

*Handbook of Short-term Psychotherapy*

**Choosing a Dynamic Focus**

**Some Common**

**Dynamic Themes**

**Lewis R. Wolberg**

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## **B. Some Common Dynamic Themes**

**Lewis R. Wolberg, M.D.**

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## Choosing a Dynamic Focus

### B. Some Common Dynamic Themes

By their effect on the personality structure the developmental vicissitudes set forth in the last chapter are responsible for a host of symptoms, coping mechanisms, and defenses that provide many dynamic themes on which we may focus. Because it is difficult for some patients to conceptualize these themes, it may be expedient to simplify personality operations and distortions by picturing them as products of the operation of five powerful motors: excessive dependency, resentment, reduced independence, devalued self-image, and detachment.

#### **Dependency**

Often at the core of problems is the first motor, *excessive dependency needs*, that had not been adequately resolved in childhood. A healthy balance between dependency and independence is essential for emotional well-being. Where it does not exist, problems ensue. Most likely the average person's childhood yearnings for nurture and affection were not optimally met, leaving a residue of unmet needs that tend to express themselves intensely when the pressures of life mount. Or dependency was pathologically encouraged by a mother who utilized the child as a vehicle for her own unfulfilled demands, hampering the child's growth and strivings for independence. *Unresolved dependency is a ubiquitous fountain-head of troubles. It stems from what is perhaps the most common conflict burdening human kind—inadequate separation-inpiduation.* And people are apt to blame their troubles on the world: the revolt of youth, governmental corruption, inflation, communism, capitalism, or the atom bomb. Most people, however, somehow muddle through, working out their troubles in one way or another. It is only where separation-inpiduation is too incomplete and dependency needs too intense that solutions will not be found.

People with powerful dependency needs will often cast about for individuals who demonstrate stronger qualities than they themselves possess. When a swimmer tires, he looks about for something or someone on whom to lean or with which to grapple. A dependent person can be likened to a tired

swimmer, and he<sup>1</sup> wants to find someone or something who can do for him what he feels he cannot do for himself. What he generally looks for is a *perfect* parent, an ideal that exists only in his own fancy. Actually, there are no perfect parental figures who are able or willing to mother or father another adult. So our dependent person is continually being frustrated because his hopes and expectations are not met by someone else. A man who weds expecting an all-giving mother figure for a wife is bound to be disappointed. Further, if he does find a person who fits in with his design and who treats him like a helpless individual, he will begin to feel that he is being swallowed up, that he is losing his individuality, that he is trapped. Consequently, he will want to escape from the relationship. Also, as he senses his dependency, he will feel that he is being passive like a child. And this is frightening because he knows that he is not being manly; he may actually have homosexual doubts and fears since masculinity is associated with activity and independence.

We will call his first maneuver his *dependency motor*, which begins to operate especially at times when he is under pressure. As he searches for the element missing in his psychological diet, namely a parental figure, he will most assuredly be disillusioned. Women are no less victimized by dependency than are men. And their reactions are quite similar in that they are apt to regard both males and females on whom they get dependent as potential nurturing mother figures. They are also no less subject to the consequences of the other motors that we shall describe.

## **Resentment**

A second motor that inevitably accompanies the first is the *resentment motor*. Resentment invariably fires off because either one must find a perfect parent who will take care of him or he feels trapped when someone does take care of him and he senses his own passivity and helplessness. Resentment breeds guilt because people just are not supposed to be hateful. Even guilt does not always keep the hostility hidden. Sometimes when our man has had too much to drink or when he is very frustrated about something, his hate feelings leak or pour out. That in itself can be terribly upsetting because he may fear he is getting out of control; or the mere awareness of his inner angry condition can make him despise himself. Sadism and sadistic behavior may be directed at the object of his dependency who he believes is trapping him or who fails to live up to expectations. It may be drained off on scapegoats: blacks, Chicanos, Jews, Communists, capitalists, and so on. Self-hate complicates his existence because it sponsors tension

and depression. Hatred directed outward and then turned in results in masochism, in the form of major and minor self-punishments. These may range from fouling up a business deal to inability to accept success, to dangerous accident proneness, to physical illness, to foolish, outrageous, or embarrassing behavior.

