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

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In this article, the author primarily focuses on the phase of challenge as well as on the phase of pressure and challenge. He outlines the various types of challenge and with extensive use of vignettes from clinical interviews, demonstrates the application of challenge to the resistance, both in and outside of the transference. Copyright © 1999 John Wiley & Sons, Ltd.

Introduction

This article concerns itself with the central dynamic sequence in the process of rapid and direct access to the unconscious. I focus primarily on the phase of challenge. I have already indicated that the course of an interview depends very largely on the rapidity of the development of the twin factors of resistance and the transference feelings. Where these two factors are not immediately detectable and are slow to develop, the phase of pressure begins with the search for resistance. When the resistance is mobilized, whether after a period of pressure or at once, there usually follows a period of intensification of the resistance. I have emphasized that the resistance needs to be crystallized to the point at which it can be challenged meaningfully and effectively.

The Phase of Challenge

Challenge is the key intervention in the whole technique, both Intensive Short-Term Dynamic Psychotherapy as well as the new form of Short-Term Psychoanalysis, and lies on a spectrum from relatively mild at one end to exceedingly powerful at the other, culminating in the head-on collision.

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Challenge; Resistance and Therapeutic Alliance

One of the essential ingredients of the therapist's attitude in this technique is that, while maintaining the greatest sympathy and respect for the patient, he has neither sympathy nor respect for the patient's resistance and conveys an atmosphere of considerable disrespect for it.

As a large part of the patient is identified with his defenses, this part of him becomes angry at having them treated with such disrespect. But underneath there is another part of him that begins to turn against them, to appreciate profoundly the therapist's relentless determination to free him from his burden and to sense dimly the relief he would feel if this could be accomplished. This sets up tension between one part of the patient; the resistance, and another part; the therapeutic alliance. Until a major breakthrough has been achieved, the two opposite parts of the patient, the resistance and the therapeutic alliance, are always in operation at the same time, and the therapist's task is to tilt the balance between these two opposing forces in favour of the therapeutic alliance. In the first breakthrough, the situation changes from the dominance of the resistance to the dominance of the unconscious therapeutic alliance; and in a major breakthrough, we have a major mobilization and dominance of the unconscious therapeutic alliance against the resistance. In an extended repeated unlocking, we have an optimal mobilization of the unconscious therapeutic alliance and, correspondingly, a major breakdown of the resistance.

Relationship between the Phases of Pressure and Challenge

The phase of pressure may contain passing moments of challenge, but systematic challenge is not begun until resistance has tangibly crystallized between therapist and patient, i.e. the patient is not merely trying to avoid his painful feelings—which no doubt he does all the time—but is specifically and repeatedly resisting the therapist's attempts to reach them in the interview situation. Not only must the resistance be challenged, but the patient's attention must be drawn to it and its nature clarified for him. This will have the maximum effect when the patient cannot avoid recognizing it. Therefore, the therapist maintains and increases his pressure, but withholds his challenge until he judges this point has been reached.

It is obvious that the challenge needs to be adapted to the particular type of defense that the patient is using, and there are various types of challenge. The following are some examples:

- *Pointing Out*; drawing attention, always implies calling in question
- *Countering*
- *Blocking*

Challenge needs a great deal of discussion and is best introduced by a series of examples.

Challenge to the Resistance Outside of the Transference

The therapist is focusing on the impulse:

TH: Did you feel that you wanted to physically lash out at him?

PT: I guess so.
TH: You say you 'guess'.

Here the therapist is pointing out and questioning the defense. Challenge creates a state of tension between the therapist and the patient. The fact that in this particular intervention the therapist makes no attempt to explain why he is questioning the word 'guess' is an example of speaking to the unconscious and creating a state of mystification for the patient's conscious. This serves to further increase the tension.

The following is another example:

TH: You had the idea that he might become sexually interested in you?
PT: Yeah, it was that, I guess.
TH: But you say you 'guess'.

It is important to emphasize the choice of words in the various forms of challenge: 'Do you notice'; 'Now you are moving to the position …'; 'Hanging it in the middle of nowhere'; 'Leave things in the state of limbo'; 'Is it like that always'; 'But you see'. All these phrases draw the patient's attention to the defenses and clarify them for the patient. But they do much more than this. They convey an atmosphere of considerable disrespect for the resistance.

Questioning, drawing attention and pointing out is the simplest form of challenge; to do no more than draw attention to the defense or to the fact that something is being avoided. Since this is always done in such a way as to call the defensive maneuvre in question, it is a more powerful form of challenge than might appear at first sight. In the latter part of this article, it will be seen to be an extraordinarily effective way for the therapist to counter certain defenses in the transference without allowing himself to be drawn into the battle of wills.

Further Example of Challenge to the Resistance Outside of the Transference

The Case of the Real Estate Lawyer

PT: Okay, I left very soon afterwards.
TH: You see, you are moving away from what you felt at that moment. (Questioning)

. . . . . .

PT: I tried to mask it, I tried to laugh about it in front of everybody.
TH: But, still, you are not saying how you felt. (Pointing Out)

. . . . . .

PT: I didn't feel sick. I guess maybe it was …
TH: But you are talking about what you did not feel. I am talking about what you did feel. (Pointing Out)

The Man with the Chewing Gum

I have already discussed this case in the Phase of Pressure. The patient's wife will not travel with him in connection with his work (which he needs her to do to prevent the onset of his phobic anxiety), because she is unwilling to leave their small daughter. He tries to rationalize his feeling:

PT: But what else can she do?
TH: But still you are not talking about your feeling when she says no.
PT: I might get a little upset.

