International Journal of Intensive Short-Term Dynamic Psychotherapy
Int. J. Intens. Short-Term Dynam. Psychother. **13**, 211–236 (1999)

Intensive Short-Term Dynamic Psychotherapy—Central Dynamic Sequence: Phase of Pressure

HABIB DAVANLOO*
McGill University, McGill University Health Centre, Montreal, Quebec, Canada

In this article the author presents on the application of the phase of pressure. The major aims of exerting pressure and the main technical interventions to exert pressure are outlined. The phase of pressure is further discussed by presenting a number of patients from the spectrum of resistance, all suffering from psychoneurotic disturbances. Copyright © 1999 John Wiley & Sons, Ltd.

Introduction

I have already both presented and published the technique of rapid unlocking of the unconscious, and indicated that this provides the unique opportunity, both for the patient and the therapist, to have a direct view of the psychopathological dynamic forces responsible for the patient's symptoms and character disturbances (Davanloo, 1975, 1976a,b, 1977, 1978, 1980a, 1990). Long-term systematic research has demonstrated that the degree of unlocking of the unconscious is precisely in proportion to the degree that the patient is experiencing the transference feelings (Davanloo, 1980b, 1981, 1988b,c, 1992). I have already outlined the dynamic sequence used in trial therapy, consisting of a series of specific interventions with its corresponding responses (Davanloo, 1989a,b, 1995b).

The result of this long-term systematic research is a major refinement of the metapsychology of the unconscious and the development of a new metapsychology (Davanloo, 1987d,e, 1988a,e, 1992). Based on this work, I have developed two systems of highly powerful techniques. The first one is Intensive Short-Term Dynamic Psychotherapy, and the second is a highly powerful method of psychoanalysis of short-term duration (Davanloo, 1980b, 1982, 1983, 1985, 1993, 1994c, 1995d).

*Correspondence to: Habib Davanloo, M.D., Department of Psychiatry, Montreal General Hospital, 1650 Cedar Avenue, Montreal, Quebec, Canada H3G 1A4.

CCC 1096–7028/99/040211–26$17.50

Central Dynamic Sequence in the Process of Rapid and Direct Access to the Unconscious and Rapid Mobilization of the Unconscious Therapeutic Alliance against the Forces of the Resistance

The dynamic sequence consists of a number of phases:

(1) Phase of inquiry
(2) Phase of pressure
(3) Phase of challenge
(4) Transference resistance
(5) Partial or major dominance of the unconscious therapeutic alliance against the resistance and the direct access to the unconscious
(6) Analysis of the transference
(7) Dynamic exploration into the unconscious

This article primarily focuses on the phase of pressure.

Phase of Pressure

One of the basic principles of the technique is exerting pressure. The therapist tries to reach the patient's feeling directly via resistance and the transference. He steadily increases pressure toward the avoided feeling with the aim of bringing resistance and the transference into the open as soon as possible. Then the therapist could increase his pressure systematically. I will present the list of a set of interventions that the therapist can use for exerting pressure. These interventions tend to shade into one another and also some of them shade into the next phase which is the phase of challenge. The therapist should keep in mind throughout the process that the main factors that influence the course of an interview are the degree of resistance and the extent of the transference component of the resistance. The therapist's task is to pursue his inquiry, making it dynamic and exerting increasing pressure toward the avoided feeling. As I have indicated previously, all the technical interventions that I have introduced to exert pressure are with the major aim of the rapid development of the twin factors of the resistance and the transference feelings. Throughout the interview, the therapist is communicating as much with the patient's unconscious as with his conscious. When the therapist introduces probing questions, it is to convey to the patient's unconscious that the therapist is not going to stop until he has reached the core of the avoided feeling. When the therapist applies confronting remarks, that consist of pointing out something which is entirely true but which the patient does not wish to look at, this intervention conveys that the therapist is well aware of the patient's defensive maneuvers and their self-destructive nature. The immediate effect is that the patient's unconscious becomes alarmed and he goes into resistance.

Major Aims of Exerting Pressure

(a) Tilting the patient's character defenses in the transference
(b) Rise in the transference feelings
(c) Mobilization and intensification of the resistance
(d) To create some degree of crystallization of the resistance in the transference

(e) Rapid development of the twin factors of resistance and transference feelings
(f) Mobilization of the unconscious therapeutic alliance (in some patients)

In summary, one of the most important aims of the phase of pressure is to bring the resistance out in the open.

Technical Interventions to Exert Pressure

We should keep in mind that pressure and challenge are not entirely separate. Some pressure clearly contains an element of challenge:

- Asking patient to be more specific; asking for a specific example
- Probing questions
- Directing the interview toward significant areas; asking for further information in these areas
- Focusing on the actual experience of feelings
- Focusing on the impulse
- Clarifying remarks
- Confronting comments consisting of pointing out some issues which are entirely true but which the patient does not wish to look at
- Repeating a question to block diversionary tactics
- Focusing on fantasies
- Introducing an anxiety-laden area
- Directing the patient's attention to the use of certain words
- Making explicit what the patient has implied but is avoiding
- Underline patient's disturbing feelings
- Confronting comments
- Directing patient's attention to non-verbal cues: Somatic pathway
- Blocking in the form of non-responding
- Directing the interview toward a specific area where the patient has difficulty

To reemphasize, the aim of the phase of pressure is the mobilization of the resistance to the point of some degree of crystallization of the resistance in the transference. The phase of pressure will be discussed in greater detail by presenting a number of patients from the spectrum of resistance, suffering from psychoneurotic disturbances.