### **Low Independence**

Now our man has two motors going most of the time when under pressure: the dependency motor and the resentment motor, with accompanying kickbacks of guilt and masochism. The picture is not complete, however, without a third motor, *low independence*, which is an invariable counterpart of high dependence. Low independence is a feeling that one cannot gain, by his own reason or strength, the desirable prizes of our culture—whether they be love and justice or wine, women, and song. A spinoff of low independence is a feeling of inferiority, a lack of proficiency on achieving desirable goals. Part and parcel of inferiority feelings is the uncertainty about being manly and masculine. Self-doubts about one's sexual integrity are torturous; the usual sequel is to try to compensate by being the quintessence of everything masculine: overly aggressive, overly competitive, and overly dominating. Proving himself with women may lead to satyriasis and Don Juanism. Our man may have fantasies and images in his mind of strong men (often symbolized by their possessing large penises) and may be particularly attracted to them because of their strength. But his awareness of how much he thinks about men may cause him to wonder if he is homosexual and to fear the very things that he admires. He may actually on occasion be sexually attracted to idealized male figures, and he may fantasize incorporating their penises into himself.

Interestingly, low-independence feelings in women lead to the same self-doubt and compensations as in men. Such women will try to repair the fancied damage to themselves by acquiring and acting as if they have the symbols of masculinity (e.g., by swaggering and wearing male apparel) that in our culture are equated with independence. They will compete with and try to vanquish and even figuratively castrate males. In its exaggerated form, they will act toward other females as if they themselves are males, dominating and homosexually seducing them.

## Devalued Self-image

By now in our illustration we have a fully operating fourth motor, *a devalued self-image*. With the constant reverberating of his first three motors, our man is now feeling spiteful toward himself. He feels he is miserably incompetent, undesirable, and unworthy. Everywhere he sees evidence of his insignificance: he is not tall enough, he has developed a paunch, women do not seem to pay attention to him, his hair is thinning, his job is not outstanding; his car, his house, his wife— nothing is perfect. He may even think his penis is of inadequate proportions. He feels like a damaged person. These feelings torment him, and he vows to prove that he is not as devalued as he feels. He commits himself to the task of being all-powerful, ambitious, perfect so as to repair his devalued self-image. Then he imagines he can surely respect himself. If he can live without a single misstep, all will be well. He tries to boost himself on his own to the point where others will have to approve of him. He may only daydream all this, or he may, if events are fortuitous, accomplish many of his overcompensatory goals.

If he climbs high, he will most likely resent those below who now lean on him and make demands on him. To those who exhibit weakness, he will show his anger. While he may be able to be giving on his own terms, an unexpected appeal from someone else will be regarded as a vulgar imposition. He actually wants for himself someone on whom to lean and be dependent. However, giving in to such a desire speeds up all his motors and makes him feel even worse. He pursues just the reverse course from his original dependency drive; he competes with any strong figure on whom he might want to lean. He shows the pseudoindependence reminiscent of the adolescent who disagrees on principle with whatever his parents say. And he may compensate for his devalued self-image by exploiting all the cultural symbols of being a worthy person, such as being perfectionistic, compulsively ambitious, and power driven. These compensatory drives may preoccupy him mercilessly, and he may organize his life around them. One failure means more to him than twenty successes, since it is an affirmation of his lowly status.

These difficulties are compounded by the way they interact with our man's sexual needs. When one's dependency needs are being gratified, there is often a pervasive feeling of well-being that floods one's whole body. Upon awakening following surgery, for example, the confident, smiling face of a nurse can suffuse a man with grateful, loving feelings, at least part of which may be sexual. The sexual feeling is



not that of adult male to adult female but rather that of a helpless child toward a warm mother. Such a feeling is tantamount to an incestuous surge and may bring with it great conflict and guilt. Should this dependency be the nature of a husband's continuing relationship to his wife, he may be unable to function sexually with her since he is virtually involved in a mother-son relationship. On the other hand, if the nurturing figure is a man, homosexual fears and feelings may arise with equations of the host's penis with a nipple. For women the dependency situation does just the reverse. A nurturing mother figure calls up in her fears and feelings of homosexuality which may or may not be acted out in passive homosexuality with yearnings for the breast. Moreover, low feelings of independence may, as has been indicated, inspire ideas of defective masculinity in males with impulses to identify with muscle men. Fantasies of homosexuality or direct acting-out of homosexual impulses may follow. In women feelings of defective independence may inspire a rejection of the feminine role and fantasies of possessing a penis, the symbol in our culture of power and independence. Sadism and masochism may also be acted out in sexual activities in both men and women.