The Tickling Woman

During the interview, she speaks of having had an abortion and she tries to control the waves of painful feeling. When this is pointed out, she moves to rationalization:

TH: You see, I feel there is an upsurge of some feeling in you right now and you are trying to push it aside. Am I right?
PT: Yeah, you are, but it is 'because' I am finding it hard to get onto exactly what it is, because ...
TH: But, still, you are right now fighting the feeling by talking.

Here, I will present a series of abbreviated examples, all containing the element of *calling in question* explicitly and *pointing out*.

Challenge in the Form of Pointing Out and Calling the Defense in Question

'I felt terrible is *just a sentence*'.
'You are *back again* to the issue of embarrassed'.
'You are *helpless* to tell me what your inner experience was'.
'Do you notice you are *totally incapable* of telling me how you felt?'
'Now you are *giving me a picture* that you cannot in fantasy imagine ...'
'You *move to the position* that it is difficult to remember'.
'How is your memory? *Do you have problems* with your memory?'
'So your memory *collapses* on you'.
'I am not sure it is that you don't remember but that somehow *you want to leave it in the middle of nowhere*'.

The above are a few examples of challenges involving pointing out and calling in question the defense of **not remembering**. The following are examples of challenge in the form of pointing out the defense of **vagueness**: 'Why don't you want to be specific?' 'I wonder if you notice that you repeatedly use the phrase: 'I don't know?'

Diversionary Tactic—the patient uses a diversionary tactic and the therapist challenges it by pointing out: 'Again you avoided my question'.
Generalization—the patient is using generalization and the therapist challenges by pointing out: 'But, you see, you are not specific'.

Hypothetical Idea—the following is challenge involving pointing out and calling in question the defense of a hypothetical idea: 'You say you were angry, you are talking in a hypothetical way'.
Rumination, Denial and Avoidance—the following are more examples of challenges involving pointing out and calling in question the defenses of rumination, denial and avoidance: 'Do you see you are using a mere sentence to describe a feeling?' (rumination), 'You are attempting to give me a picture that you were not curious about your mother's body' (denial); 'Still, you prefer not to declare that you were actually interested' (denial); 'You mean you are smiling for no reason'; 'You see you prefer to talk to avoid experiencing how you feel' (avoidance).

The Case of the Man with the Broken Fist

I have already presented this case in the paper on the Phase of Pressure. The therapist is focusing on the patient's feeling:

TH: So let's see, what is the way you feel?
PT: Inept.
TH: 'Inept' doesn't say how you feel, that is a word.

. . . . . .

TH: What type of the feeling that generates in you?
PT: Not being able to function.
TH: But that is not a feeling.
PT: Not functioning.
TH: It's not a feeling.

Countering Form of Challenge to the Resistance

This may take various forms. The therapist might ask the patient to make a decision, which is often used when a patient uses such defenses as indirect speech, vagueness and rumination. Another form of countering is 'tearing aside the defense'. Here the therapist makes explicit or asks the patient for an explicit statement of what the patient is avoiding. This form of challenge is often used against cover words, intellectualization and denial.

These forms of challenge are often used in sequence. As an example, the patient is describing his sex life: 'I guess', 'I suppose', 'it was satisfactory', and the therapist applies a countering form of challenge: 'Was it satisfactory or wasn't it?' The following are a few examples of countering form of challenge to the resistance:

The Case of the Salesman

A young married man suffered from a mild obsessional neurosis, from the extreme left of the spectrum of psychoneurotic disorders. He responded very well to the phase of inquiry and gave a very clear and lucid account of the evolution of his symptom neurosis.

In the following passage he uses cover words and rumination and the therapist is challenging it in the form of countering. The therapist is focusing on the Sister-in-Law:

PT: *Well, she is very pretty, and she has a big chest.*
TH: *You mean the breast? She is a large-breasted woman?*
PT: *Yeah, I think that is what ... I don't know ... I have always been sort of attracted to that.*
TH: *Would you say that was the part that attracted you the most?*

In another part of the interview, he uses rationalization and the therapist challenges in the form of countering, asking for an explicit statement. During the interview, the question was why the patient used to have fights with his younger brother:

PT: *He used to want to follow me around and I did not want that. He was too young.*
TH: *You mean that was the factor?*
PT: *Yeah, yeah.*
TH: *Was that the factor, or was it that he had become the favourite of your mother? Was there favouritism?*

The Case of the Hyperventilating Woman

This is a young married woman in her late twenties, suffering from chronic anxiety, performance anxiety, attacks of hyperventilation, major conflict in her marriage, characterological problems, the need to be used and abused, and inability to assert herself.

She uses rumination and the therapist challenges in the form of countering. The patient is speaking of her male teacher who appeared in a recurrent dream:

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

The Case of Henry IV Man

This patient suffered from character neurosis and was married, and what precipitated his coming into treatment was finding his wife having an affair with her teacher. The pseudonym, Henry IV, is his memory of his father smoking his pipe and having his dog next to him, and the patient referred to his father: 'He was like Henry IV'. The patient uses denial that his father had any interest in him.