The Case of the Salesman

I have already presented this case (Davanloo, 1977, 1983, 1995a), a young married man who suffered from a mild obsessional neurosis, highly responsive, from the extreme left of the spectrum of psychoneurotic disorder with no major resistance. He responded well to the phase of inquiry, gave a clear and lucid account of the evolution of his symptom. He spontaneously mentioned the precipitating factor which was the affair with his sister-in-law. In search of the resistance the therapist focuses on the incident with his sister-in-law: 'Could we look into this incident?' The patient spontaneously gives details and the therapist, knowing that the patient's choice of his sister-in-law must in itself be significant, employs pressure: 'Could you tell me more about your sister-in-law?' The patient speaks of having stopped short of intercourse with her and the therapist moves to the question: 'Did you have the desire?' Patient responded: 'Oh yes, but we never had really time.' 'But the thought was there?' asked the therapist. 'Oh yes, definitely' replied the patient.

The therapist now focuses on feelings: 'How did you feel towards the thought?' The patient speaks of how his feelings have changed: 'At that time I felt it was going to be great. Now I feel differently'. At this point, the therapist makes a confronting comment: 'You were not decisive about it, wanting and not wanting'. It confronts the patient with his indecisiveness, and by implication makes the connection between indecision in a trivial area and indecision in a highly emotionally charged area.

The therapist, in search of the resistance, introduces an area likely to be anxiety-laden: 'How would you describe your sister-in-law in terms of physical appearance?' The patient said: 'She's very well built'. The pressure was asking the patient to be more specific: 'Hm hmm, in what way?' Here, for the first time, the therapist meets the beginning of resistance. But, at the same time, we should clearly understand that the resistances of this patient are simply in the form of some tactical defenses (Davanloo, 1996a,b). We cannot expect major resistance. Then the patient responded: 'Er . . ., well, she's very pretty. She has a big chest . . . the rest of her body is nice'. The therapist makes an explicit statement, confronting the patient with what he was trying to avoid saying: 'You mean the breasts? She's a large-breasted woman?' Further resistance of vagueness and rumination: 'Yeah. I think, that is what . . . I don't have . . .I have always been sort of attracted to that'. The therapist again makes an explicit statement, countering the vagueness: 'Would you say that was the part that attracted you the most?' 'Yeah, right' was the patient's reply. The therapist returns to exploration and shortly after that employs his first challenge.

The Case of the Man with the Chewing Gum

Now we can discuss the phase of pressure in a patient with a moderate degree of the resistance: a married man in his late twenties, a blue-collar worker who suffered from a wide range of symptoms and character disturbances, panic, phobic, somatization and functional disorders.

The following vignette is from the phase of inquiry. The patient begins to speak of his symptoms:

PT: *I get dizzy.*
TH: *Dizzy?*
PT: *Yeah. I feel faint sometimes.*
TH: *Faint?*
PT: *I feel fragile . . . is how I feel.*

The therapist focuses on the experience of the feeling:

TH: *What is it like when you feel fragile?*
PT: *I feel fragile because I am not sure of my footing. And I feel shaky . . . and you know . . . I feel tense. I am tense.*
TH: *You feel tense and shaky, what is it like? (Pressure)*

Now the patient responds with a specific example:

PT: *It is hard to explain what it is like. I went into a department store with my wife about a month ago and I had to get out. I thought I was going to*

faint. Then I panicked. My face was pale and my hand was shaking and that is what happens ... I feel faint and then I panic.

The patient gave further details. The important feature that emerged was that his wife had to give up her shopping and accompany him back to their car. The therapist then took some further history. From this, we may pick out the fact that the patient's first attack occurred 5 years ago in a barber shop, and since then his wife has had to cut his hair at home. Later, he mentioned his job where he had recently been promoted to be in charge of a section:

PT: I was in charge of the whole section, Okay? When my boss was there I was okay. But whenever he said 'I am leaving. I will be back in a couple of hours', then I would start getting worried that I would get this feeling. And I thought ... and it is just ridiculous ... because it builds up in my mind, okay?

'Secondary gain' of the patient's symptom expresses an underlying regressive defense. Like a child he gets anxious when people of importance leave him while, when possible, his anxiety serves a secondary purpose of keeping them with him.

One of the interventions used in the phase of pressure consists of making confronting comments, pointing out some issue which is entirely true but which the patient does not wish to look at. In this specific patient the issue of secondary gain is used to exert pressure. Now the therapist prepares the ground for highlighting it, knowing that it must inevitably lead to resistance:

TH: Hm, hmm, up to the time he was there you were doing well.
PT: Yeah.
TH: But as soon as he would go then you would start to become anxious.
PT: Yeah.

Now a confronting question, inviting the patient to do exactly what his defenses are designed to prevent, i.e. look beneath the surface:

TH: Why do you think it is that as soon as he would leave, your anxiety would start?

The patient offers his symptom as the only possible explanation:

PT: Because I was worried that I would get this feeling, and then if I had that I couldn't do the job.
TH: Hm hmm.
PT: And that is what happens. It is stupid, but it is there. It is a building process in my head ... the constant thoughts 'you might get a spell; you might get anxious; you might lose your balance; might lose control over your ...'
TH: And then what would happen?
PT: Nothing has happened.
TH: But in your head, what do you anticipate?
PT: That I might collapse and nobody would be there to run the place.
TH: But when your boss is present, you don't have any of these experiences.
PT: Hm hmm. Sure, because I know that if I got sick I would leave and he would ... you know ... take charge of the place.

Now the invitation is to look beneath the surface again with confronting comments which are put in quotation marks for emphasis:

TH: What do you think about this—his presence, and the impact of his presence? Your being heavily 'dependent' on his presence, and becoming almost 'disorganized' as soon as he walks out?

The patient evades the question and it touches off an involuntary reaction indicating irritation and annoyance with the therapist:

PT: (smiles) I don't know what to think.

The therapist immediately draws attention to the nonverbal cues:

TH: You are smiling.

Eventually the therapist sums up, confronting the patient with the truth:

TH: So ... in your job you have to have your boss around to function, otherwise you become anxious and panicky. And in your personal life you can not function without your wife. She is even the one who has to cut your hair. What do you think about this?
PT: I don't have any thoughts. What can one do when one has all these symptoms.