The reverberating of all these machines calls for strenuous efforts on the part of our subject. It all began with the dependency motor, which then activated the resentment motor (together with its components of aggression, guilt and masochism). This threw into gear the third motor of low independence, which in turn fueled the fourth motor of self-devaluation with its overcompensations and sexualizations.

## **Detachment**

Where can a man turn next to gain some sense of composure? He often turns to the fifth motor, *detachment*. Detachment is an attempt at escaping from life's messy problems. Our man by now is fed up with the rat race and wants to get out. He says, "No more committees, no more parties, no more responsibilities, no more extras of any kind, no more involvement with people." He wants an island fortress, or at least a castle with a moat around it, and he would pull up the drawbridge and say no to everything and everyone. He is sure that this is the solution; he decides not to become rich and famous.

But it does not work. People need people. Life is not satisfying alone. Our man finds loneliness to be a worse state than what he was enduring before. He realizes that people constitute one of life's richest

gratifications. So, he plunges in again. By now his first motor of dependency is really driving him. And if he is desperate enough, he may attach himself all over again to a figure who holds out some promise of being the perfect parent. Then the neurotic cycle is on its way again. The fifth motor of detachment has again revived the first, second, third, and fourth motors.

These drives, these five motors, are never entirely quiescent. In the average person there is invariably some fuel to keep them going. There is no one whose dependency needs were perfectly met early in life. This hunger lives on, and with this hunger, the mechanism of dependency is continually operative. In our culture, in this generation, the unmet dependency needs sets in motion the successive motors just described. As long as fuel is available and the speed of the motors can be controlled, the individual may manage to keep going, switching on one or the other motors and turning them off if they threaten to carry him away. To some extent all people are victims of the five motors described—to a minor degree at least.

Dependency inevitably breeds resentment in our culture. If outlets for the resentment are not available and if compensations for a devalued self-image cannot be pursued—in other words, if the individual cannot readily switch from one engine to another—then the conflict and stress reach proportions where one feels catastrophically overwhelmed. When the tension mounts excessively and there seems to be no way of escape, anxiety strikes—which is the feeling that one is overwhelmed and lost. Operations to defend against the anxiety will be instituted, but the defense is often ineffective or more burdensome than the condition it was designated to combat.

### Case History

The patient, Roger, was a man in his mid 30s whose wife telephoned my secretary for an appointment. At the initial interview a well-groomed gentleman presented himself with an expression of depression and bewilderment. The problem, he said, started while discussing seemingly casual matters with his best friend and partner during a lunch hour. He was overwhelmed with a feeling of panic, with violent heart palpitations and choking sensations, which forced him to excuse himself on the basis of a sudden indisposition. Back at work, he recovered partly, but a sensation of danger enveloped him—a confounding agonizing sensation, the source of which eluded all attempts at understanding. Upon returning home, he poured himself two extra jiggers of whiskey. His fear slowly vanished so that at dinner time he had almost completely recovered his composure. The next morning, however, he approached his work with a sense of foreboding, a feeling that became stronger and stronger as the days and weeks passed.

Roger had obviously experienced an anxiety attack the source of which became somewhat clearer as he continued his story.

The most upsetting thing to Roger was the discovery that his symptoms became most violent while at work. He found himself constantly obsessed at the office with ways of returning home to his wife. Weekends brought temporary surcease; but even anticipating returning to his desk on Monday was enough to fill him with foreboding. He was unable to avoid coming late mornings, and, more and more often he excused himself from appearing at work on the basis of a current physical illness. Because he realized fully how his work was deteriorating, he was not surprised when his friend took him to task for his deficiency. Forcing himself to go to work became easier after Roger had consumed several drinks, but he found that he required more and more alcohol during the day to subdue his tension. At night he needed barbiturate sedation to insure even minimal sleep.

