Intensive Short-Term Dynamic Psychotherapy with Highly Resistant Patients. II. The Course of an Interview after the Initial Breakthrough

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This is Part II of a two-part article describing a powerful technique of Intensive Short-Term Dynamic Psychotherapy, which is used in the initial evaluation interview as a form of trial therapy. The present article completes an account of the interview used as an example in Part I.

Recapitulation

In Part I of the present article I gave a general account of the phases of trial therapy in an initial interview, which may be summarized as follows:

- Pressure toward the experience of feeling, leading to increased resistance.
- Challenge to the resistance, leading to a rapid rise in transference feelings and an intensification of resistance.
- Challenge to the resistance in the transference, leading to the direct experience of transference feelings, which leads in turn to an initial breakthrough, unlocking the dynamic unconscious, and the mobilization of the unconscious therapeutic alliance.
- Exploration of current (or recent past) and distant past relationships, enabling the therapist to undertake a systematic analysis of residual transference resistance in terms of these relationships (the use of the two triangles).
- Direct access to the unconscious, with transitory return of resistance which is now relatively easily penetrated, with massive de-repression in relation to the current (or recent past) and the past and having a direct view of the unconscious and the core neurotic structure.

As an illustrative example I used a patient who showed intense resistance from the outset, and I have an account of the interview as far as the initial breakthrough.

In summary, what happened was as follows:

The patient's initial resistance took the form of extreme vagueness distancing, and intellectualization. The therapist began his challenge immediately, and the resistance became intensified and took on an unmistakable transference quality with covert defiance and insolence. This enabled the patient to express hostility without actually being emotionally involved in it. Repeated challenge disrupted this defense,

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and the patient became actively angry with the therapist and raised his voice. The therapist used this direct experience of feelings in the transference by asking the patient to describe another situation in which he had become angry.

Suddenly there emerged a crucial communication from the patient's unconscious therapeutic alliance—the description of an incident which had occurred some years before and contained the following elements:

(1) A man is being repeatedly provocative to a woman (both strangers to the patient—the incident occurred in a bistro).
(2) The patient gets in a state of rage and attacks the man, but
(3) His attack is such as to be quite ineffective and only results in his getting beaten up himself.

Although the exact significance of this incident was not immediately obvious, experience suggested that it must represent a situation between the patient and his parents. The therapist succeeded in bringing out that the patient had really been afraid of his own violence and this was why his attack had been so ineffective. As the patient spoke of this incident, the whole atmosphere of the interview changed and he became intensely involved, fascinated by what had emerged from his unconscious, and very sad and tearful.

He now spontaneously mentioned his parents. Exploration of the relation with his father led to a reactivation of transference resistance, and the therapist was now able to begin the systematic analysis of this resistance in terms of other relationships, both the relation with his father and with the man in the bistro.

At this point we may resume the detailed account of the interview:

The Case of the German Architect (Cont'd)

The patient has just put his feet on the table between himself and the therapist, tilting back his chair. This gesture expresses a complex set of feelings and impulses: first, there is obviously defiance in it, but the defiance serves not only to express his hostility toward the therapist but to put distance between the two of them, thus reducing the anxiety produced by the systematic challenge to his defenses and the threat of emotional closeness. Further, by tilting back his chair he puts himself in danger of falling over backwards, which carries the potential of causing damage, not to the therapist, but to himself, which in turn shows parallels with the incident in the bistro.

TH: With your feet you are pushing it toward my direction, and if you push it further it might knock me down; or the other way, you might knock yourself down.

The patient uses the defense of detachment, which the therapist questions:

PT: That would be fascinating.
TH: Fascinating?
(The patient laughs)
TH: Now you are smiling. Could we look at your defiant position, your foot up there?

The patient intellectualizes, "lying the truth," which again the therapist calls in question:

PT: Well, I mean, who am I defying? I mean, presumably it is my father, but I mean...
TH: You see again "presumably" and...
PT: Okay, so it is my father.