By this time, the patient is detached, has adopted a distant posture, there is an increase in the rate of his smoking, and he is clearly in a state of major resistance. The phase of challenge begins, which then follows with head-on collision.

TH: How do you feel right now? Have you noticed that you have become much more slow and passive?
PT: (Smiling) I don't think so.

Further Example of the Phase Pressure

The Case of the Chess Player

The following passage is from an interview with a patient with a high degree of resistance, with obsessive character structure, who has major problems in the interpersonal relationships, major problems with intimacy and closeness, self-defeating and self-sabotaging patterns, masochistic character traits, going from frying pan into the fire.

In the early part of the interview the patient described a situation with his supervisor. The therapist exerts pressure by asking the patient for specificity, then with probing question which then follows with pressure for the actual experience of the feeling leading to the intensification of the resistance in the transference:

PT: My tutor was postured, almost in the sense of 'I am the authority and you do that and I am mad that you are not doing that, and ...'

TH: Then he was exerting his power over you.

Obsessional intellectualization in the patient's reply is evident from the words in quotation mark:

PT: Right. And nothing I could 'feed back' to him could possibly 'modify'.
TH: And what was the way you felt when he was exerting power over you?
PT: That is too long ago to get in touch with, other than ...

At this point the process enters into the phase of pressure and challenge, as the patient's character defenses have become crystallized in the transference. The defense of not remembering can often be effectively challenged by the ironical question: 'How is your memory?' To which many patients answer 'Good', putting themselves open to further irony. At this point, the therapist moves and exerts pressure on the patient's feeling:

TH: How long ago is that?
PT: Four years ago.
TH: How is your memory?
PT: Well ... it depends. It is different.
TH: You say that he was a pain, he was demanding, he pushed you around. But how did you feel towards him?

This repetition of the question produces a partial breakdown of the defense and the therapist then proceeds and exerts further pressure toward the actual experience of frustration:

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

The patient moves to use the defense of vagueness.

Return to Pressure

PT: I am not sure, I felt unfairly pushed.
TH: You say you were pushed around but how did you feel towards this man who was pushing you around?

The pressure produces a further partial breakdown of the defenses and the patient admits he felt 'hostile'. However, when the therapist asks how the patient experiences his feeling, the patient returns to vagueness:

PT: I eventually felt hostile towards him.
TH: What was the way you experienced this hostility?
PT: Hmm, I am not certain.

There is further intensification of the resistance by focusing on the impulse. The patient responds with intensification of intellectualization:

TH: Did you feel that you wanted to verbally lash out or physically?
PT: Well that is exactly part of the problem. In that kind of situation you have to negotiate almost by a certain set of rules or priorities, that kind of thing. I couldn't say to him beyond telling him, 'well, look ...'

The process from here enters to the phase of challenge. But the phase of challenge, as I have indicated above, is always in the form of pressure and challenge.

To recapitulate so far, the major aim of the phase of pressure is to crystallize the patient's character defenses until we have evidence that the resistance has tangibly crystallized between the therapist and the patient.

The Case of Butch

The following passage is from the beginning of the interview of another patient with moderate degree of the resistance, mid-left of the spectrum of psychoneurotic disturbances. When he entered into treatment he was in his mid-twenties. The setting of the interview is a closed-circuit live interview. Patient was interviewed by a female psychiatrist in training from the research team and then was interviewed by the supervisor. On the way to the interview he made a comment indicating that he had a warm feeling toward the female psychiatrist. The interview moves directly to the phase of pressure. The following passage is from the initial phase of the interview. For the sake of brevity the dialogue has been shortened and paraphrased in a few places, but nothing important has been omitted.

TH: Let us see how you experience your warm feeling for her? (Pause)
TH: Now you are looking also there.
PT: Yes, I am thinking, I am thinking of ... thinking about what I feel with this ... I said I felt a warm feeling and you are asking me ...
TH: But do you notice you are looking there? Now you move to the position that you don't know why you are looking somewhere else than at me. Because it is a way of dismissing me.
PT: Yeah, I guess so.
TH: 'I guess so', hmm, do you notice you are avoiding me?
PT: Yeah.
TH: So could we look into that?

The session started with the phase of pressure; pressure to his transference feeling towards the female therapist; rapidly to challenge to avoidance and absence of eye contact; some mobilization of the transference component of the resistance. The therapist maintains the focus on the patient's avoidance in the transference:

TH: Could we look into you avoiding me?
PT: Yeah, okay. I feel from you a cold, cold feeling.
TH: That I am cold.
PT: Yeah.
TH: Could we look into that?

Further Pressure to the Underlying Feeling

Further pressure to the patient's feeling in the transference; anxiety in the transference:

PT: ... Uncomfortable.

TH: You feel uncomfortable, what else do you feel?

. . . . . .

PT: I feel I, I'm not . . . my words aren't coming out freely. Feeling like I am on the guard, I feel like I am on guard for some reason.

. . . . . .

Further Pressure

PT: I feel like I am overconscious of myself, I am thinking of how I am sitting, where my hands are.
TH: Hm hmm.
PT: How I am looking at you, am I looking at you? Uh, uh does this mean I'm, you know, . . . what does this mean?

. . . . . .

PT: Uh I can feel the presence of my body, it is aah.
TH: What way do you experience that? The presence of your body?
PT: I can . . . well I'm noticing my body, I am consciously aware of it. I can feel my hands, I can feel my, I can feel my arms, my shoulders, feel my foot, my legs, I am conscious of them where usually . . .
TH: What other parts do you feel?
PT: My legs, shoulders, my chest area.