The surmise that I made at this point was that something in the work situation was triggering off his anxiety. I felt that Roger had attempted to gain surcease from anxiety by implementing mechanisms of control (first-line defenses, see Ch. 7) such as trying to avoid the stress situations of work and deadening his feelings with alcohol and sedatives. These gestures seemed not too successful since he was obliged to remain in the work situation no matter how much he wanted to avoid it.

Continuing his story, Roger said that wild, unprovoked feelings of panic were not confined to his work. Even at home, his habitual haven of comfort and safety, he experienced bouts of anxiety, which burst forth at irregular intervals. His sleep, too, was interrupted by nightmarish fears, which forced him to seek refuge in his wife's bed. A pervasive sense of helplessness soon complicated Roger's life. Fear of being alone and fear of the dark developed. Other fears then occurred, such as fear of heights, of open windows, of crowds, and of subways and buses. In the presence of his wife, however, these fears subsided or disappeared. Roger consequently arranged matters so that his wife was available as often as possible. For a while she seemed to relish this new closeness, for she had resented what she had complained about for a long time—his coldness and detachment from her.

What apparently had happened was that not being able to escape from the anxiety-provoking situation at work, and being unable to develop adequate first-line defenses to control or neutralize his anxiety, Roger was retreating to and sought safety in a dependent relationship with his wife (second-line defenses, see Ch. 7) that paralleled that of a small child with a mother. Various fears of the dark and of being alone were indicative of his childlike helplessness. This kind of adaptation obviously had to fail.

Not long after this, Roger continued, he developed fantasies of getting into accidents and having his body cut up and mutilated. When Roger confided to his wife that he was greatly upset by these occurring fantasies, she enjoined him to consult a doctor. He rejected this advice, contending that he was merely overworked, and he promised to take a winter vacation, which he was sure would restore his mental calm. Fearful thoughts continued to plague Roger. He became frightened whenever he heard stories of violence, and he avoided reading new accounts of suicides or murders. Soon he was obsessed with thoughts of pointed objects. Knives terrified him so that he insisted that his wife conceal them from him.

The return to a childish dependent position apparently mobilized fears that in too close association with a mother figure he would be subjected to mutilation and destruction. Sexual feelings toward his wife were equated with forbidden incestuous feelings for which the penalty was bloody mutilation. Fantasies of accidents and bloodshed could be reflections of Roger's castration fears. The repetition of the oedipal drama thus could follow a shattering of Roger's repressive system. Attempting to reinforce repression by repressive (third-line defenses, see Ch.7), Roger employed phobia formation striving to remove himself from symbols of mutilation such as knives and other cutting instruments.

When asked if he had other symptoms or fantasies, Roger, in an embarrassed way, confided that in the presence of forceful or strong men, he experienced a peculiar fear, which he tried to conceal. Sometimes he was aware of a desire to throw his arms around men and to kiss them in a filial way. This impulse disturbed Roger greatly, as did fantasies of nude men with huge genital organs. His sexual life continued to deteriorate. While he had never been an ardent lover, he had prided himself on his potency. His sexual powers now seemed to be disappearing, when he approached his wife, he was impotent or had premature ejaculations. This upset Roger and created fears that he never again would function well sexually. To disprove this, he forced himself compulsively to attempt intercourse, only to be rewarded by further failures. Anticipatory anxiety soon made sexual relations a source of pain, and when his wife suggested that they abstain, he agreed, but he was frightened that she would leave him for another man.

The fear Roger manifested of strong males, the desire to act in an affectionate way with them, the terror of homosexual assaults by nude men with huge genital organs were, if we follow our previous line of reasoning, the products of his fear of attack by father figures irate at his appropriation of the maternal object. A disintegration of Roger's sexual life was inevitable because he was relating to his wife not as a husband but as a child. Abandonment of a male role with his wife was, therefore, necessary to avoid anxiety. While serving as a spurious protective device, his sexual inhibition obviously further undermined his self-esteem.