This gives an opportunity to open up the next phase of the interview:

Analysis of Transference Resistance in Terms of Other Relationships

The therapist takes the patient by surprise with a fresh parallel between the transference resistance and the relation with his father (a T-P interpretation). He combines this with a further head-on collision with the resistance, in which he speaks directly to the therapeutic alliance:

TH: So let's see, let's look to see what we are going to do about that first. Your father wants to drag you to see him. Now the question for us is, am I dragging you to come here to understand your problems and to get to the core of your problem, or is it that you come here on your own will?
PT: We know the answer to that.
TH: Okay, you come on your own will, then let's look and see what you are going to do about this defiant position.
PT: (He clears his throat) (Pause) *I don't know where to start.*

The therapist now reminds the patient of the mechanism underlying his self-defeating attack on the man in the bistro: that he got himself beaten up as a defense against (and punishment for) his murderous impulses. Since this interpretation is made in the context of defiance directed both toward the father and the therapist, it implies—though it does not explicitly spell out— the following major interpretation of the transference resistance: "You are now engaged in active self-defeat of the therapeutic process as a way of dealing with your murderous impulses toward me. This is the same self-defeating mechanism you used in relation to the man in the bistro, and it originated in your relation with your father." The therapist thus clarifies defence and impulse (two corners of the triangle of conflict) in relation to all three corners of the triangle of person—Transference, Current (or recent past), and distant Past—i.e., he gives a T-C-P interpretation of the resistance:

TH: Mm hmm. And we know that in the bistro you could have struck badly on the neck of the guy, wouldn't you have been able to?
PT: Yeah.
TH: But you managed to be beaten, had a black eye, and a bleeding nose. You were the defeated, beaten man; and as I said before you took the defeated, beaten position as a mechanism to deal with the impulse which had a murderous quality—that in a sense you could have knocked him down with the first strike, but defensively you managed to be the beaten man with the bleeding nose.

PT: Well the...
TH: And humiliated in front of the woman.

The technique of STDP which I am describing in this article has led to many empirical observations of immense importance. The present case illustrates three of these:

(1) After the initial breakthrough in which the patient directly experiences his transference feelings, the therapeutic alliance is mobilized to such a degree that T-C-P interpretations of the kind just given produces a major response.
(2) Direct experience of the patient's complex transference feelings is a triggering mechanism to a massive de-repression of the Current and the Past (Davanloo, to be published).
(3) This will lead immediately to direct access to the unconscious, the unlocking of the unconscious, in which the past can be explored in a highly dynamic and meaningful way, often with little or no further reference to the transference; and any reactivated resistance can be easily swept aside. In the present case, however—as will be seen—the father-transference was so intense that it had to be brought into the open on two occasions.

Major Response, Leading to Direct Access to the Unconscious

PT: Okay, the closest I have come to murder is when my father was in...I think he went for a lung removal operation.
TH: How old were you then?
PT: Umm, God, about eleven or something.
TH: Mm hmm.
PT: And I expressed a wish out loud that, ah, he would die, ah, I may have said it in front of my mother but I don't know. I hope... I had enough sense not to do that, but certainly in front of a brother or sister or something.
TH: The wish that he would have died.
PT: Yep.
TH: Mm hmm.

The patient is becoming increasingly sad and anxious and has taken his feet off the table.

His therapeutic alliance was now so much in operation that he spontaneously brought up a fresh memory in which he had tried to slash the wrists of one of his brothers, Gustave, who was their father's favorite (the patient is the eldest). This highly significant memory both underlines the patient's violent impulses and introduces an entirely new issue, namely his longing for a closer relation with his father.

TH: What was the incident in which you slashed the wrists of your brother?
PT: Oh, actually that was before, that was before.
TH: Mm hmm.
PT: There was extreme provocation of some kind or another.
TH: You mean he provoked you?
PT: Oh yeah, oh yeah, it was a table knife.

The patient is very uncomfortable describing this.

PT: I am very relieved that it wasn't sharp.

The therapist faces the patient with the underlying impulse:

TH: Mm hmm, and if it was sharper?
PT: Well, God knows.
TH: Mm hmm.
PT: Anger is anger.

The Relation with the Father

The therapist now embarks on a systematic exploration of the patient's relation with his father. It is important to note the degree of spontaneous communication in this passage, which is in marked contrast to his early intense resistance:

TH: So then your relationship with yur father has been a very negative one.
PT: Yep.
TH: Mm hmm. You say it like that, "Yep."
PT: Well, that is such an established fact in my mind.
TH: Mm hmm. And if he had died when you were eleven during his operation, what would have happened in your life?
Pause
PT: Well (pause), *ah, by that time I had had most of my physical punishment. I wasn't going to get much more of that.*
TH: You mean your father was very physically violent with you?
PT: Yeah.
TH: How far back does that go?
PT: As far back as I can remember.