He is speaking of a photograph of himself when he was small and sitting on his father's lap, but he tries to deny that this meant that his father had any specialist interest in him:

PT: *It might have just been a photographer who put me on his lap and maybe it was not representative of what he did all the time.*

TH: He had arranged a photographer to take a picture of you on his lap—this means some interest in you. He wants to have a picture of you.
PT: Oh yes, as a matter of fact he had a great interest in me.

In the following passage, the same patient uses the defenses of cover words and intellectualization. The therapist *challenges in the form of countering*, making it explicit. The patient had just described how his mother had had an affair with a friend of the family:

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

Challenge in the Form of Blocking

This form of challenge consists of brushing aside the patient's defensive maneuvre and bringing him back to the point. It is used with many different types of defenses, in particular diversionary tactics and various forms of intellectualizations. The following are a few examples.

The Case of the Chess Player

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

The focus is on his brother. He uses diversionary tactics and the therapist challenges it by blocking:

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

In another part of the interview with the same patient, he again uses diversionary tactics:

TH: What were your sister's and brother's reactions to your being your mother's favourite?
PT: Oh, of course they were jealous. My sister is a very sick person. She's still angry about the past—she's totally angry.
TH: Mm hmm.
PT: She's still living in ...
TH: So her relationship with you is a hostile one.

The therapist focuses on the hostility and the actual experience of rage towards the sister, but the patient wants to diversify to his brother which is blocked. In the same interview, he used the defense of generalization and the therapist challenges by blocking:

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

The Case of the Masochistic Woman with the Brutal Mother

When she entered into treatment, the patient was a thirty-two-year-old divorcee who suffered from chronic anxiety, performance anxiety, disturbances of interpersonal relationships, major problems with intimacy and closeness, self-defeating and self-sabotaging patterns, gravitating towards men who would use and abuse her, and masochistic character traits.

The therapist is focusing on the anxiety in the transference. She uses diversionary tactics to avoid the transference, and the therapist challenges in the form of blocking:

PT: What comes to my mind is that there are many things I'd like to understand about myself. Since I was a child I have been plagued by a certain type of dream which I feel is 'somewhat representative of my behavioral patterns'.
TH: You mean you have recurrent dreams?
PT: Uh hmm, and I think it's indicative of a certain split sometimes in the way I feel.
TH: And what you say is that those dreams reflect on some of your problems in life?
PT: Yes.
PT: Okay, let's stay with this anxiety for a moment.

The Case of the Man with the Broken Fist

This is a professional artist who suffered from disturbances of interpersonal relationships, chronic anxiety, major problems with intimacy and closeness, depressive episodes, being suicidal.

The focus of the session is on the anxiety in the transference. He uses diversionary tactics to move away from the transference, and the therapist challenges it by blocking:

TH: Anxiety has to do with me then?
PT: You personally? ... It is the interaction with whoever I am going to interact with today.
TH: So then obviously it is me.
PT: And tomorrow if it were somebody else ...
TH: Now you want to move away from your anxiety and feeling in relation to me.

In the same interview, the focus was on the nature of his difficulties, and he was not able to identify them. Then he wanted to diversify to his parents:

PT: The areas I am sure I might ... I say again I am sure, are my parents.
TH: Now you want me to move to your parents before you tell me the nature of your difficulties.

The Case of the Real Estate Lawyer

At the time of the initial interview, this patient was 37 years old, married, and suffering from long-term character neurosis. The precipitating factor that brought her to treatment was an incident in the office. Her boss had presented her with a gift box which he gave her in front of some thirty people working in her office. When she opened it, she found the replica of a penis with a note: 'A woman's best friend'. After this incident, she became symptomatic with anxiety, poor concentration, sleep disturbance, etc. During the trial therapy, she had smiled frequently and used generalizations.

The therapist's question is why the patient smiled. She uses generalization which the therapist challenges by blocking:

PT: Smiling usually indicates happiness, comfort ...
TH: I am talking about you, let's not get to the general.

In the same interview, she uses intellectualization which the therapist again challenges by blocking:

PT: Well, it has made an impact, otherwise 8 or 9 months later I would not still be ...
TH: No, let's not go after that. Let's see how you felt.

Later, she uses intellectualization and the use of 'If'.

PT: I guess if I had been male and someone had done this to me my reaction would have been ...
TH: Let's not to move to if you were male.

The Case of the Hyperventilating Woman

This patient has already been mentioned. She is describing a series of dreams that she has had at one time about her teacher:

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

In another part of the interview, she uses rationalization which is blocked:

PT: Well I felt angry but I wasn't sure that I was justified.
TH: No, let's not get into the intellectual aspect of it. Let's look at your feeling.

The Case of the Salesman

This case has already been mentioned. In this part of the interview, he uses rationalization with the use of 'because'. The question at issue is whether his mother showed favouritism toward his younger brother:

PT: He was the favourite because he was the youngest.
TH: Let's not get to 'because'.

This patient in the same interview uses rumination:

TH: Then obviously there was a wish on your part that you would not think of sex in terms of your parents.
PT: I might have been. I can't really ... It is ... I was thinking back to then, and it is hard to say.
TH: But that doesn't help us. We need to look at your thoughts.

Further Aspects of Challenge Outside of the Transference

Element of Drawing Attention to the Defense

In the following example, both the challenge and the element of drawing attention to the defense are made stronger by the words 'you see'.

PT: ... So I guess I was annoyed with my mother because even though ...
TH: But you see you are using the word 'guess'.

The challenge can also be strengthened by the use of a rhetorical question:

TH: Then you were angry.
PT: Yes, I guess I was.
TH: Why do you say you 'guess'?

