and can be mediated by the smooth muscles or the striated muscles (voluntary). Examples of the former are sweating, pallor, irritable bowel, spastic colon, etc. Examples of the latter are observed more constantly throughout the interview and are of greater importance. For example, tension as a component of anxiety might produce tics in the preorbital area, in the muscles of the face, or even the abdominal wall. Tension in the vocal cords can be detected by the patient's voice; tension in the muscle of the forearm and the hand would demonstrate itself in the position of the hand; and tension of the intercostal muscles produces frequent sighs.

With a high proportion of patients, including the patient presented here, nonverbal communication reveals a number of distinct stages, which we summarize as follows.

(1) At first the defenses are uppermost, which is revealed as the patient maintains a passive and withdrawn posture, stays slumped in the chair, with hands held below waist level in an apparently relaxed state, and consistent avoidance of eye contact. In highly resistant patients with ego-syntonic character pathology, the patient might sit totally immobile, the head fixed and directed at the wall with virtually no eye contact.

(2) When pressure and challenge are applied and produce a rise in transference feelings, the build-up of impulse in the transference, this mobilizes unconscious anxiety, and if the discharge pattern of anxiety is in the form of tension in the striated muscles we see a stiff posture with hands clenched together or clenched by gripping the arms of the chair, sighing respiration indicating tension in the intercostal and subdiaphragmatic muscles, tension in the facial and jaw muscles, tension in the vocal cords producing a choked quality. We see an intensification of the patient's character defenses, further avoidance of eye contact, and even a retardation of the patient's movements which indicates tension in the voluntary muscles has been increased.

(3) Then, as challenge is maintained and the defenses are weakened, the unconscious feelings—particularly anger in the transference—begin to be experienced and expressed directly. Now the signs of anxiety and tension disappear, and the patient's whole demeanor changes from preparation for "flight" to preparation for "fight." There will be a marked reduction in sighing respiration; there is a major change in the patient's voice with absence of tension in the vocal chords; tension in the face and jaws disappears; the hands are lifted in an expressive gesture; the patient changes position and may sit up straight which indicates readiness to face the challenge; and there will be a marked reduction in the absence of eye contact. The use made by the therapist of this nonverbal communication is a crucial part of the technique which I have described in other publications and here summarize as follows: When the passive defenses are uppermost, the aim is to raise the transference feelings by pressure and challenge, and the therapist monitors the nonverbal communication to gauge the degree to which this is being achieved. One of the important ways of exerting pressure is to draw attention to the NVC directly.

This heightens the tension by indicating that the unconscious is betraying itself, because this is exactly what the defenses are designed to avoid. With patients such as the woman described here, however, the therapist uses these same signs to make sure that anxiety is not raised to too high a level, and he takes the pressure off as soon as he detects that the level of anxiety is reaching an intolerable level. Finally, as the patient begins to declare feelings—particularly anger—verbally, he can gauge whether or not these are being truly experienced by the use of the signs described. In particular, if these signs are absent, he knows that the patient is using words to cover feelings, and he steps up his challenge with the aim of sweeping this defense aside. In contrast, when the signs are fully present, he can allow the feelings to be expressed; he can then proceed to enquiry into the past, confident that this will reveal sooner or later that the phase of direct access to the unconscious has been reached.

The following account, which covers the trial therapy with the patient will give an indication of the use made by the therapist of NVC.

(1) The therapist began to exert pressure early in the interview, and signs of anxiety in the form of sighing respiration appeared at once, e.g.,

when he said, "Let's see what you feel about your private self," and she answered with a sigh, "I like my private self."

(2) Soon after this he drew attention to her withdrawn posture: "Now you are holding back like that."

(3) Her resistance increased further when he began to press her on the subject of her sexual relation with Dick, and there were clear indications that there was a rise in transference feelings. He now drew attention to her lack of eye contact and signs of inner tension: "Do you notice that when you want to talk about this you are looking over there? . . . And your hands, clenched like this."