The patient, with frequent deep sighs, described his early life with his father. He told how his father had a ruler with brass knobs on it, and how he would frequently put the patient over a table and would use this ruler to beat him severely on his rear end. With repeated sighs he said that this was a frequent procedure. He then brought out a new memory, that whenever he did something wrong at the dining table, his father would hit him over the knuckles with the blunt edge of a knife, and that this went back to the age of five, as far back as he can remember. He said that he was the target of all the punishment because he was the oldest. This was followed by yet another fresh memory, that after such a punishment his father would often lock him up in a dark cellar. Throughout this decription the patient showed many signs of anxiety, and the therapist therefore focuses on his feelings:

TH: How do you feel when we focus on your early life with your father?
PT: Ah, that is quite all right, ah, I had forgotten most of it.
TH: Because when you want to talk about these memories of your early life with your father, do you notice you are anxious, do you see the posture of your body and the way you move your body around in the chair?

The patient said that he does not feel comfortable talking about his father. The therapist asked if the father was a basically aggressive person, to which the patient said, "Oh, no he's a coward like I am."

TH: So, you mean that you have features like your father? You have similarities to your father, you mean?
PT: Oh, I think so.

History Taking

All initial interviews need to contain long passages in which essential information is gathered, but with such a highly resistant patient it is essential to carry this out after the breakthrough has been made. If this is not done the information obtained will be full of evasions and dynamically useless, whereas if it is done the information will be much more complete and presented with much greater honesty, and will lead naturally into further exploration of the dynamics and ultimately to exposure of the core neurotic structure.

It was therefore at this point that the therapist, knowing that the therapeutic alliance was strongly in operation, decided to explore the following: the patient's areas of disturbance, his recent relationships, and his medical and psychiatric histories.

He has suffered from disturbances in interpersonal relations with both men and women throughout his life, which are characterized by his being detached and withdrawn and often taking a belligerent, sarcastic, defiant position, particularly with males in authority. He distances himself from his feelings and has a conflict over intimacy and closeness. There are many masochistic traits in his character, and in his personal relationships there is self-defeat and self-sabotage. All these features, of course, were seen in the transference in the early part of the interview.

His relationship with women have been very disrupted. His last relationship, with a much younger woman, ended disastrously. Shortly after she moved in with him she had a nervous breakdown, and for four years she was in treatment and he could not put her out as she had no place to go—her father had run away, her mother was an alcoholic, and her grandparents who had brought her up were both dead. Before that he had had a number of relationships, but he terminated them all because his feelings changed. He was well aware of his problem over commitment.

His parents are in their seventies and, as mentioned above, the patient is the oldest. He has had lifelong conflict with all the members of his family, particularly his father, and he still has a very hostile relationship with his brother Gustave, who is six years younger.

As far as his psychiatric history is concerned, he has suffered from episodes of depression with the feeling that life is futile, but has never been actively suicidal. He has had no previous psychiatric treatment. His medical history is insignificant.

The Transition to Further Dynamic Work: Death Wishes toward the Father and the Link with the Man in the Bistro (a P-C Link)

This transition occurred as follows: he described his father as in some ways good-looking, but his own face is similar to his mother's. He described his father as

thin, very energetic in his movements, very fast in action, always thinking about his next book or his next sermon. He then became involved once more in his memories of being punished "by the beautiful copper studded, brass studded ruler." Apparently there was also another rule for making parallel lines—"you take your pants off and he beats you on your bare ass." As he spoke of this he again became anxious and very uncomfortable.

PT: Oh, I can still feel it.
TH: Uh hmm. When was the last time that he did it?
PT: Oh, God, I don't know, possibly before he got sick, before lung tuberculosis.
TH: How did you feel about his tuberculosis?
PT: That was actually a relief, ah, the old TB thing. It was a great relief.
TH: So his tuberculosis in a sense was on your side, hmm?
PT: Yeah, mm hmm, it certainly was.
TH: And his death would have been...
PT: On my side, but by that time I was so close to leaving Germany to come to this country that it did not matter in a way.
TH: But that doesn't make any difference, he had to die in order for you to have your freedom, hmm? That is quite a conflicting situation...
PT: That certainly is, and I have never thought of it and you may well be right.
TH: You said you wished out loud that he dies...
PT: Yes I did.
TH: So if you wished out loud that he dies, this means that you had been in such a painful state with your father, that he was such a pain in your neck...
PT: Mm hmm.
TH: ...that if he would have died then you would have had total freedom?
PT: Right.
TH: So this must be a very conflictual issue, that someone, in order to get his freedom...
PT: Mm hmm.
TH: ...has to have his father dead.
PT: Jesus, it's almost back to Christianity, hmm? Christ on the Cross.