The above passage demonstrates that, as a result of pressure and challenge, there has been rise in anxiety. The discharge pattern of the anxiety is in the form of tension in the striated muscles which starts from the muscles of the thumbs, moves to the forearms, shoulders, muscles of the neck, face, the intercostal muscles, muscles of the abdominal wall, thighs, legs and finally feet. This should be considered a classic discharge pattern of anxiety and this patient, like many others, clearly describes this phenomenon.

Rise in Transference Feelings: Further Pressure to the Patient's Transference Feelings

TH: Obviously you don't like the way I am hmm?
PT: Yeah, I, I don't know, I don't know why.
TH: You like it or you dislike it? I mean which one?
PT: Well I'm not comfortable with it.
TH: Now you are not answering the question. I said do you like the way I am or do you dislike the way I am?
PT: (Deep sigh) I sort of dislike it.
TH: You dislike the way I am?
PT: I don't hate it. I don't ah . . .
TH: Now you immediately reassure that you don't hate it.
PT: Yeah.
TH: You say you dislike the way I am.
PT: Yeah, right now.

TH: Is it similar ... am I similar to that woman that you saw or am I different in that sense?
PT: You are different in that sense.

The therapist explores the similarities and differences between her eyes and his eyes:

PT: Her eyes weren't ah as penetrating.
TH: Uh huh, you said my eyes are penetrating.
PT: Yeah, your eyes are.

There is some mobilization of unconscious therapeutic alliance and the patient makes a deep communication saying that the therapist's eyes are penetrating and her eyes were much less penetrating.

TH: You said my eyes are penetrating. What way my eyes are penetrating you?
PT: Just very, very ... you know looking, looking at me like ...

.....

Further Pressure towards the Feelings

TH: Let's see how you experience the dislike, this dislike toward the way I am.
PT: I am not comfortable.
TH: Yeah, but that doesn't say how you feel, that is a sentence.
PT: I feel ah ...

.....

Further Pressure to the Transference Feelings

PT: Essentially frustrated, yes.
TH: Hm hmm. Frustrated with who?
PT: With you.
TH: You feel frustrated with me?
PT: Yeah, right now.
TH: What's the way you experience your frustration?

Here the therapist is putting pressure for the actual experience of the frustration in the transference. This mobilizes a set of tactical defenses, which are challenged, with further rise in the transference feelings, and the patient saying 'I am very stiff'.

In this patient, technically, the therapist must maintain pressure, challenge and pressure in the transference until he achieves breakthrough into the unconscious; a major dominance of the unconscious therapeutic alliance over the resistance.

Now I will present another patient; moderate to high degree of resistance, to further discuss the phase of pressure and the entry of the transference.

The Salesman with Somatization and Panic Disorder

When he entered into treatment, he was in his thirties and suffered from a wide range of disturbances, both symptoms and character disturbances, promi-

nent among them were chronic anxiety, panic, intermittent pain in his legs, episodes of intense crushing chest pain and major disturbances in the interpersonal relationships, either becoming distant, detached, totally non-involved or becoming stubborn and defiant. He suffered from a major problem with intimacy and closeness. The first part of the interview demonstrates the phase of pressure. He enters into the interview with anxiety which has transference implication. The therapist does not know anything about the patient. He immediately focuses on the patient's anxiety, makes a brief inquiry into the physiological concomitant of the anxiety then exerts pressure to the underlying feeling.

Pressure to the Underlying Feeling

TH: I notice you are anxious.
PT: Yes ...
TH: What do you account for your anxiety? You also had a sigh.
PT: I see it as, as, as, as, as, as as ...
TH: What do you account for your anxiety right now?
PT: I know it has to do with the treatment.
TH: How long have you been anxious like this? You took a deep sigh.
PT: In the past fifteen to twenty minutes, while I was sitting in the waiting room.
TH: Would you say your anxiety has to do with coming to this session and seeing me?
PT: Not necessarily you, because I don't know you.
TH: But has to do with the session?
PT: Yes.

The above passage is from an initial contact; the patient is visibly anxious, anxiety in the form of tension in the striated muscles; nonverbal cues of clinching the hands, rubbing the thumbs against each other and deep sighing respiration. The therapist directs the patient's attention to the nonverbal cues.

Further Pressure to the Underlying Feeling

TH: And what else do you feel besides anxiety?
PT: Other than anxiety, other than ...
TH: What else do you feel besides anxiety?
PT: Well, I don't know what else I feel, it's that uh ...
TH: What else do you feel right now besides being anxious?
PT: I know this is going to be difficult ...
TH: Still we don't know how you feel here, towards me besides being anxious.
PT: Well, I'm trying to analyse ...
TH: Still we don't know how you feel here with me besides anxiety.

The pressure so far is exerted by: structuring the interview; focusing on anxiety in the transference and pressure to the underlying feeling in the transference. The patient has eye avoidance with some smile, which are not challenged. The therapist should not enter into the phase of challenge until there is further crystallization

of the patient's character defenses in the transference. Now we return to the interview:

PT: *(Sighing) I am trying to understand ...*
TH: *What else do you feel besides anxiety; let me to ask you this, how do you feel here with me?*
PT: *I feel anxious.*
TH: *But what else do you feel?*
PT: *I don't know, what else should I feel?*
TH: *Still we don't know how you feel here with me.*
PT: *I am getting confused about—*
TH: *Still, that doesn't say your feelings here towards me.*

While I have outlined that the phase of pressure might have passing moments of challenge, but challenge should only start when the patient's character defenses are tilted in the dimension of the transference. I further emphasize that the phase of systematic challenge should only start when the resistance is much better crystallized in the transference. Our research data clearly shows a correlation between crystallization and the duration of the phase of pressure and challenge. In other words if the phase of pressure has been systematically applied with sufficient rise and mobilization of the transference feelings with intensification of the resistance in the transference, and then the therapist enters to a systematic application of the phase of pressure and challenge combined, this definitely shortens the time element necessary for the first direct entry into the unconscious, as compared to the cases where the character defenses are not tilted and crystallized in the transference and the therapist prematurely moves to the phase of challenge, which always leads to a protracted process. Now, we return to the interview.