(4) When she described the triangular relation with the other woman, Maria, she began to show further signs of anxiety, and he drew attention to these in turn: "You took a sigh now . . . Do you notice your posture? There is a clenching . . ."

(5) Sustained pressure now began to bring her underlying intense anger to the surface. In response to the question, "Did you want to lash out?", her hands became expressive and she said, "It was like this," making an angry gesture.

(6) Her whole demeanor changed from "flight" to "fight" when she finally described her fantasy of "emptying a bucket of shit" onto Dick, and later the actual act of hitting the bed with a tennis racket.

(7) Then her voice became choked with suppressed emotion as she responded to the question, "Who did you really want to hit?" by making the unexpected and highly significant statement, "All the male figures of my life." This breakthrough of her unconscious impulses completely confirmed that her anger against Dick had been truly experienced.

(8) The therapist then brought up the issue of the transference aspects of this: "And where do I stand there"? Here her response was mixed. Her conscious statement was: "I feel comfortable with you. I'm not scared," but her repeated sighs indicated the unconscious anxiety that his question aroused.

(9) The therapist now drove home insight into the various defenses that she used against her anger, which eventually led to her recounting the incident in which she had thrown her son Paul across the room. Here non-verbal communication clearly indicated the breakthrough of the aggressive impulse. Here her passivity accompanied by the signs of tension in her striated muscles for the time being disappeared and she reinforced her account with graphic and violent gestures of the way she attacked her son.

(10) Now the therapist brought into focus her murderous impulses toward Paul. This brought a major breakthrough into the guilt-laden unconscious feelings. There were waves of painful feelings. She became choked up, sobbingly said, "I love him, too." There was again a rise in the level of anxiety, sighing respiration, tearful, which continued right through her description of detailed and specific fantasies of Paul being run over by a car, with blood coming from his chest.

(11) Early in this interview the therapist began pressing her to describe her feelings when she arrived in Canada to find her husband with another woman. Here her anxiety was marked, and again there were repeated sighs

and heavy breathing, to which the therapist drew attention. Then she became increasingly slow, detached, and retarded, which indicated a build-up of anger in the transference and a rise in anxiety in the form of tension in the striated muscles.

(12) The therapist challenged her resistance in the transference to increase the build-up of transference feelings. Her nonverbal defenses, her slowness and detachment were heavily challenged. Her voice and words showed her anger. "I feel like shaking you." Her nonverbal defenses were further challenged. Her nonverbal communication indicated that her complex transference feelings are on the rise.

(13) Then the session returned to challenge in the area of C, namely her feelings about her husband. This further increased the level of the build-up of the impulse of anger with the concomitant nonverbal communication of anxiety.

(14) She now suddenly turned to memories of anger in relation to her first nanny who was stern and punitive, and then her anger in the distant past in relation to the incident which involved her father and her brothers, and finally to her anger in a more recent incident in which she was playing chess with a much younger man and had suddenly knocked down all the pieces. Here she was really in touch with her anger as she reinforced her graphic description with her hands and arms.

(15) This ability to express anger in the area of C now brought her anger in the area of T to the surface: TH: "Your anger with me doesn't have that intensity, but did you experience it"? PT: "Yes, yes I did, and I experienced it last time." Here the absence of tension in her jaw muscles and the rise in her voice made clear that she was experiencing her feelings. This was confirmed when her therapeutic alliance was able (a) to add important details about one of her defenses, namely her wish—instead of expressing anger—to stroke his face, and (b) to complete the triangle of conflict in the areas of both C and T by speaking of the anxiety that the other person would reject her.