In attempting to make a tentative diagnosis of Roger's condition at this point, I was confronted with the contemporary contradictions that plague our attempts at classification. All emotional difficulties spread themselves over a wide pathological area, involving every aspect of the person's functioning—intellectual, emotional, physical, and behavioral. Based as they are on presenting complaints and symptoms, systems of nosology often lose sight of the fact that the entire human being is embraced in any emotional upheaval. The particular classification into which a patient fits then may depend merely upon the relative emphasis the diagnostic agent (i.e., the therapist) or the patient puts upon selected symptoms.

This may be illustrated in the case of Roger. His complaints were those of tension, irritability, explosiveness, anxiety, depression, psychosomatic symptoms, phobias, and obsessive thoughts. In addition, he exhibited a character disturbance in such manifestations as excessive submissiveness and dependency. Were Roger chiefly concerned with his physical ailments—his headaches, dyspepsia, listlessness, fatigue, failing health, or impotence— we would be inclined to regard him as a person suffering from physical disorders of psychological origin, that is, a type of somatoform disorder. Should his anxiety attacks have caused him greatest concern and were he to have focused his attention on his anxiety, we might classify him as “anxiety disorder.” In the event his depression was of prime interest, a diagnosis of “psychoneurotic or reactive depression” might be entertained. If emphasis had been put on his obsessive concern with bloody amputations, death, and pointed objects, he might be called an “obsessive disorder.” His fear of heights, subways, buses, and crowds and of solitude and the dark are those often found in “phobic disorders.” Finally, had his submissiveness, passivity, and other character defects been considered his most significant problem, he might be labeled as a “personality disorder.” The matter of diagnosis, then, would be essentially a matter of what seemed immediately important. Actually, we might say that Roger suffered from a mixed psychoneurotic disorder with anxiety, depressive, psychophysiological, obsessive, phobic, and distorted personality elements. This diagnostic potpourri is not surprising when we consider that every individual whose homeostasis has broken down exploits dynamism characteristics of all levels of defense in addition to displaying manifestations, psychological and physiological, of homeostatic imbalance and adaptational collapse.

When Roger was asked what he believed had precipitated his anxiety originally, he was unsure, but he hazarded that it might have been related to a change in his position at work. Not long after his tenth wedding anniversary, at age 33, Roger was promoted to senior member of the firm. His elation at this was short-lived as he became conscious of a sudden depressed feeling, which progressively deepened. Inertia, boredom, and withdrawal from his ordinary sources of pleasure followed. Even his work, to which he had felt himself devoted, became a chore. Always eager to cooperate, he experienced, during work hours, a vague dread of something about to happen which he could not define. He could not understand why he would react to a promotion that he wanted by getting upset.

Should a therapist not be interested in pursuing the patient’s symptoms further to determine their origin in early past experience or in unconscious conflict, in other words, avoiding a dynamic approach, an abbreviated approach aimed at symptom reduction might now be selected without further probing into history.

First, an effort may be made to treat his symptoms through medicaments, like sedatives or tranquilizers for anxiety and energizers for depression. Roger may be enjoined to slow down in his activities and to detach himself as much as possible. He might be requested to take a vacation, engage in hobbies and recreations in order to divert his mind off his difficulties.

Another way of handling the problem might be to assume the source of the difficulty to be Roger's work situation and to get him to change his job to one that did not impose too great responsibility on him. He would be encouraged to try to detach himself more from his wife and slowly to begin functioning again on the basis of the customary distances that he erected between himself and others. Active guidance and reassurance may make it possible for Roger to return to his own bedroom and to assume the reserve with his wife that would enable him to function without anxiety.

On another level, the therapist might utilize behavior modification methods to desensitize the patient to his anxieties as well as to institute assertive training to promote greater self-sufficiency and independence. Approaches such as these understandably would not correct any basic character problems that lay at the heart of Roger's distress. Yet they might make it possible for him to get along perhaps as well as he had ever done prior to the outbreak of his neurosis.

Since my approach was a dynamic form of short-term therapy aimed at some personality rectification, I proceeded to explore as completely as I could his past life through interviewing and to probe for more unconscious motivational elements through exploration of dreams and fantasies and through observation of the transference.