This remark of the patient's is not just a piece of defensive intellectualization, for it also contains a major communication from his unconscious therapeutic alliance. It is a sort of "slip of the intellect," for Christ on the Cross is God the Son, not God the Father, who suffered and died for Man's sins. The implication is that *some of* the patient's sufferings, i.e., those which—almost certainly—were brought upon himself by deliberate provocation of his father, were a self-punishment for murderous feelings against his father. The key to this is the fact that he provoked the man in the bistro to beat him up.

The therapist began by challenging the defensive element in the patient's communication:

TH: You can sarcastically shuffle what I say, but that doesn't help. The pain and the agony is going to be there. And it's important that we look at the incident in the bistro. The man who beat you up, you describe him as energetic, highly mobile (i.e., like his father); but he wasn't physically stronger than

you. You gave him a mild blow and ended up to be beaten by him, black eyes, bleeding nose.
PT: Mm hmm.
TH: But you could have killed him.
PT: Yeah, I could.
TH: But you managed to be beaten by him, hmm?
PT: Mm hmm.
TH: Hmm? And if you had killed him who would you have killed?
PT: I can see that. I would have killed my father.

Further Exploration of the Relation with the Father and the Family Situation

During the next part of the interview the therapist focused on bringing the patient to the direct experience of all his complex and painful feelings toward his father. The first layer consisted of fear and anxiety; beneath this lay aggressive and sadistic impulses; and, most deeply buried of all, there was his tremendous craving for a tender father–son relationship, and the pain and sadness that this had never materialized. Each time the patient tried to move away from the subject of his father the therapist brought him back. Because by now the breakthrough had been made, the patient became more and more deeply involved as his feelings were de-repressed. At the same time it was possible for the therapist to include a great deal of history-taking, which was necessary in order to clarify the family situation, without spoiling the atmosphere of deep communication.

The interview unfolded as follows:

With frequent deep sighs the patient described his fear of his father. "I was deathly afraid of him most of my life." "I was aware of his presence all the time." "I was aware of him sitting up there in his study, shuffling his feet trying to keep warm." "I was aware of the typewriter stopping; I was aware of him coming down the stairs."

The therapist continued with history-taking. As mentioned above, the patient is the oldest. The brother next to him was two years younger and deaf and died at a very early age. There was another brother three years younger; and his brother Gustave was six years younger. There was also a younger sister.

With more sighs he said that neither his brothers nor his sister were punished by their father. It seems that the patient got all the punishment because his parents had a very high expectation of him—"I was to follow in my father's footsteps." The end result was that he became the black sheep of the system.

He brought out new memories underlining his tremendous rage against Gustave and further memories of his father's brutality. The latter gradually eased when his father developed tuberculosis.

Return to the Transference

The therapist now focused on the patient's rage toward his father. This led to an extremely important transition passage involving complex transference feelings. As the patient spoke of further memories of the dark cellar he became both anxious and sad, once more tilting back his chair and looking at the ceiling. The therapist pointed out that transference-resistance: "You are avoiding me, looking up at the ceiling."

The patient used a symbolic communication which probably revealed anxiety about disclosing his feelings to the therapist (representing his father): Referring to the acoustic tiles in the ceiling, he said, "Yeah, I look at all these little holes; they are all listening to me."

Positive Transference, Leading to Memories of Important Parent-Substitutes

There was then a dramatic transition. The patient became increasingly sad and began questioning the therapist about the brand of pipe tobacco that he is smoking, saying that the smell is very familiar to him. The therapist reminded him that he had asked a question in the corridor about the therapist's nationality, and the patient acknowledged his curiosity and interest. He then sighed several times and spontaneously spoke of his very close relation with his paternal grandfather, adding that the patient's father hated the grandfather (his own father). His grandfather died when the patient was about 20.

He talked sadly about how different his grandfather was from his father—"He was very nice to me, and I had a *very* close relationship with him." His earliest memory of his grandfather is from about the age of four. His grandfather built him toys and allowed him to work with him in his workshop. "I loved being with him; we played chess a lot, checkers." The therapist focused on the triangle of the patient/his Father/and his paternal grandfather, contrasting the close relationship with his grandfather with the murderous feelings toward his father. The patient spoke with sadness of his grandfather as a "refuge."

He then moved on to speaking about his paternal grandmother, with whom he also developed a very close relationship. This led from his search for father-substitutes to his search for mother-substitutes. His grandmother was very different from his mother. He went on to speak of an aunt on his father's side, "who was very close to me." He said that each time the family moved, "I would always find some kind of a substitute for parents, a mother and father, whom I would then call aunt and uncle."