The Case of the Cement Mixer

This was a married man suffering from character neurosis; obsessional neurosis and characterological disturbances, who entered into the interview with anxiety. The following passage is from one of the psychotherapy sessions; drawing attention to the defense.

TH: You are anxious right now.
PT: I guess I had rage with me. I guess on the way to here.
TH: Why do you say you 'guess?' ... and it is not clear you are talking about rage or murderous feeling? ... We know from the previous sessions, underneath the anger is murderous feelings.
PT: Probably ... it's very difficult to come and sit here and say I have murderous feelings towards my wife.
TH: Why do you say 'probably'?

A further example:

TH: Were you jealous of her?

PT: I guess so.
TH: Why do you say you 'guess'?

. . . . . .

PT: I might get a little upset.
TH: You 'might'? You prefer not to be definite.

In the following three examples the therapist uses a number of different types of challenge. In addition to some of those already encountered, the therapist asks for a direct answer as a counter to vagueness. In each example, as the resistance crystallizes more strongly, the therapist escalates his challenge in a systematic way.

The Tickling Woman

PT: If I weren't married I would probably have gone out with him.
TH: But you say 'probably'.
PT: Well, I would have most likely, I can't see why not. I can't see any reason why I wouldn't.
TH: Do you notice that when you are talking about any issue you are using all kinds of sentences, which indicates that you don't want to commit yourself? Do you notice that?

The Real Estate Lawyer

This case was described earlier, and the following passage is from the same interview:

PT: I probably was angry but I . . .
TH: Now you say 'probably' you were angry.
PT: Well I am sure I must have been angry. I mean, you know, like . . .
TH: Now you are moving to the position that you 'must have been' angry, as if you are not sure.

. . . . . .

TH: But you see first you say you must have been angry, which is not committing yourself. Were you angry or weren't you angry?
PT: I probably was.
TH: 'Probably' again is hanging it in the middle of nowhere.

The Importance of Drawing the Patient's Attention to the Defense

In reviewing these challenges, it is important to note the choice of the words: 'Do you notice . . .?' 'Now you are moving to the position . . .'; 'Hanging it in the middle of nowhere'; 'Leaving it in the state of limbo'; 'Is it like that always?' 'Now you move to a silent position'; 'You prefer to look to the opposite wall'; 'Do you notice that your face has no expression and you retreat to a board-like position?'

All these phrases draw the patient's attention to the defenses and the therapist systematically clarifies them and makes the patient acquainted with them. But it is

extremely important to take into consideration that they do much more than this. They convey an atmosphere of considerable disrespect for them. I have already mentioned that one of the essential ingredients of the therapist's attitude in both techniques—Intensive Short-Term Dynamic Psychotherapy and the new form of Short-Term Psychoanalysis—is that, while maintaining the greatest sympathy and respect for the patient, the therapist has neither sympathy nor respect for the patient's defenses that have warped his character. The patient must come to realize that these defenses, the resistance, are in fact devastatingly counter-productive; both emotionally and intellectually they have to see the destructive organization of the resistance and its devastating impact on their life. Obviously, they have to have a direct experience of the pathogenic organization within their unconscious which is responsible for the patient's symptoms and character disturbances.

Fundamental Rules: Technical and Metapsychological Knowledge

Here I formulate very briefly a number of the rules and some of the important technical and metapsychological knowledge:

(1) The therapist must be well acquainted with the nature of the resistance; major resistance and tactical organization of the major resistance.
(2) He must have extensive metapsychological knowledge about the unconscious defensive organization; obsessional defenses, spectrum of regressive defenses as well as primitive system of defense.
(3) Once the phase of challenge has begun, it is absolutely essential for the therapist to challenge and pressure each defense as it is mobilized to the front line of the psychotherapeutic process. This rapid challenge and pressure to the resistance is essential to mount the tension until the final breakthrough into the unconscious takes place. If he does not do this, the tension subsides and will never reach the threshold to achieve the direct access to the unconscious
(4) The therapist knows that a high rise in the transference feelings, the intensification of the transference component of the resistance, is the central triggering factor in breakthrough into the unconscious.
(5) The threshold to achieve the direct access to the unconscious always correlates with the degree of mobilization and intensification of the transference component of the resistance and the direct experience of the transference feelings. But this threshold can be of moderate degree, which results in partial direct access to the unconscious; it might be of a high degree, which results in the spectrum of major direct access to the unconscious; the threshold might be achieved at an optimum mobilization which creates extended and rapid direct access to the unconscious. Optimum mobilization has a central and key position in the new form of Short-Term Psychoanalysis.
(6) Direct access to the unconscious and unconscious therapeutic alliance. The whole descriptive term of unlocking of the unconscious refers to the dominance of the resistance by the unconscious therapeutic alliance and, as I have already mentioned, the first breakthrough refers to the first dominance of the resistance by the unconscious therapeutic alliance; in major unlocking of the unconscious, we have a major dominance of the resistance by the unconscious therapeutic alliance; in optimum mobilization of unconscious therapeutic alliance, there is a total breakdown of the resistance.

(7) The therapist must not give up. He must be prepared to continue with his systematic work until he achieves breakthrough in the first session and then for session after session.
(8) I would like to emphasize that I am not at all suggesting that every therapist who is working with the technique must use exactly the same form of words and phrases in the application of the phase of challenge. But as long as the therapist understands in depth the technical and metapsychological roots of the technique, he should be able to apply it with his own personality and style.
(9) If we carefully review the examples of challenge given so far, it is possible to conceptualize challenge as follows: making a challenge consists of pointing out, questioning, countering or blocking a defense in such a way as to convey an attitude of scant respect for it.