Roger was the younger of two brothers. He was reared by a domineering mother who was resentful of her role as housewife, which had halted a successful career as a fashion designer. Unhappy in her love life with her husband, she transferred her affection to her younger son, ministering to his every whim and smothering him with cloying adulation. Roger's brother, George, bitterly contested this situation, but getting nowhere, he subjected his sibling to cruel reprisal. Roger's father, recoiling from the not too well concealed hostility of his wife, removed himself from the family as much as he could manage and had very little contact with his sons.

The dynamics in Roger's case became apparent during therapy. Basic to his problem was a disturbed relationship with his parents, particularly his mother. The yielding of her unmarried professional status to assume the role of housewife apparently had created in the mother resentment toward her husband and rejection of her children. This inspired a "reaction formation" in the form of

overprotection, particularly toward her younger child, Roger. Frustrated and unfulfilled, she used Roger as a target for her own needs and ambitions with the following effects: (a) in Roger, encouragement of overdependence and passivity, strangling of assertiveness and independence, and stimulation of excessive sexual feelings toward the mother and (b) in George, hostility displayed directly toward Roger as aggression, and (c) in her husband, detachment.

Overprotected by his maternal parent, neglected by his father, and abused by his brother, Roger took refuge in the relationship offered him by his mother. His dependency on her nurtured submissiveness and passivity, with alternative strivings of rebelliousness and fierce resentment which he repressed because they threatened the security he managed to derive through compliant behavior. Roger both cherished and loathed the crushing attentiveness of his mother. Toward his father and brother he felt a smothering fear, which he masked under a cloak of admiration and compliance.

The withdrawal of his father made it difficult for Roger to achieve the identification with a masculine object necessary for a virile conception of himself. Roger turned to his mother for protection. He revolted, however, against too great dependency on her, fearing that excessive closeness would rob him of assertiveness and that his aroused sexual feelings would bring on him disapproval from his mother as well as punishment from his father and brother. Repudiating competitiveness with the other male members of the family, he attempted to win their approval by a submissive, ingratiating attitude.

During adolescence Roger emerged as a quiet, detached lad, never permitting himself to be drawn into very intimate relationships. He was an excellent and conscientious student, and he was well liked for his fairness and amiability. At college he was retiring, but he had a number of friends who sought his companionship because he was so easy to get along with. His romantic attachments were superficial, and the young women he squired to parties admitted that he was attractive but complained that it was difficult to get to know him.

Adopting detachment as a defense against a dependent involvement, and compliance as a means of avoiding physical hurt, Roger evolved a character structure that enabled him to function at home and at school, although at the expense of completely gratifying relationships with people.

Upon leaving college, he entered a business firm, arrangements for this having been made by his father. He resisted for two years the exhortations of his mother to marry the daughter of one of her best friends; but finally he succumbed, and he seemed satisfied and happy in his choice. The young couple lived in harmony, and he was considered by his group to be an ideal example of an attentive husband and, after his son was born, of a devoted father. His steadfast application to his work soon elevated his position, until he became a junior member of the firm. His best friend and confidant was one of the senior members, toward whom Roger bore the greatest respect and admiration.

His work and marital life, which were more or less arranged for him by his parents, turned out to be

successful since he was able to employ in them his compliance and detachment mechanisms. Toward his best friend and other senior firm members Roger related passively as he had related previously toward his father and brother. Toward his wife he expressed conventional devotion, keeping himself sufficiently distant to avoid the trap of a tempting dependent relationship that would threaten the independent assertive role he was struggling to maintain.

The only distressing element in Roger's life was his failing health. Constantly fatigued, he evidenced a pallor and listlessness that inspired many solicitous inquiries. Dyspeptic attacks and severe migrainous headaches incapacitated him from time to time. In addition to his physical symptoms was a pervasive tension, which could be relieved only by recreational and social distractions.

Inner conflict between dependency, submissiveness, compliance, detachment, and aggression, however, constantly compromised Roger's adjustment, producing a disruption of homeostasis with tension and psychosomatic symptoms. His failing health, fatigue, pallor, listlessness, dyspeptic attacks, and migrainous headaches were evidences of adaptive imbalance. What inspired this imbalance was an invasion of his capacity to detach, produced by the demands made on him by his wife and associates. In addition, his submissive and compliant behavior, while protecting him from imagined hurt, engendered in him overpowering hostility, which probably drained itself off through his automatic nervous system producing physical symptoms.