Pressure and Challenge

TH: *You are anxious about seeing me, but it is important to see how you feel here with me.*
PT: *(Deep sigh) I don't really feel anger, uh that's that's ...*

Negation, communication from unconscious therapeutic alliance.

TH: *You said you are not angry, but you are the one who used the word anger.*
PT: *(Sighs) I am not angry, what I wanted to say is that I feel uncomfortable.*
TH: *But uncomfortable doesn't say how you feel here with me.*
PT: *I feel inadequate.*
TH: *Still, we don't know how you feel here with me. (Patient takes another sigh)*
PT: *I'm getting somewhat irritated.*
TH: *And you took a deep sigh.*
PT: *Now I am getting irritated.*
TH: *You say you are getting irritated, which means you are not fully irritated, and then it is not at all clear at whom are you irritated?*
PT: *It is obvious it's towards you.*
TH: *Then, you are irritated at me? And you have some kind of a smile ... but do you notice, you are also avoiding my eyes?*

The above passage shows the phase of pressure and the transition to the phase of pressure and challenge.

Further Case Example

The German Architect

The following passage is from a patient who is highly resistant and suffers from disturbances of the interpersonal relationships, major problem with intimacy and closeness particularly with women, is highly stubborn and defiant with self-defeating and self-sabotaging pattern and masochistic character traits. He enters into the initial interview vague, with vague ruminations. The phase of inquiry is not possible and the process moves to the phase of pressure.

Phase of Inquiry

TH: Could you tell me what seems to be the problem that you want to get help for it?
PT: Uhhh ... no, not exactly. This is one of ...
TH: So you don't know exactly what the problem is.

Phase of Pressure

PT: I am here, uh, I only have uh, uh ... some ... hazy idea what might be the problem.
TH: Now if I question you what seems to be the difficulties that you have, what then would you say?
PT: Yes, I am not ever sure whether those difficulties are maybe a normal part of being a human being, aah, however ...

The patient is vague. He uses vague rumination and wants to intellectualize. The therapist maintains the phase of pressure.

TH: You see, my question is the difficulties that you have, but now you are moving to the issue of the cause.

The therapist is exerting pressure by returning to the original question; and we see passing moments of challenge. The aim is:

(a) Further mobilization of the transference feelings
(b) Intensification of the transference component of the resistance
(c) Activation and crystallization of the characterological defenses in the transference

The process clearly demonstrates a rise in the transference feelings and a rise in anxiety in the form of tension in the striated muscles, particularly intercostal muscles. We return to the interview:

PT: No, I am not. I'm simply explaining that (sighing) ...

.....

Throughout the above passage, the therapist has avoided challenge to the patient's resistance and continues with the phase of pressure. The following

passage demonstrates a shift from the phase of pressure to the phase of pressure and challenge. Pressure is exerted by probing for feelings, which results in increase in the resistance in the form of a new set of character defenses, which then follows by challenge to the resistance.

TH: Problem with feelings. Could you tell me about that? That is merely a sentence. (Challenge)
PT: Yes, it is a sentence. Umm. May be my reaction to things that I should feel are ...
TH: Yeah, but that again is vague—'My reaction to things' ...
PT: Okay.
TH: Now you turn your head on the other side, do you notice that?
PT: I beg your pardon.
TH: You move your head on the ... do you notice that in a sense your head moved?
PT: Yes. I am looking for ah, another tack, you see.
TH: Another tack?
PT: Tack.
.....

Pressure and Challenge to the Resistance

We see intensification of the transference component of the resistance, increased anxiety—in the form of tension in the striated muscles of the hands, of the forearms and intercostal—changing his position, looking away from the therapist and the therapist continues a combined challenge and pressure:

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

The patient admits to his vagueness and the therapist exerts further pressure. There is the element of deactivation of the transference, deactivation of omnipotence and also pointing out the destructive component of remaining vague which, in turn, exerts pressure. We return to the interview:

PT: Umm.
TH: Do you see what I mean?
PT: Yes. I see what you mean.
TH: Because up to the time you are vague, then ah we wouldn't understand what seems to be the nature of your problem.
PT: Uh hmm, well I can't tell you why.
TH: Yeah, but you say 'uh hmm', but that doesn't solve our problem here. Because our problem here is first to establish what seems to be the difficulty that you have. But now, if you want to be vague then we wouldn't understand even what is the difficulty. That is the first step.
PT: Well, of course if, may be if I knew what the difficulty was I wouldn't be here.

TH: Yeah, you see again you move to this 'may be'
PT: Yeah.
TH: . . . In other words again limbo state.

In the above passage, the therapist has applied pressure and challenge as well as establishing the therapeutic task. The result has been further intensification of the transference component of the resistance and mobilization of character defenses such as sarcasm and his need to provoke. This finally follows by pressure towards the transference feelings and then by head-on collision with the resistance.

The clinical vignette presented highlights:

- Application of the phase of pressure with a patient with life-long character neurosis
- The importance of tilting the resistance in the direction of the transference
- Crystallization of the patient's character defenses in the transference
- Application of the phase of pressure and challenge, leading to major resistance in the transference and head-on collision with the resistance with the aim to create mobilization of the unconscious, loosening of the psychic system and preparing the ground for the direct access to the unconscious

Further Case Example

The phase of pressure is important in those who are highly resistant with syntonic character pathology. I will discuss two such cases to highlight the phase of pressure.

The Case of the Microphone Man

This patient is a resistant patient from the right side of the spectrum of psychoneurotic disorders. When he entered into treatment he was in his forties, an engineer, divorced and suffered from major disturbances in the interpersonal relationships. He was married to an explosive woman which ended up in divorce. Then he entered into a relationship with a married woman. He became heavily attached to her but she was also highly volatile and he found himself being used and abused, increasingly passive and submissive. He had major conflict over intimacy and closeness, masochistic character trait; self-defeating and self-sabotaging pattern; suffered from episodes of depression, chronic state of anxiety, sleep disturbances and had disturbed relationships with his son and daughter.