(16) Knowing that this work had begun the unlocking of her unconscious, the therapist returned to enquiry in the area of C, learning many more details about the disastrous relation with her husband. Now, when he exerted pressure towards her anger, the NVC of anxiety and tension entirely disappeared and she was able to express her rage freely: "It's like giving birth to an ulcer. Everything is coming out through my belly button. Like squirting pus . . . krrrrsh . . . I would picture him like a beetle and I would just squash him and I would turn my back on him and I would never look back." Here the NVC of the breakthrough of the impulse was heavily present. Absence of tension in striated muscles, movement of her hands, quality of voice, stamping her feet. This was the final breakthrough which led to the phase of direct access to the unconscious.

(17) When she was describing the traumatic last encounter with her father, there was a breakthrough of guilt and grief-laden unconscious feelings. The NVC of the waves of painful feelings, the intense sadness with frequent sighing respiration. Her posture changed. And then during the description of the two spiritual experiences which had relieved her guilt

about her intense mixed feelings for him: ". . . and everything was very light, and I was . . . aaaaahhhhhh . . . so elated, and I fell on my knees in the middle of the road, and I said, My God, God is alive and he's right inside me . . ."

### The Superego Resistance

As I described in previous publications (Davanloo, 1987c, 1988), Freud very well recognized superego resistance and he well recognized the devastating effects that it had on the lives of many patients. But on the therapeutic side his position was very pessimistic. In "Analysis terminable and interminable" (1937), he pessimistically wrote "For the Moment we must bow to the superiority of the forces against which we see our efforts come to nothing" (Freud, 1937, Vol. XXIII) And in "An Outline of Psychoanalysis" (1940), he wrote "In warding off this resistance we are obliged to restrict ourselves to making it conscious and attempting to bring about the slow demolition of the hostile superego" (Freud, 1940, Vol. XXIII, p. 144).

Most fortunately my work does not confirm Freud's therapeutic pessimism. Once the unconscious has been unlocked, it is possible to acquaint the patient with the unquestionably sadistic, self-punishing mechanisms that have permeated his or her life, and to bring to the surface the impulses—the sadistic, murderous impulses—the major grief and guilt-laden unconscious feelings for which the self-punishment is designed. With further working through during therapy and systematic de-repression of repressed sadistic impulses and guilt and grief-laden unconscious feelings in relation to the past, the therapist can bring about a major restructuring of the superego, finally causing it to cease its destructive activity altogether.

The process is begun in the trial therapy. In the present patient it unfolded as follows: When, early in the second part of the trial therapy, the therapist explored the relation with Dick, he pointed out her masochism and quickly confirmed that this was a general pattern; TH: "In your relationship with Dick one feature is that you are used and abused. Is this a feature of your relationships with men?" PT: "Yes."

Next, the moment of true unlocking of the unconscious occurred when the patient was finally able to express her rage against her husband in the fantasy of crushing him like a beetle. The therapist immediately began the process of acquainting her with the mechanism of self-directed aggression in the interests of self-punishment: TH: "So there is the impulse to torture him and murder him. But who in reality are you torturing and murdering?" PT: "Well I assume it's me . . ." TH: "So you are the one who is suffering, being tortured, living a life of agony, being squashed like a beetle."

He then leads toward clarifying the mechanism further by asking the crucial question about this reason for the self-punishment: TH: "What have you done that you have to mess up your life like this? Have you ever questioned yourself what you have done that you have to torture yourself? There is a self-sabotage, there is self-defeat . . ."

Here the patient shows her unconscious therapeutic alliance and her insight by saying that she has begun to ask herself the same question in the last two years. "If this wouldn't be there I wouldn't attract people who make use if it."

In the final part of the interview he brings out intense feelings of guilt in relation to both her parents: to her father because of her expression of rage with him by neglecting him in the year before his death; but more especially guilt about death wishes toward her mother, who did nothing for her, and used and abused her throughout her early life. Then came intense guilt in relation to her son. At the very end he makes the link between her pattern of taking up with men who are exactly like her mother with perpetuation of her being used and abused and its link with her repressed, sadistic impulses in relation to her mother and buried guilt and grief-laden feelings; and he finally focuses on her buried mixed feelings in relation to her father and her brothers.