As might be expected, Roger's affability and needs to please won for him the praise of his superiors at work, and he was advanced and finally offered a senior position.

Had Roger at this point refused to accept senior membership in the firm, he might have escaped the catastrophe that finally struck him. His legitimate desires for advancement, however, enjoined him to accept. His conflict became more and more accentuated until finally he no longer was able to marshal further defenses. Collapse in adaptation with helplessness and expectations of injury announced themselves in an anxiety attack during luncheon with his friend.

As long as he had been able to satisfy to a reasonable degree his needs for security, assertion, satisfaction in work and play, and creative self-fulfillment, Roger was able to make a tolerable adjustment even with his psychosomatic symptoms. The precipitating factor that had brought about the undermining of Roger's capacities for adaptation was his promotion to senior membership in the firm. While Roger had ardently desired this promotion, for reasons of both status and economics, actually being put in a position



of parity with his friend violated his defense of passivity, compliance, and subordination and threatened him with the very hurt he had anticipated as a child in relationship to his father and brother. To accept the promotion meant that he would be challenging of and perhaps triumphant over father and brother figures. This touched off fears of injury and destruction at the hands of a powerful and punitive force he could neither control nor vanquish. Yet Roger's desire for advancement, inspired by realistic concerns, made it impossible for him to give up that which he considered his due. Since he was aware neither of how fearfully he regarded authority nor of how he was operating with childish attitudes, he was nonplussed by his reactions.

A dream revealed during one psychotherapy session will illustrate some of our patient's maneuvers that became operative and apparent in therapy.

Pt. I had a dream last night that upset me. I am in bed with this big woman, big wonderful breasts. She's my wife, but she changes into a negress. She strokes and touches me all over, and I feel completely loved and accepted. I awoke from the dream with a strong homosexual feeling that upset me. [*Here Roger symbolizes in dream structure his dependency impulses, his repulsion against his dependency, his incestuous desire, and the resultant homosexual residue.*]

Th. Yes, what do you make of this?

Pt. I don't know. The woman was comforting and seductive. I always like big-breasted women. Exciting. But my wife isn't as stacked as I'd like her, or as she was in the dream, (*pause*)

Th. How about the negress?

Pt. I never liked the idea of sleeping with a colored woman. Makes me feel creepy. Colored people make me feel creepy. I know I shouldn't feel that way. Last time I was here I noticed you had a tan like you had been in the sun. I said, "Maybe he's got negro blood." I know I shouldn't care if you did or not, but the idea scared me for some reason.

Th. Sounds like the woman in your dream was partly me. [*This interpretation was proffered in the hope of stirring up some tension to facilitate associations.*]

Pt. (*pause*) The idea scares me. Why should I want you to make love to me? (*pause*) By God, maybe I want you to mother me, be giving, kind.

Th. How do you feel about me?

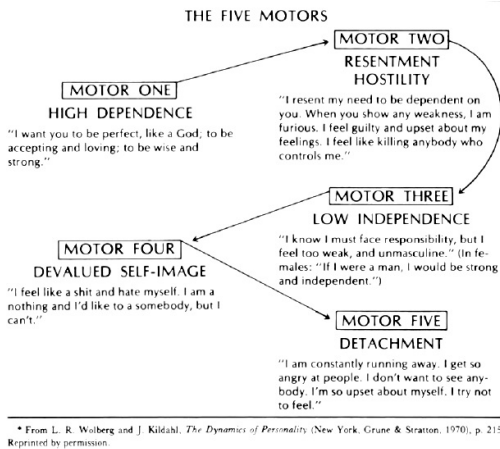
Pt. I want you to be perfect like a God; to be accepting and loving; to be wise and strong. I realize I'm dependent [*motor one*], I resent my need to be dependent on you [*motor two*]. When you show any weakness, I am furious. I feel guilty and upset about my feelings. I feel like killing anybody who controls me. I know I must face responsibility, but I feel too weak and unmasculine [*motor three*], I feel like a shit [*motor four*] and hate myself. I am a nothing and I'd like to be a somebody, but I can't.