Further Aspects of Challenge to the Resistance

Speaking to the Therapeutic Alliance

Until a major breakthrough has been achieved, the two opposite parts of the patient, the resistance and the therapeutic alliance are always in operation at the same time. It is obvious that this balance depends on where the patient is located within the spectrum of resistance. In highly resistant complex patients, those who are severely traumatized in the very early phase of their life, as well as in subsequent years, the resistance has a very strong hold. But, at the same time, it is the function of the technique and the therapist's task to mobilize the therapeutic alliance, first conscious and then unconscious, and tilt the balance between these two opposing forces in favour of the therapeutic alliance. The final breakthrough is a dominance of the resistance by the unconscious therapeutic alliance.

It is important to note that no matter how strongly the therapist is focusing on the resistance, any intervention that he makes will inevitably contain at least some kind of the implied message to the therapeutic alliance. It is also possible for the therapist to speak to the therapeutic alliance more directly. It tends to be used in its most direct form in the later stages of an interview, when the unconscious therapeutic alliance has been partly mobilized, but the major resistance is far from being at an end. I will further discuss this in a future forthcoming publication on head-on collision with the resistance.

A close examination of many examples of challenge will reveal the presence of this element. For example, in the words 'you see', or 'do you notice' the therapeutic alliance is addressed directly. In these examples, the emphasis was on pointing out or questioning the defense, but when the therapist includes an element of addressing the therapeutic alliance, he usually also points out what is being avoided, and the challenge may consist of little more than this. Here I give two examples.

The Real Estate Lawyer

In this passage from the same interview, the defense that she uses is somatization and the therapist's focus is on the inner experience of anger:

TH: ... Your face is red, your ears are red, your stomach goes flip-flop, but still we don't know what your inner experience was.

The following passage is from the same interview. The defense she uses consists of negative statement, thinking not feeling:

PT: *I did not feel sick to my stomach. I did not feel angry. I just felt very embarrassed.*
TH: *But, you see it's not absolutely clear how you felt. You say you did not feel angry, you did not feel sick to your stomach.*
PT: *I was curious as to who had done it because at that point I was very shocked.*
TH: *It is not clear how you felt. Do you see we are having difficulty to see how you felt?*

The Case of Henry IV Man

In the following passage of the same interview from the Henry IV Man, the therapist points out both the defense and what is being avoided; avoidance, denial. The patient is referring to his having failed to take note of the signs that his wife was having an affair:

PT: *I must say I was very naive even though I ...*
TH: *Let's not get into this. You see, now you prefer to use the word 'naive' as a way not to look at some of these problems.*
PT: *Yes.*
TH: *Because if you put in terms of being 'naive', then we are going to dismiss some of the very essential issues. Isn't that so?*
PT: *Yes, that's right.*

In all these examples, the element of addressing the therapeutic alliance is reinforced by the words 'we' and 'us' which emphasizes that the relationship between the patient and the therapist is a partnership. When much of the patient is identified with his resistance, the result is a heightening of tension within him.

Challenge to the Resistance in the Transference

When a patient enters into the interview in a state of resistance in the transference, the phase of inquiry is kept at bay, and the process moves to the phase of challenge and pressure to the resistance in the transference. Similarly, when a patient enters into the interview with anxiety which has transference implications, again the phase of inquiry is kept at bay and the process moves to the phase of pressure for further crystallization of the resistance in the transference, and then to the phase of challenge to the resistance. And, obviously, there are many patients for whom the transference is not the issue in the very early phase of the interview. Rapidly, or gradually, the transference becomes a central issue and the therapist must be on the look out for when the patient's transference feelings are becoming an issue and he makes an intervention designed to bring them into the open. The intervention might consist of asking the question 'How do you feel right now?' or after describing a pattern in some outside relationship, of drawing attention to the parallel with the transference by asking, 'How about here with me?' The initial

response to such an intervention is almost invariably resistance. In the cases that I have presented so far, the Salesman avoids answering the question altogether; the Chess Player responded with intellectualization when the therapist focused on the transference, 'That is something very much understood'; the Real Estate Lawyer used denial, 'For no reason at all I am smiling'; the Man with the Chewing Gum used both indirect speech and cover words, 'One doesn't like to be told'; the Hyperventilating Woman gave an apparently relevant response which did not actually answer the question, 'I used to be very definite'; and the Praying Mantis maintained her resistance of stubbornness.

The therapist's immediate response to these manifestations of resistance included the following: pointing out and blocking, 'Now you are going into the intellectual issue'; 'You mean you are smiling here with me for no reason?' pointing out the avoidance to the Chewing Gum Man, 'Still you haven't said how you feel'; to the Hyperventilating Woman; 'But do you notice you are indefinite with me?' Thus, many of the patient's defenses are identical to those used in non-transference situations, and these are handled by the therapist with exactly the same kind of challenge. Here, I illustrate further by the following more extended example of a patient from the left side of the spectrum of resistance:

The Case of the Manageress

A young woman suffering from character neurosis; symptoms and character disturbances; disturbances in interpersonal relationships; conflict over intimacy and closeness. All her relationships with men end up in disappointment; she suffered from anxiety; longstanding conflict with her mother; episodes of verbal lashing out, particularly in relation to her mother. In the following passage, the patient has feelings in the transference that the therapist is going too fast:

TH: And how do you feel about me going fast?
PT: Well, I'd like you to go just a little slower, that is all.
TH: But that doesn't say how you feel.
PT: Well I don't know how I feel, I haven't thought about how I feel.
TH: But again you move to this position of 'I don't know'.
PT: Well, I don't.
TH: You see, one of the things we see here is repeatedly 'I don't know', which is a helpless position.