The therapist started with inquiry: 'Could you tell me what seems to be the problem?' and the patient responded: 'Well I think it is to have the courage of my conviction'. The therapist maintains the interview structured and exerts pressure by asking the patient to be specific: 'Now you say 'courage of your conviction', what does that mean?' The attempt on the part of the therapist is to help the patient be specific. He finally was able to indicate that one of his problems has to do with interpersonal relationships. The therapist asked for a specific incident. With the help of the therapist he described his landlord, Mr L.; in that incidence, Mr L. was angry at him and slammed the door on him. The therapist exerts pressure.

The following passage demonstrates the phase of pressure. The therapist is focusing on the patient's feeling in relation to Mr L.:

TH: How did you feel at that moment?
PT: I just walked away.
TH: But how did you feel? 'Walked away' does not say how you felt.
PT: Well, annoyance.
TH: He slams the door on you and now you say you felt annoyed with him.
PT: Oh, very annoyed.
TH: Could you tell me how did you experience this annoyance?
PT: Well through ... through two or three different mediums I think, one was ...
TH: I questioned you how did you experience the annoyance? Now you are moving to something else.
PT: Oh yes, by ... by simply feeling that I shouldn't be treated that way.
TH: But that is a sentence. Let's to see, I question you—the question is; how did you experience your annoyance? You're answering this by another sentence, you're not telling me how you experienced your annoyance.
PT: Well by a feeling of heatedness I guess.

This results in: a rise in the transference feelings; a rise in anxiety; the discharge pattern of anxiety in the form of tension in the striated muscles (clenching of the hands and some sighing respiration); further mobilization and crystallization of the resistance. The phase of pressure continues with the aim to make the patient well acquainted with his character defenses; to further crystallize and intensify the rise in the transference and mobilization of the transference component of the resistance. Now the therapist introduces challenge and the process enters into the phase of pressure and challenge to the resistance.

Challenge to the Resistance Outside of the Transference

TH: But still that doesn't give us a picture of how you experience your annoyance.
PT: An entering into an unresolved situation.
TH: But that is a description, is not giving us a picture of how you felt your annoyance. That is a sentence.
PT: Well how does one describe things? By sentences right?
TH: Now you said you feel annoyed by this old man okay? And he was in a rage with you and slammed the door on you, hmm?
PT: Yes.
TH: Still we don't know how you experienced your annoyance.
PT: I felt bothered and burdened.
TH: 'I felt bothered' doesn't tell us what was the way you experienced your annoyance. Do you see? Still you are vague about telling me the way you experienced your annoyance. Do you notice you are vague about that?
PT: Well I find doctor quite frankly that uh ...(there is anger and further mobilization of the resistance in the transference)
TH: Now just a moment. Do you notice that you are vague?
PT: Uhh ...

Further Challenge to the Resistance Outside of the Transference

The following passage shows the phase of pressure with challenge:

PT: *Well I've just told you that I felt heated.*
TH: *But 'heated' doesn't tell us how you experience your annoyance.*
PT: *Well maybe you could explain to me, maybe you ... (Further intensification of the resistance in the transference)*
TH: *Now you are moving that I could tell you how you experience annoyance.*
PT: *No, no, no I didn't ask that, I didn't ask that. I asked you to give me an example because ...*
TH: *Now you see you are now moving away again. I give you an example. I am not sure if you don't understand it. You say you are annoyed with this man.*
PT: *I was. I definitely was.*
TH: *Okay. Now my question is this; how did you experience your annoyance? Now you become helpless and ruminate around—'you give me an example'.*

The result is mobilization of the transference component of the resistance; sarcastic smile and with an angry tone he tells to the therapist: 'Maybe you can offer some suggestion, I suppose'.

TH: *And here we are to see how you experienced your anger.*
PT: *Yeah but I'm at a loss as to how to explain it quite frankly.*
TH: *You are at a loss or you are totally unable?*
PT: *You are the psychiatrist doctor, not me.*
TH: *Now you move that I am a psychiatrist, and you have also a smile, which is a sarcastic smile.*
PT: *Well, that is why I came to you people ...Well, maybe you could offer some suggestion, I suppose.*

Now the process enters the phase of challenge and pressure to the resistance in the transference. In the above passage we see further mobilization of transference feelings. In an angry tone, he tells the therapist 'You are the psychiatrist doctor, not me'.

The important technical considerations with such patients are: to apply to the phase of pressure; avoid challenge or systematic challenge until you have made the patient acquainted with his character defenses; rise in the transference feelings; intensification of the resistance; mobilization of transference component of the resistance; and attempt on the part of the therapist for a specific example.

Now we will focus on another patient who is within the range of high resistance, with syntonic character pathology. Some of the major aims of the phase of pressure consist of making the patient systematically acquainted with his character defenses; tilting the patient's character defenses in the transference; crystallization of the patient's resistance in the transference. As I have already emphasized, the therapist should avoid direct challenge to the resistance until he has tangible evidence of mobilization of the patient's character defenses in the transference.

The Man with the Broken Fist

The pseudonym of this patient has to do with a number of incidents in which he had become violent. In one of them, he had an explosive discharge of the affect and punched his girlfriend resulting in a fracture of her ribs. In another incident, he punched the head of another man, and he himself had a major fracture of his right hand. He has isolated himself and lives alone in a small country town. He is a professional artist and painter, suffers from chronic anxiety, disturbances of interpersonal relationships, major problems with intimacy and closeness with both men and women, episodes in which he has become physically violent and has episodes of depression and being suicidal.