Th. Apparently it scares you to be a somebody. When you were promoted, you started getting upset.

Pt. Why should I? I suppose I feel like I'm stepping out of my depth. Like I'm not man enough. The whole thing puzzles and frightens me.

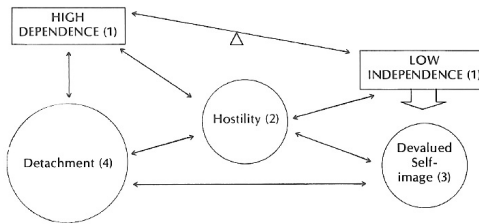
Th. So what do you do?

Pt. I am constantly running away [motor five], I get so angry at people. I don't want to see anybody. I'm so upset about myself. I try not to feel. But I can't seem to make it on my own. [The reinstating of motor one]



**FIG. 9-1.**  
Personality Mechanisms

#### HOMEOSTATIC MECHANISMS



(The traits above in mild form are more or less universal. In exaggerated form, however, they serve as defense against anxiety (q.v. "Second Lines of Defense: Interpersonal Defenses") and therefore may be considered pathologic.)

- (1) *Manifestations:* passivity, immaturity, childishness, neurotic feminine identifications in males.  
*Compensations:* excessive aggressiveness and competitiveness, compulsive masculine strivings, neurotic masculine identification in females.
- (2) *Manifestations:* aggression, cruelty, sadism.  
*Compensations:* exaggerated gentleness, self-punishment, masochism.
- (3) *Manifestations:* self-deprecation, self-denial, compulsive modesty.  
*Compensations:* excessive perfectionism and ambitiousness, power drives, grandiosity, arrogance.
- (4) *Manifestations:* isolation, withdrawal  
*Compensations:* compulsive gregariousness and sociability.

FIG. 9-2.

The patient in the session was manifestly groping with his passive-dependent strivings (*motor one*), his rage (*motor two*), his feelings of low independence (*motor three*), his devalued self-image (*motor four*), his detachment (*motor five*), together with concomitant unresolved incestuous drives and unexpressed homosexual impulses. Many aspects of Roger's personality problem were being projected onto his therapist in transference.

These patterns are delineated in Figure 9-1. Interpretation of the patient's reactions to me in terms of his habitual personality responses, connecting them with his experiences in growing up and relating them to the incidents leading to the collapse in his homeostasis, enabled Roger to approach a different relationship with me. This occurred about the twentieth session and acted as a nucleus for different feelings toward himself. Not only was homeostasis restored with cessation of his symptoms, but he also was able to accept his post as a senior member of the firm with subjective and objective strengthening of his ego.

### Conclusion

Common psychodynamics are shared by people in our culture. They include the ravages of high dependency, resentment and hostility, low independence, a devaluated self-image, and detachment. It is

the degree of intensity of these drives that determine their pathogenicity. Offshoots from resentment include aggression, perhaps to the point of sadism, and also guilt resulting from the hateful feelings, even eventuating in masochism.

High dependency is associated with passivity and a feminine identification. Feelings of hostility sponsor guilt, masochism, aggression, and sadism. Low independence prompts the overcompensatory strivings of compulsive aggressiveness and competitiveness, making for a neurotic masculine identification. A devalued self-image also leads to compensatory measures such as perfectionism, ambitiousness, and power drives. And detachment often provokes one to abandon one's isolation and plunge into compulsive gregariousness. Any and all of these drives may become sexualized, so that one's sexual impulses become linked to feelings of incestuous passivity or competitive domination with consequent fears of retaliation or with masochistic or sadistic impulses. When these drives fail to maintain homeostasis and conflict is unresolved, then anxiety results and various levels of defense mechanisms operate to cope with the anxiety. A great many dynamic themes eventuate (see Figure 9-2) and offer themselves as possible foci for exploration.

<sup>1</sup> The generic "he" is employed to designate both males and females. There are, however, some distinctive roles played and effects scored for males and females, which will be differentiated as much as possible.