The technique of unlocking the unconscious indicates that the "compulsion to repeat" is caused by the superego's search for self-punishment and does not confirm Freud's view that the superego is exclusively "heir to the Oedipus Complex."

### Conclusion

Since the discovery of the technique of unlocking the unconscious by the author, our research project has been heavily interested in the application of the technique to patients suffering from panic disorders, functional disorders, certain depressive disorders, and somatization disorders.

Cases of this kind, the one I presented in this two-part article, are of extreme importance for the purpose of illustrating many issues, of which we mention three. They demonstrate unequivocally the psychopathology of the repressed sadism and guilt and grief-laden unconscious feelings that lie behind the functional disorder of migraine—or at least certain kinds of migraine. This particular patient had no further attacks of migraines after the work described here. They demonstrate, also, the operation of superego pathology in leading to a life of perpetual suffering, the role of the superego in repetition compulsion of neurotic suffering and how this can be overcome, and finally, they demonstrate how the same basic elements of the technique (which may safely be used in an unremitting form in cases of highly resistant character neurosis and cases with obsessional psychopathology) may also be used with some quantitative modification in patients suffering from functional disorders and chronic depression, with whom the unremitting technique can easily exacerbate and intensify the patient's disturbances.

Finally, we can see the extraordinary precision with which theoretical and technical knowledge and psychotherapeutic skill can be used to bring about systematic erosion of resistance in highly masochistic patients and achieve therapeutic results.

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# The Treatment of Character Neuroses in Intensive Short-Term Dynamic Psychotherapy

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This article begins by identifying the broad range of patients suitable for "Intensive Short-Term Dynamic Psychotherapy,"† as developed by Davanloo, and then focuses on a subgroup of character neuroses in this spectrum. A high percentage of patients seeking psychotherapeutic services suffer from character neuroses with diffuse symptom disturbances. The traditional psychoanalytic technique of treating character neuroses, emphasizing an interpretive approach to resistance is presented highlighting its limitations with these patients. The Intensive Short-Term Dynamic Psychotherapy pre-interpretive technique of "challenge and pressure" (Davanloo, H. In *Comprehensive Textbook of Psychiatry*, 4th ed. Baltimore: Williams & Wilkins, 1984) to the resistance as a prerequisite to meaningful interpretation with the character neuroses is then detailed. Case material of a patient presented at the Training Seminar of the International Institute for Short-Term Dynamic Psychotherapy will be discussed. Concluding metapsychological considerations are presented regarding the role of the "punitive superego structure" (Davanloo, H. *International Journal of Short-Term Psychotherapy*, Vol. 1(2), pp. 107-133) in character neuroses and the corresponding technical interventions Davanloo has developed that effectively diminish its morbid hold on the personality.

## I. Introduction

The technique of Intensive Short-Term Dynamic Psychotherapy (ISTDP) developed by Davanloo (1984, 1986) has had a powerful impact on expanding the breadth of patients suitable for brief psychoanalytically oriented treatment. A spectrum of structural neuroses has been outlined by Davanloo that defines the wide range of patients for which his system of ISTDP is treatment of choice. On the extreme left of this spectrum are low resistant patients with circumscribed difficulties. These patients are highly motivated and readily collaborate with the therapist in an animated and more spontaneous fashion. Their communication is clear and these patients are able to be specific regarding their areas of disturbance. The link via interpretation between current difficulties and genetic conflicts, i.e., single psychotherapeutic focus on loss or oedipal in nature, is relatively easily accomplished. On the extreme right of the spectrum are patients who are massively resistant with ego syntonic character pathology. These patients are grossly out of touch with their internal processes and have developed a defensive system that is concretized encapsulating the most painful of feelings in the complicated "multifoci core neurotic structure."

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† Intensive Short-Term Dynamic Psychotherapy refers to Davanloo's system of Short-Term Psychotherapy and from here on will be referred to as ISTDP.