Some weeks prior to this interview, he was seen by a psychiatrist and was told that he could not be treated with traditional long-term psychoanalytic psychotherapy. As already mentioned, there was an incident in which he lost control and physically attacked his girlfriend which resulted in a triple fracture of her ribs. Finally, he decided to live alone, has been suicidal, purchased a gun, has a canoe and has had an elaborate plan to go with the canoe to a small, isolated lake near where he lives, and shoot himself in the head in such a way that he would sink with the canoe and 'nobody will ever have a trace' of what happened to him. His physician in the village where he lives has been concerned by some of this behavior, particularly the issue of the gun.

The patient was seen in a closed-circuit setting for teaching and research, and the therapist does not know anything about the patient.

Phase of Inquiry

The following passage indicates that the phase of inquiry is not possible, and the process rapidly moves to the phase of pressure:

TH: *Do you like to tell me what seems to be the problem that you want to get help for it?*

PT: *Aah, I wouldn't say it was a specific problem. I would say that I would like to learn more about aspects of myself that I don't know about, I mean that, that ah . . . I mean we know, I know of the things that, that I do, I can see that I am doing them but I don't know how.*

The above passage clearly shows vagueness and vague rumination and he did not respond to the therapist's question. He said: 'I wouldn't say it was a specific problem'. The pressure is exerted by structuring the interview and asking to be specific:

TH: *Are you saying you don't have any identifiable difficulty and then you went to see a psychiatrist at——Institute?*

PT: *Yeah.*

TH: *. . . With no identifiable difficulties?*

The above passage shows the exertion of pressure by trying to be specific and focusing on identifiable difficulties.

PT: *Well I would say more . . .I'm talking more in the realm of exploration, than in the realm of fixing.*

TH: Yeah but what are the difficulties that you have?

The therapist is exerting pressure by repeating the question in the direction of the specificity:

PT: Yeah, well in that they don't pop to mind. Well I, I guess . . . maybe I see it as not a difficulty.
TH: Why you say 'Maybe?'
PT: Well because you're, you're viewing it as a . . .
TH: You say I view it. I said what seems to be the identifiable difficulty?
PT: I think I'm stuck with the word 'identifiable', I don't identify it.

As we see, the patient declares that he does not understand the word 'identifiable', and we cannot be surprised. In outcome evaluation, he clearly indicates that he was not able to understand; 'Everything was under the cement', 'It is like talking Chinese to a person who does not speak Chinese'.

In the following passage, the therapist exerts pressure by pointing out to the patient that he doesn't have any problems:

TH: Hm hmm, so what you say is this, you don't have any problem.
PT: Aaah I think more I don't identify.
TH: Why you say you 'think?'
PT: I don't identify it.
TH: So you don't have any difficulty.

The short passage of pressure has mobilized some transference feeling which, for the first time, is signalling itself by anxiety in the form of tension in the striated muscles as he takes a deep sigh. We return to the interview.

PT: Hmmmm, I'm sure I have troubles with aspects of my life.
TH: But you say you are 'sure' you have, as if in a sense you are not definite. You see you say you are sure you have difficulty.
PT: Hm hmm.
TH: But still that is not very definite. You say you are sure you have difficulty; why you say you are sure? (Pause) Either you have or you don't have?
PT: Yes. (Pause) I . . .
TH: You have a hesitation here.
PT: Yes because I'm searching for . . .
TH: You said you are sure you have some difficulty.

It is important to note that in the beginning the process is always slow and in a specific way is verbalized to the patient. Even if the therapist reflects on the patient's smile, it does not have a challenging tone. It is very much communicated in the form of a clarifying remark.

Often therapists are tempted to move to challenge, or to heavy challenge. Doing that is a major mistake. The patient can easily become confused. During the above passage, there is avoidance, avoidance of eye contact, other resistances such as the resistance against the emotional closeness, which the therapist only registers for future interventions.

PT: Hm hmm.
TH: So there must be something that you say.

PT: *Yeess.*
TH: *But with hesitation you say yes.*
PT: *Yes, in that I cannot identify it.*
TH: *You smile and say that.*
PT: *Yes, I cannot identify it.*
TH: *Hm hmm. Then how come you come to the conclusion that you have difficulty?*
PT: *Hmmmm … (pause) Because to be human is to have …*
TH: *What you say is 'because one is human one must have difficulty'. That is abstract … generalized way. We are not talking about every human, we are talking about you.*
PT: *Yes.*
TH: *So, here our focus is you. You say you have difficulties, but at the same time you are unable to tell me what are the difficulties.*
PT: *Yes.*
TH: *I mean you don't come for nothing a hundred miles?*
PT: *No, no, no.*

In the above passage, the therapist continues to exert pressure, further clarifying remarks, helping the patient see if he can identify the nature of his problem. As we saw, he generalized. This was not challenged but rather pressure was exerted by making a clarifying remark, undoing the generalization and also by emphasizing that the major focus is him. Now we return to the interview:

PT: *Yeah, Uhmmm …*
TH: *And now your head goes …*
PT: *Yeah as I'm trying to think, the areas I'm sure of might …I say again I'm sure, are my parents.*
TH: *Hm hmm.*
PT: *But I don't know whether that's uh …*

The therapist avoids challenge. The patient's diversification and rumination are handled by not responding, and the therapist moves to the original question even in a more gentle way, as we see in the following passage:

TH: *I mean what are the difficulties that in a sense motivates you to tell to yourself I should get help or to do something about it?*
PT: *Hmmmm … of wanting to know … of wanting to know.*
TH: *Yeah you say you have difficulties so then? There must be some difficulty that you come to the conclusion that there is something wrong somewhere. (Pause)*

Further pressure is exerted by directing the interview toward a specific area where the patient has difficulty. He has become increasingly slow and the therapist asks him what he accounts for his slowness. He says:

PT: *Looking at … looking for the problem, looking at the problem, trying to express the problem.*