In some cases, particularly on the left side of the spectrum of resistance, a single sustained period of challenge to the transference resistance leads to the first breakthrough.

The Chewing Gum Man

As already discussed, there was mobilization of the resistance in the transference and the patient became tense and immobile when the therapist brought to his attention the secondary gain in his symptoms:

TH: How do you feel right now? Have you noticed that you have become much more slow and passive?

PT: No, I don't think so.
TH: Still you haven't said how you feel when I pointed out to you that without your boss and your wife you are helpless.
PT: Yeah ... mm hmm. One doesn't like to be told that one is so dependent.
TH: But still you are not talking about the way you feel.
PT: Perhaps somewhat annoyed.
TH: But still it is 'perhaps'.
PT: Yeah, I was annoyed ... because the idea was that I was like a child.

Further Example of Challenge to the Resistance with Transference

The Hyperventilating Woman

As described above, the patient had suffered an attack of hyperventilation after a phone conversation with her sister. After some pressure and challenge, she admitted that her sister had made her angry. The therapist proceeded to the question: 'How do you experience your anger?' to which she answered, 'cried' and became tearful in the interview itself. This was the therapist's cue to open up the transference. This mobilized a series of defenses, each of which was challenged as it appeared:

TH: So you are holding onto your feeling right now, hmm? Now how did you feel when I repeatedly say you use the words 'guess so', or that you don't commit yourself?

The patient attempts diversionary tactics:

PT: Well I used to be very definite, over-definite.

The therapist blocks this, bringing her back to the transference:

TH: But do you notice that you are indefinite with me?
PT: Yes, I do.
TH: How did you feel when I insisted on this issue? You are smiling.
PT: Well ...
TH: Hmm?
PT: I find you very aggressive.

The therapist challenges the patient's perception:

TH: What is it about me that is very aggressive? Because I tell you that you are leaving things in the state of limbo, guess so, hmm? That makes me aggressive, hmm?
PT: No, it is your tone of voice.
TH: But how did you feel?

Once more, the patient resorts to diversionary tactics:

PT: (Giggling) I guess I wasn't prepared for that.

The therapist points out the avoidance:

TH: You did not say how you felt towards me. Still you are avoiding how you felt toward me.

She uses a diluted, watered-down phrase:

PT: (Giggling again) Okay I didn't like it.
TH: 'Didn't like it' means what?

She digs in her heels:

PT: I didn't like it, that's all.

The therapist presses her further:

TH: How did you feel when you say you did not like it? You dislike it, Okay? Did it irritate you? Did you get irritated with me?

Now the patient uses denial followed by rationalization:

PT: No, not really. I know that you have a method.

The therapist blocks this diversionary tactic:

TH: No, let's not get into rationalization about my method or this and that. Did you feel irritated for a moment with me?
PT: (She starts to giggle again)
TH: You are smiling.
PT: I'm going to answer 'I guess so' again, Okay, yes.
TH: You felt irritated? You felt angry?

She resorts to denial again:

PT: Not angry.

This denial of a stronger word, anger, acknowledges the weaker one by implication, namely irritation:

TH: Irritated, hmm? And what did you do with your irritation?
PT: I tried to calm myself and not to think of it, you know.
TH: But you are irritated?
PT: I tried to rationalize why.
TH: You started smiling and trying to rationalize, hmm?
PT: Yes.

The therapist calls the defense in question:

TH: Why? Why do you have to cover up your irritation with me?
PT: Because that is how I am with everybody.

Suddenly the patient begins to talk much more spontaneously:

TH: This is the way you are in every situation, you try to cover up your real feelings?
PT: I did not think about that myself before, but it is true, people always said that about me. 'I can't ever imagine Janet being angry', and they would

say that to me. And I would say, 'Why do you say things like that? I could be angry'. She said no you couldn't. You can't say no and you can't be angry, because I always smile ...

It is highly significant that in the above passage, the patient has completely abandoned the diluted word 'irritated' in favour of the word 'angry', and it is also clear that she is able to see the connection between her defense of smiling and the feeling of anger. But it should also be taken into consideration that anger by itself, here, is a tactical defensive maneuvre against underlying murderous rage and guilt. The therapist continues:

TH: So there are two things about you, hmm? One is that you cannot say no, hmm? You smile when I say that. The other one is that you cannot get angry, and have you noticed that when you talk about anger you prefer the word irritation? Do you notice that?
PT: Yes.
TH: Because finally you come to say that you felt irritated with me. In a sense it is easier than to announce that you are angry with me, hmm?
PT: Well, no, I don't get angry ever.
TH: Let's face it, you were irritated with me, weren't you? And you tried to cover it up, hmm? But then you said this is a pattern in many other relationships, hmm? Okay, going back to yesterday, how do you feel right now?

This leads to the first breakthrough as the patient, in a further outburst of spontaneous feeling, reveals the real reason why the phone conversation had made her so angry.