The therapist focused first on the triangle of the patient/his mother/and his paternal grandmother—trying to reach his feelings for his helpless mother, and pointing out the contrast with his warm relationship with his paternal grandmother—and then on two further triangles, one involving his mother and his *maternal* grandmother, and the other his mother and his paternal aunt. The therapist summed up:

TH: The way you talk about your mother is as if she never existed.
PT: That's right, that is what puzzles me...I never thought about my mother much.
TH: Mm hmm?
PT: I don't remember ever being touched by her. She was never demonstrative.

Negative Feelings for the Mother

It emerged that neither his father nor his mother was physically demonstrative. He described his mother as always busy, utterly subservient to his father, with a lot of children to look after, doing everything in accordance with the demands of his father, and in addition having to get through a war. However, this relatively sympathetic

view of his mother then changed into resentment toward her and memories of anger with her—she never stood up to his father, never did anything when his father punished him severely and put him the dark cellar. The therapist again summed up: his helpless mother and aggressive and brutal father, his search for refuge, and his turning to his paternal grandfather and the three women in his early life.

Final Breakthrough, Intense Mobilization of the Unconscious Therapeutic Alliance

At this point the patient becomes extremely sad and tearful, though still trying to avoid both the impact of his feelings on himself and the emotional closeness that would result from sharing them with the therapist. For this reason it is necessary for the therapist's interventions to include challenge to the transference resistance. After the first challenge the patient begins to sob, de-repressing with intense sadness one of the central issues in his pathology: that his suffering and messing up of his own life have unconsciously served the purpose of punishing his parents:

TH: You see, you somehow don't want to experience the full impact of your feelings.
PT: No. Wait a second. I do this perhaps for the same reason that... (Pause)...
TH: You see, when your tears come then you move your head away from me.
PT: (Sobbing) *Well, it is too late.* (He is sniffing)
TH: I know there is a lot of...
PT: I don't... (He is crying very loudly) *I don't want to punish them anymore.*

The therapist knows that he must bring in the other side of the coin:

TH: But obviously you are punishing yourself as well as them.
PT: (He continues to sob) *You mean...*
TH: In punishing them you are punishing...
PT: (He continues to sob) *I just want to let sleeping dogs lie as far as they are concerned.*
TH: Yeah, that is one way of going about it; but the other way is the fact that you are punishing yourself and punishing them as well.

The therapist now begins to sum up:

TH: You have a lot of mixed and painful feelings about them. There are a lot of mixed feelings there, and you yourself know that you are messing up your own life—and then there is a part of you also that has a lot of bitterness about it. And obviously there is a part of you that has a lot of craving for an affectionate relationship that you wish you could have had with your father. Do you see what I mean?
PT: (He continues to be very sad and tearful) *Yeah.*
TH: And obviously it is very painful when you want to look at it at this time of your life. (Pause) *It must be very painful.*

At this point the therapist detects the nonverbal cues that the transference resistance is still in operation, and he returns to challenge:

TH: But when this moment of sadness and tears comes, you also avoid my eyes as well.
PT: (He continues to be tearful) *I can't see very well.*
TH: You don't want me..in a sense it has to do with closeness, doesn't it? In a sense...as if you have decided that you are not going to allow anybody to get close to you in your life...
PT: Come on, I would have been out of that door long ago.
TH: Hmm?
PT: I would have been out of that door long ago if that was true.
TH: I know...maybe a part of you wants to get close to me, but a part of you says the other way around, the part of you...
PT: Oh, no.
TH: ...might say that you are not going to allow anybody to get close to you; but another part of you says the other way around.
PT: Well, maybe, maybe so. I wouldn't know.

The therapist continues with his summing up, "flag-labelling" some of the important areas of conflict revealed by unmistakable evidence in the interview so far:

TH: But that is something to look at . It has to do with intimacy and closeness vis à vis distancing and the wall—which I pointed out to you when we met. There is a major conflict over intimacy and closeness, and as we can see you have a lot of unresolved issues and feelings about yourself and your life in relation to the past, particularly with your father, with your mother as well; and obviously there are a lot of unresolved issues in relation to your brothers and sister. We have only touched on one of your brothers, Gustave. Obviously, there must be a lot of mixed feelings about your grandfather—because as we have seen he stands very strongly in your life—who at very difficult moments in your life...Obviously there are a lot of mixed feeling about the women in the early phase of your life. I refer to your grandmothers and your aunt. What do you think? Am I right that way, or is it different?