There has been a gradual but systematic rise in the patient's transference feelings and there has been a few sighing respirations, which indicate tension in the

striated muscles. At this point of the interview he declares that he is anxious. For a moment he declared that his heart was pounding and he felt butterflies in his abdomen. The focus is on his anxiety. The anxiety has a transference implication, has to do with feelings that are mobilized in him in the transference. As we will see in the following passage, the phase of pressure has moments of challenge:

TH: *And that anxiety has to do with me then?*
PT: *You personally?*
TH: *Or what? You prefer the building or me?*
PT: *Oh oh no, it's the interaction with whoever I'm going to be interacting today.*
TH: *So then obviously is me.*
PT: *And tomorrow if it were somebody else it would be . . .*
TH: *Now you see immediately . . . you prefer not to . . .*
PT: *Oh with you here now yes, with you.*
TH: *Hm hmm. Isn't that?*
PT: *Hm hmm.*
TH: *So could we look to your anxiety about seeing me?*
PT: *Okay. You would like me to describe it?*
TH: *Hmm? Because you have anxiety about seeing me.*
PT: *Yes I do.*

The above passage shows exertion of pressure by holding the process in the transference, which clearly the patient rapidly wants to move away from. The focus is on anxiety and the underlying feeling in the transference. What we can say is that the phase of pressure has resulted in mobilization of the transference feelings, crystallization of the resistance in the transference, as well as loosening of the psychic system.

Phase of Pressure and Challenge; Pressure towards the Transference Feelings

TH: *What else do you feel about seeing me besides anxiety?*
PT: *Hmmm . . .I know it will be tough, uhh . . .It's, it's sort of ambivalent thing in that I know it'll be tough and that's fine but I . . .*
TH: *You see you say there's a sort of 'ambivalent thing'.*
PT: *There is an ambivalence within me here.*
TH: *But you referred to it as 'thing'.*
PT: *Yes.*
TH: *What do you mean by 'thing'? Ambivalent thing; what do you mean by ambivalent thing?*

The Issue of Ambivalence

The patient has become anxious. There is clenching of the hands, pressing of the thumbs against each other, changing the position of his seating (a sort of a defensive position). The therapist exerts pressure by pointing out nonverbal cues. In the following passage, we see a shift from pure pressure to challenge, first a

passing moment of challenge and then clear challenge. The therapist makes sure that the patient becomes more and more acquainted with the process, his character defenses and so forth. Now we return to the interview and the focus is on ambivalence.

PT: *Oh maybe I mean ambivalence. There is ...*
TH: *Ambivalence means one part of you wants to come and part of you doesn't want to come.*
PT: *Right.*
TH: *So this means that half of you is here and half of you is not here.*
PT: *Is resisting being here.*
TH: *Hm hmm so then let's to see, we have a major obstacle to start with. That a part of you is here, a part of you is not here. You are one foot in, one foot out. So let's to see.*
PT: *Yeah.*
TH: *But then if you are half-here, half-out ...*
PT: *Hm hmm.*
TH: *... Then this process is going to be defeated.*
PT: *I guess.*

Pressure and Challenge

The process now enters the phase of pressure and challenge.

TH: *Because in a sense ...*
PT: *Yeah.*
TH: *... you are not here fully.*
PT: *Uhhh I don't know that I can attest to that.*
TH: *You see again you are ruminating about it.*
PT: *Yeah.*
TH: *'Yeah', what yeah?*
PT: *I, I'm not convinced of that.*
TH: *You say yourself that you are ambivalent about being here.*
PT: *Yes.*
TH: *Means namely part of you wants it and part of you doesn't want it.*
PT: *Hm hmm.*
TH: *And what I say is this, that the part that doesn't want is not here then. And that in a sense immediately creates a barrier here, huh?*

Further Pressure and Challenge: Further Mobilization of the Resistance in the Transference

TH: *So then first we have to see what we are going to do about the part of you that doesn't want to be here?*
PT: *Okay.*
TH: *So could we see what we are going to do about that?*
PT: *Hm hmm.*
TH: *'Hm hmm' what?*
PT: *Yes I would be interested in seeing that.*

TH: Seeing what?
PT: The barrier, I mean dealing with the barrier.
TH: No you say in a sense a part of you is not here, is resisting to be here.
PT: Hm hmm.
TH: Okay?
PT: Yes.

What follows is deactivation of the transference, further challenge and head-on collision with the resistance. If the research protocol is a major unlocking, the process should remain in the transference and the breakthrough of the murderous rage in the transference; the transfer of the murdered body to the biological figure in this case is multiple—mother, brother and father. His unconscious murderous rage and intense guilt in the forefront is at his younger brother with whom he had a very disturbed relation from the early phase of life, and who eventually murdered himself by shooting himself in the head.

Summary and Conclusion

In this article, I briefly presented the central dynamic sequence in the process of rapid and direct access to the unconscious and the application of the phase of pressure. The major aim and the technical interventions of exerting pressure were discussed by presenting and analyzing a number of cases from the spectrum of resistance. The cases presented demonstrated that the phase of pressure aims at mobilization and intensification of the resistance; to create some degree of crystallization of the resistance between the patient and the therapist.

I emphasized strongly that the main factors that influence the course of an interview are the degree of resistance and the extent of the transference component in it. The therapist's task is to pursue his inquiry, make it dynamic and exert increasing pressure toward the avoided feeling.

I further emphasized that the technical interventions that I have introduced to exert pressure aim at the rapid development of the twin factors of resistance and transference feelings. I stressed that throughout the interview the therapist is communicating as much with the patient's unconscious as with his conscious.

It was emphasized that the resistance needs to be crystallized to the point at which it can be challenged meaningfully and effectively. When the resistance is mobilized,whether after a period of pressure or at once, there usually follows a period of intensification of resistance, and systematic challenge begins.

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