Further Example of Challenge to the Resistance with Transference

The Case of Butch

A young married man in his mid-twenties suffered from diffuse symptom disturbances and characterological problems. He entered the initial interview with some mobilization of the transference feelings and the process moved to the phase of pressure and rapidly to the phase of pressure and challenge, which resulted in further mobilization of the transference feelings and intensification of the resistance in the transference in the very early part of the interview.

The following passage is from the phase of challenge:

TH: That is another problem you have. Have you ever considered that you might be a stubborn person as well?

Pointing out, calling in question the stubbornness.

PT: No, I've never considered it.

The patient uses denial and the therapist challenges it:

TH: Hm hm, could we look to that?
PT: I think everyone is slightly stubborn.

The patient wants to resort to intellectualization and generalization, and the therapist challenges by blocking the defenses:

TH: Let's not get to everybody, we are talking about you. Because the focus is you here.
PT: Okay.
TH: Are you a stubborn and defiant type of the person?
PT: Yeah.

The therapist challenges the defenses and underlines the transference implication of these defenses:

TH: That in a sense something like this, now he is going to be after my feeling I am going to take a stubborn, defiant, cut-off position with him. Do you see what I mean?
PT: Yeah, I see what you mean.
TH: Now that he focuses on my feeling, I am going to fight him by being stubborn, by taking a defiant position.

Systematic challenge to the resistance shortly follows by head-on collision and the breakthrough into the unconscious, direct access into the murderous rage and guilt and grief-laden unconscious feelings.

Challenge to Transference Resistance

There are patients that enter into the interview with anxiety in the transference and some degree of resistance in the transference. In a research setting which depends heavily on closed-circuit live interviews, the procedure might stir up certain feelings in the patient. The patient is being seen either by two independent evaluators or by a psychiatrist-in-training and then by the supervisor. The first evaluator might indicate to the patient that he will be seen in one to three weeks by Dr. ——. But the patient, due to certain unfortunate circumstances (every effort should be made to avoid such unforeseen circumstances), might end up being seen in 2–3 months which mobilizes feelings in the patient, and when he enters into the interview he has anxiety and feelings about being kept waiting. In such circumstances, the phase of inquiry is kept at bay and the therapist focuses on the patient's feelings. The phase of pressure is always short and moves rapidly to the phase of challenge to the resistance in the transference.

Here I want to emphasize that the psychotherapeutic services must avoid any unfortunate circumstances. In the above, we are talking about a patient being kept on the waiting list two to three months in a research setting. But this should not be confused with manipulation of the transference. It should be emphasized that under no circumstances should the therapist manipulate the transference. Manipulation of the transference should be considered unethical and from the technical and metapsychological points of view would have a major negative impact on the process which heavily emphasizes and depends on the mobilization of the unconscious therapeutic alliance against the resistance.

Now I return to the issue of challenge to the resistance in the transference.

The Case of the Masochistic Engineer

When he entered into treatment, the patient was in his early forties and suffered from chronic anxiety, sexual problems, episodes of clinical depression, major problems in his marriage for which he and his wife have been in long-term treatment, with no change. He has characterological problems shifting from passivity and compliance to stubbornness and defiance, resorting to regressive defense of explosive discharge of the affect. He had been seen by a psychiatrist in training who had told him that he would be seen in a few weeks. He ended up being on the waiting list for 3 months.

The therapist might simply explain the situation and apologize, but obviously this is in no way going to help the patient's feeling. The session starts with the phase of inquiry, asking for the nature of his difficulties that he wants to get help for. He is anxious but wants to talk about his wife. The therapist immediately focuses on his anxiety which has a strong transference implication.

For the sake of brevity, the dialogue has been shortened and paraphrased in places, but nothing important has been omitted.

TH: He specifically told you three weeks? And then you have been three months waiting?
PT: Yeah.

. . . . . .

Pressure Toward the Feeling

TH: Let's see how you felt about that?
PT: I was annoyed, quite frankly.
TH: Annoyed?
PT: Annoyed. I mean I said to myself.
TH: You mean you were annoyed and that is past or you are annoyed?
PT: No, I was annoyed at that time.
TH: Not anymore, you mean?
PT: Uh, no, when I called back and you know there was an immediate kind of the reply.
TH: So what you say is this: you were annoyed but you are not annoyed anymore. That is the case you mean?

The above passage shows the application of the phase of pressure to further mobilize the patient's transference feelings and to further mobilize and crystallize the patient's character defenses in the transference. This results in further rise in anxiety and mobilizes a set of defenses. The phase of pressure continues. The discharge pattern of the anxiety is in the form of tension in the striated muscles. There is clenching of the hands and sighing respiration.

Pressure and Challenge

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

At this very initial stage, resistance is in the transference. The process enters into the phase of pressure and challenge. As the patient's resistance is crystallized in the transference, the therapist now can systematically challenge the resistance. In the following passage, the therapist is pointing out and questioning the defense, which he follows by pressure toward the feeling:

PT: *Well in my ... in my mind I said uh you know stupid bloody doctors.*
TH: *'Stupid bloody doctors' is again a sentence, but what was the way you experienced this?*
PT: *Oh I didn't show any outward uh yeh I felt uh ... uh ... well like you feel annoyed, I don't ...*
TH: *How did you experience this annoyance? In terms of thoughts, was stupid bloody doctors ... but then you also make it plural, doctors.*

.....

In the above passage there is pressure for the actual experience of the feeling and systematic challenge to the resistance.