The Grandfather's Death, Leading to Thoughts about the Father's Death

Although the patient had thus been invited to talk about the women in his background, he seemed to want to talk about his grandfather. The therapist decides to go along with this, exploring another area thay may well be a source of unresolved feelings, the grandfather's death:

PT: Ah, you are. I am sure my grandfather was a great help.
TH: How did he die?

His grandfather died of old age. The patient used to write to him and went to see him before he died. He sighed frequently when talking about this. He said that he

doesn't even know the color of his father's eyes, or his mother's. "I remember the eyes of my grandfather much better than my father's," he said.

In talking about his grandfather's death he spontaneously moved to his realization that sooner or later his father will die, and his thoughts about his father's death. The therapist focused on this. It seems that his father had never learned to drive and that his mother used to do the driving for the two of them. However, she suffered serious brain damage after being knocked down by a car and now cannot get around. His father therefore learned to drive at age 65, but he is a terrrible driver and is likely to have an accident at any time. His brothers and sister have expressed the hope that if their parents died they should die together. "If one of them is left for one reason or another, it is going to be terrible 'cause my father can't live alone and neither can my mother." Asked to portray the death of his parents, he said they are asleep, eyes closed; his father has his glasses on. He said he portrays it like that because from his childhood he remembers that the most peaceful times were when his parents were asleep together. "Of course, I would hardly ever see that; one wasn't allowed in their bedroom."

The Relation with His Brothers, Leading to Grief about the Relation with His Father

The therapist now focused on the patient's relation with his brothers. His relation with Gustave has always been negative and hostile. He went on to speak of another brother who managed to have a good relation with their father, "he was the most politic of all, always played both sides, always stayed on good terms." Then back to Gustave who still has a very good relation with the father. The patient became very anxious and uncomfortable and said, "thank God I didn't cut his artery." The therapist focused on the triangle of the patient/Gustave/and their father, and spoke of the patient's craving for closeness in relation to his father. He became increasingly sad, sighed frequently, and cried:

PT: I don't want to continue to punish my father. (Pause) *You know, I don't want to tell them that they have been terrible parents, which they have been. I am sure they have been told.*

TH: You see, you have a lot of painful feelings. And the most important thing is what goes on in your own head; that is the most important issue because really if they die that doesn't solve your problem.

PT: No. I think it makes it worse, maybe.

TH: Maybe?

PT: Maybe.

TH: Now you want to...

PT: Well, I had some faint hope when I applied here that I might be able to do something about what goes on in my head before I went back.

TH: Mm hmm.

PT: Whatever that will happen to be, I don't know.

TH: So, in a sense a part of you senses that if your father dies as well as your mother then you would have left something unresolved in the back of your mind. And then a part of you wants to resolve these issues. That is, what I am saying is this, that you are not at peace with yourself in relation to your father as well as your mother. I am not talking about your father being alive or dead—but you are not at peace with your own self. You see...

PT: I realize that.

TH: But that is very important because from what we have seen today that is the key to the whole core of your problem. From what we have covered so far there are a lot of unresolved and complicated feelings and issues with your father, a lot of complicated feelings with your mother, and Gustave, and others we have not touched, which are the sources of many of your difficulties. We know that clearly they are interfering with your interpersonal life, but I forgot to ask you if they are interfering with your functioning in your professional life.

PT: Yes, they are.

TH: Do you think that you are functioning at the level of your potential?

PT: No, I don't think so.

TH: So then they are interfering...

PT: Mm hmm.

Final Phase: Recapitulation, Exploring Motivation

The therapist now moved to further summing up, preparing the ground for bringing the interview to a close:

TH: From what we have gathered so far, you have been suffering from diffuse and a wide range of problems, problems in interpersonal relationships with both men and women, and your life with women has been disastrous. You suffer from episodes of depression with times when you feel life is futile and you have a tremendous need to get yourself into a passive, helpless, beaten position at one level and a stubborn, sarcastic defiant position that everything has to be a certain way, at another level. Have you ever given thought to these two sides of yourself?

PT: You mean passive, helpless...

TH: And on the other hand highly demanding and sarcastic.

PT: I can see how I switch. Even without knowing.

TH: At another level is a tremendous need for you to put on a facade, to portray yourself as insensitive and non-feeling while we have seen today that underneath the facade is a sensitive man. Do you see what I mean?

PT: I can see that, and I know that I can portray myself as absolutely insensitive.

TH: On the other hand and in spite of your professional achievements you have a very empty life.

PT: Absolutely, absolutely.

TH: You left your country and came here to find your freedom, but obviously the shadow of the past is chasing you.

PT: Mm hmm. I can see that.

TH: As I said, we have covered the surface of some aspects of your problems, and part of you might want to avoid the painful issues in relation to your father, your mother, and many figures in the early part of your life; but another part

of you might want to get rid of these suitcases, to get rid of the shadow of the past which requires putting all your feelings in relation to all these issues in the right perspective, to see the truth as it is.

PT: I realize that.

TH: Do you think if what we did today, if we do it in much more detail, this would be of help to you? To get rid of this shadow of the past, these suitcases you are carrying with you, and find your way to freedom?

PT: Are you asking me...

TH: Do you think this might be of help to you?

PT: Are you asking me whether I think continuing this procedure would be of help to me?

TH: Mm hmm. If we continue in more detail, obviously. We only touched on the surface.

PT: Oh, I have no doubt.

TH: Do you think that would be of help to you?

PT: Absolutely.

Discussion

The Patient's Psychopathology

From this single interview it is now possible to reconstruct a large part of the patient's central neurotic structure and to relate it to his history.

It seems that the patient's father hated his own father, and that much of this hostile father–son relation became transferred to his eldest son, in such a way that the other siblings escaped. In response to this the patient clearly became defiant and insolent, setting up a vicious circle with his father which resulted in repeated, very severe, sadistic punishment. The patient was unable to turn to his mother for warmth and protection, since she apparently was cold, passive, and completely under the domination of her husband. He therefore turned to his paternal grandfather, his two grandmothers, and an aunt. This probably made his father jealous and hostile and intensified the vicious circle.

The patient's underlying feelings in this situation consisted of hostility against both parents, intensely guilt-laden murderous feelings toward his father, and jealousy and hatred of his siblings, with overtly expressed murderous feelings toward his brother Gustave. Underneath this lay a grief-laden craving for the closeness that he had never experienced with either parent, and unresolved grief about the loss of all the parent-substitutes throughout his life, particularly the death of his grandfather.

The defenses against these feelings have laid down the pattern of his behavior and relationships in adult life. He now defends against all these painful and guilt-laden feelings by denial, isolation of cognitive and affective processes, intellectualization, and the pretence of being uninvolved and insensitive. He has a craving for closeness but cannot allow himself any true involvement or commitment for fear of the pain and rage that would result from his being rejected. In his relations with people of all kinds, but particularly male authority figures, he alternates between insolence, provocativeness, and defiance on the one hand, and passivity on the other. His insolence serves to distance himself from other people; and in addition it brings retaliation, which serves as punishment for his guilt-laden violent feelings. He also

expresses his need for self-punishment by sabotaging his own potential in every area of his life, both relationships and work. This serves the additional purpose of his becoming a living reproach to his parents, thus expressing his need to punish them as well. Finally, we see the important role that superego pathology plays in this patient's character neurosis.

Recapitulation of the Course of the Interview

We are now able to describe the whole interview in the light of these concepts.

At the beginning of the interview the patient expresses his lack of involvement and uncooperativeness by appearing quite unable to describe his problems. When this is challenged he rapidly becomes provocative, defiant, and insolent, at first hidden and then overt (e.g., putting his feet on the table). This serves the purpose of expressing hostility without actually becoming emotionally involved in it, and clearly illustrates a current pattern in his relation with male authority figures, originating in his relation with his father. Systematic challenge eventually leads to penetration of this defense when the patient becomes overtly angry with the therapist and raises his voice. When he is able to experience and to acknowledge this, there follows the first breakthrough. The patient's strongly mobilized unconscious therapeutic alliance now produces a crucial "cover memory," the incident in the bistro, which clearly crystallized essential elements in his relation with his parents.

The essence of the incident is that he witnessed a man repeatedly provoking a woman, who appeared unable to prevent this from happening. His own first reaction was intense rage and he attacked the man, but his attack was "unconsciously deliberately" ineffective and resulted only in his getting beaten up himself. We can now clearly see the significance of this incident in terms of the past: the aggessive man and the helpless woman representing his father and his mother; and his own reaction consisting of murderous rage which was so guilt-laden that he needed to provoke the man into punishing him for it—just as in his childhood he had provoked his father. As he speaks of this incident he becomes intensely involved, fascinated by it without knowing why, and overcome by sadness, breaks into tears—which he does not yet know is concerned with the past situation that it represents.