Further Challenge and Pressure

TH: *Now you become silent again.*
PT: *Yeh but I'm trying to remember. I'm trying to remember, I mean I'm ...*
TH: *How you felt you mean.*
PT: *Exactly what ...*
TH: *The sentence you can remember but the other part of it you don't remember.*
PT: *No because you see ...*
TH: *Let's to look at it. Why? Why the sentence can be remembered but not the other part?*

In the above passage, at one level the therapist exerts pressure but, concomitantly, he challenges the resistance of not remembering. The patient has frequent sighs and we see a further rise in the transference feelings. Shortly, he moves to the diversionary tactic of being confused. The diversionary tactic is blocked:

PT: *I am a little confused because.*
TH: *Now you move to the confusion. Still we don't know how you experience your annoyance.*

The phase of pressure and challenge in the transference should systematically continue which finally would lead to the breakthrough of the transference feelings; direct experience of the murderous rage; mobilization of the unconscious therapeutic alliance; partial or major dominance of the resistance by the unconscious therapeutic alliance.

There are patients that enter into the interview and their characterological defenses immediately become a major resistance in the transference. The following is an example of a resistant patient on the right side of the spectrum of the resistance.

The Case of the German Architect

When the patient was first seen, he was in his thirties, suffered from major characterological problems, disturbances in interpersonal relationships, major problems with emotional closeness and long-standing conflict with his family. The therapist does not know anything about the patient. The setting of the interview is teaching and research; closed-circuit live interview. This case has been discussed in other publications.

The following passage is from the initial contact:

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

. . . . . .

The phase of inquiry is not possible. The process enters to the phase of pressure.

Probing for Feeling, Increased Resistance

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

The following passage shows the phase of pressure which has elements of challenge as the resistance rapidly has become crystallized in the transference:

TH: What does that mean?
PT: Ah, another approach.
TH: Uh hmm.
PT: Umm.
TH: Another approach to what?
PT: To explaining maybe why I'm here.

. . . . . .

Challenge to the Resistance

The following passage shows the phase of challenge to the patient's resistance:

PT: Yes, I know but I am vague. I mean I'm 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 wouldn't have a clear picture of what seems to be the problem.
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. Now, that is the first step.
PT: Well, of course, if, maybe if I knew what the difficulty was I wouldn't be here.
TH: Yeah, you see again you move to this, maybe ...
PT: Yeah.
TH: ... in other words again, limbo state.

There is further intensification of the resistance in the transference, and the process enters the phase of head-on collision with the transference resistance.

Summary and Conclusion

In this article, I primarily focused on the application of the phase of challenge in the process of direct and rapid access to the unconscious. Here I summarize the key points that were discussed:

(1) I indicated that challenge is the key intervention in both the technique of Intensive Short-Term Dynamic Psychotherapy as well as in the new form of Short-Term Psychoanalysis, and it lies on a spectrum from relatively mild to exceedingly powerful, culminating in head-on collision.
(2) I emphasized and pointed out that one of the essential ingredients of the therapist's attitude is that, while he maintains the greatest respect and sympathy for the patient, he has neither sympathy nor respect for the patient's resistance, and conveys an atmosphere of considerable disrespect for the resistance.
(3) The relation between the phase of pressure and challenge was discussed. There it was emphasized that the phase of pressure may contain passing moments of challenge, but systematic challenge should start when the resistance has tangibly crystallized between therapist and patient. When the resistance is mobilized, whether after a period of pressure or at once, there usually follows a period of intensification of resistance. I emphasized that the resistance needs to be crystallized to the point at which it can be challenged meaningfully and effectively.
(4) Challenge consists of pointing out, questioning, countering or blocking a defense in such a way as to convey an attitude of scant respect for it.
(5) Some of the most important forms of challenge were presented and discussed systematically by the presentation of segments of interviews with a number of patients.

(6) Challenge to the resistance outside of the transference as well as challenge to the resistance in the transference were discussed by presenting vignettes from a number of interviews.
(7) I then presented a brief summary of the fundamental principles as they apply both to the technique of Intensive Short-Term Dynamic Psychotherapy as well as to the new form of Short-Term Psychoanalysis. There I emphasized that the therapist must have extensive technical and metapsychological knowledge of the technique. Systematic challenge should start after crystallization of the resistance in the transference, and rapid challenge and pressure to the resistance is essential to mount the tension until the final breakthrough into the unconscious takes place.
(8) The triple factors of resistance, transference and unconscious therapeutic alliance were discussed; it was pointed out that the first breakthrough is defined as the first dominance of the resistance by the unconscious therapeutic alliance. The technique of direct access to the unconscious was briefly discussed, and it was pointed out that in partial and major unlocking, we have partial or major dominance of the resistance by the unconscious therapeutic alliance, which applies to the technique of Intensive Short-Term Dynamic Psychotherapy. In the technique of extended, repeated major unlocking, we have optimum mobilization of the unconscious therapeutic alliance, and there I pointed out that this specific technique is central to the new form of Short-Term Psychoanalysis which allows for extensive, in-depth systematic investigation of the unconscious, with the aim of bringing extensive multidimensional structural character changes.
(9) Finally, I emphasized that I am not proposing that every psychotherapist who is working with the technique must use exactly the same form of words and phrases in the application of the phase of challenge, but he must understand, in-depth, the technical and metapsychological roots of the technique and apply it with his own personality and character style.

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