He now spontaneously mentions his parents, but as he speaks of his father the transference resistance becomes reactivated in the form of further defiance. With mobilization of the therapeutic alliance that has already occurred, this resistance can now be dealt with by analysis rather than challenge. The therapist is able to perceive in the patient's act of putting his feet on the table and tilting back his chair many of the main elements of his relation with both his father and the man in the bistro—defiance, aggression, distancing, and putting himself in danger of physical injury. Interpretation of these elements leads to a major response, the patient speaking first of death wishes toward his father and then of overt murderous feelings toward his more favored brother Gustave. This in turn enables the therapist to make the link with his father and with the man in the bistro—murderous feelings for which the patient needs to bring punishment on himself. This passage has thus completed the triangle of person, transference (T), the father(P) and the man in the bistro (C), and therefore constitutes a major T-C-P interpretaion of the resistance.

This leads to a long account, in which the patient becomes deeply involved, of the early relation with his father and the severe punishment which he had received at

his father's hands. Speaking of this again reactivates the transference resistance, and this time the therapist interprets the patient's avoidance of emotional closeness in the interview itself. This again produces a major response. The patient first acknowledges his positive feelings for the therapist, and then goes on to an account of the positive relations in his life—the grandfather as father substitute and various female relations as mother substitutes. This leads in turn to the patient's resentment against his mother for never giving him warmth or protecting him from his father.

When the therapist helps to make all this explicit the result is the final breakthrough into the unconscious. The patient becomes intensely sad as he realizes that much of his self-sabotage has served the purpose of punishing his parents. Behind this he becomes conscious of protective feelings toward his parents—"I don't want to punish them any more"—and the craving for the warm relation that he never had.

The evaluation is now completed and the therapist is able to bring the interview to a close.

Consequences of the Initial Evaluative Interview

The trial therapy model of initial interview I have developed and have described in these two articles brings about a major breakthrough into the dynamic unconscious, no matter how resistant the patient is. One sees a number of major consequences of such an interview:

(1) The patient has been able to withstand the impact of his own unconscious, which indicates that he/she is a candidate for Intensive Short-Term Dynamic Psychotherapy.
(2) The patient shows an unmistakable increase in motivation to start therapy.
(3) Over the following days or weeks patients experience an upsurge from their unconscious in the form of vivid dreams and fresh memories which throw further light on their central neurotic structure.
(4) Patient reports therapeutic effects.
(5) After such an interview the therapist can be quite certain that in skilled hands the patient is suitable for Intensive Short-Term Dynamic Psychotherapy of up to forty sessions' duration.
(6) Finally, our systematic studies of patients suffering from depression with severe characterological problems, patients with characterological depression, and those suffering from functional disorders in a setting of severe characterological problems show that a single trial therapy of 3–5 hours' duration can bring about a major unlocking of the unconscious with massive de-repression with major therapeutic effects both symptomatic and characterological.

Conclusions

In this two part article I have described a powerful technique of Short-Term Dynamic Psychotherapy which I refer to as Intensive Short-Term Dynamic Psychotherapy. I outlined my technique of trial-therapy model of initial interview which can bring a major breakthrough into the unconscious with every patient who suffers from character neurosis and comes to the interview in a state of high resistance. My work

has made clear that in every such patient the royal road to the unconscious is based on the technique I have discovered to handle resistance and the patient's direct experience of his transference feelings.

Systematic pressure on and challenge to the resistance brings about intensification of resistance and with further challenge to and pressure on the resistance we see the creation of an intrapsychic crisis and the phenomenon I have described, turning the ego against its own defenses. This process mobilizes complex impulses and feelings in the transference (T), and when these transference feelings reach a specific threshold and are both experienced and acknowledged there occurs a massive unlocking of the unconscious with de-repression of a similar feeling in the patient's current (C) and past (P) relationships.

During this work I have been able to reformulate some aspects of the classical psychoanalytic theory of neurosis. This is in the process of preparation for publication and has been presented in many symposia, courses, and core training programs. I have outlined my metapsychological conceptualization of the triggering mechanism responsible for the unlocking of the unconscious. I have described a number of metapsychological issues, but the one major element in the structure of the human neurosis as applies to this article is a major invasion of ego functions by a punitive superego structure. The case presented in these two articles is an example of the crucial role that superego pathology plays in this patient's severe character neurosis.

The crucial part played by transference in this process will probably come as no surprise to dynamically trained therapists, and the breakthrough can be achieved completely and within a short time with every patient suffering from character neurosis, no matter how resistant. It is an observation that can no longer be denied, and it offers great hope for the future development of psychotherapy throughout the world.

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