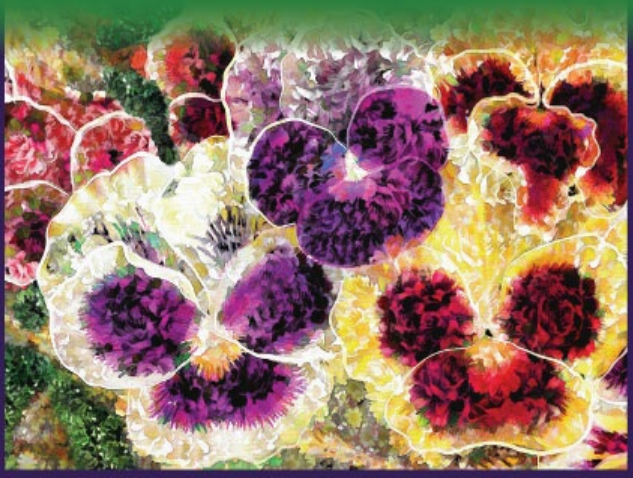
THE TECHNIQUE OF PSYCHOTHERAPY

INCULCATING INSIGHT THROUGH INTERPRETATION



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Inculcating Insight through Interpretation

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Inculcating Insight through Interpretation

In Chapter 19, "The Conduct of the Psychotherapeutic Interview," a number of techniques have been described by means of which insight may be propagated. Among these are (1) *accenting* certain verbalizations, (2) *summarizing* what the patient has said in order to coordinate and emphasize specific aspects, (3) *restating* the remarks of the patient to elucidate on situations that the patient has overlooked, (4) *reflecting* back to the patient the emotional forces behind his or her utterances, (5) *establishing connections* between symptoms, feelings, and inner conflicts, (6) *maintaining tension* in the interview to stimulate a thinking through of a problem, (7) *extending measured support* when tension threatens to shatter the cognitive functions, and (8) *making interpretations* by which the more unconscious elements of the psyche are brought to the patient's awareness.

Interpretation as a vehicle for insight is particularly valuable in reconstructive psychotherapy since there is, in this form of treatment, an emphasis on unconscious aspects of mental activity. In the present

chapter we shall deal with the dynamics and methods of interpretation.

VARIETIES OF INTERPRETATION

Interpretation consists of seeing beyond the facade of manifest thinking, feeling, and behavior into less obvious meanings and motivations. Involved in interpretative activities are different degrees of directiveness. The lowest degree consists of waiting for the patient to interpret things, giving as few cues as possible. Next, the patient is enjoined to attempt the interpretation of representative experiences. Of greater degree is a piecing together of items of information, and of seemingly unrelated bits, so that certain conclusions become apparent to the patient. Leading questions are asked to guide the patient to meaningful answers. More directive is the making of interpretations in a tentative way so that the patient feels privileged to accept or reject them as he or she chooses. Finally, the therapist may deliver very strong authoritative interpretations, couched in challenging, positive terms.

Helping the Patient to Make Interpretations

The insights that patients achieve through their own reasoning powers have certain advantages over those that are defined by the therapist. Accordingly, wherever possible, the therapist works toward stimulating the thinking through of problems by restating the material that a patient has verbalized, by summarizing, by emphasizing important connections, by focusing on pertinent data, by asking specific questions, and by arranging cues in such a way that inferences will be more easily forthcoming from the patient. Understandably, patients, bewildered by their neurosis, will want the therapist to provide answers to their questions. They resent the responsibilities that the therapist imposes on them. Particularly, they are dismayed at the therapist's refusal to make absolute pronouncements. They may, therefore, require a reason why the therapist does not act as a detective who uncovers dramatic facts, but rather assumes the role of an objective helper who merely aids the patient to arrive at his or her own discoveries. As a general rule, self-interpretations are possible only where the patient has become sophisticated in the understanding of dynamics and where significant material is not too deeply repressed. Interpretations, when they are presented by the therapist, are made to dispel resistances to self-understanding and to remove

blocks to learning rather than to apprise the patient of the content of the repressed. However, once the patient has made what seems to be a valid interpretation, the therapist may elaborate on this.

In the following excerpt, a patient is helped to an awareness of the projection into his present relationships with women of attitudes that he had toward his mother.

Pt. In the presence of women I find myself wanting to please them. I don't know why that is. It doesn't occur with all women. Where a woman has no physical attraction to me, it makes no difference; but even there, I try to please them to some extent. Physically attractive women I must please. Then I pick up weaknesses in them and then feel contemptuous of them. I look for perfectionism in women. But then I try to please them. I realize that there is something funny about trying to please someone you also have contempt for, but I want them to think I'm a certain kind of person.

Th. A certain *kind* of person?

Pt. Yes, I want them to think of me as attractive. Maybe that's why I have to please them.

Th. How do you feel when women make all the effort in wooing and pleasing you?

Pt. Wonderful, I like that. I get very happy and relaxed.

Th. But when they aren't forward?

Pt. I've got to make the passes.

Th. To get from them something?

Pt. Yes, to get praise and love from them.

Th. But when you have to make the effort to get that, you start finding fault with them. I wonder why?

Pt. I want it to be spontaneous. My mother used to do things for me until my younger brother was born. Then I felt out of things. But I remember the tantrums I had. When I raised hell, I got attention. *[He seems to be aware of the fact that his tantrums were attention getting devices.]*

Th. You had to make an effort there to get praise and love from her. *[emphasizing the association]*

Pt. Yes, yes, yes, just like the feelings I get now when I have to force myself on someone to get praise from them. *[The patient makes a connection with the present.]*

Th. How did you feel when you did this with your mother?

Pt. Angry, disgusted, bitter toward her.

Th. And with these women you try to please? *[presenting cues to the patient so he can come to certain conclusions]*

Pt. Exactly the same.

Th. So the conclusion is what?

Pt. That I'm treating other women as if they are my mother or I want them to be my mother. But that's nuts. But it must be so that I act that way. *[This seems to be an important insight.]*

Making Tentative Interpretations

The presentation to the patient of the therapist's observations, hunches, and conclusions, prefaced by such phrases as "Perhaps," ''It may be," "Possibly," and "Do you think it's possible," is an excellent way of making interpretations. This allows the therapist to confront the patient with facts in a non-authoritarian manner, permitting the patient freedom to accept or to reject the interpretation on the basis of personal judgment and without the feeling of having offended or contradicted the therapist. This makes for a relationship of cooperation, in which the patient feels that he or she is an active participant and that his or her voice carries at least as much weight as that of the therapist.

A patient comes in to a session with a headache. Through tentative interpretations, she arrives at its source and dynamics.

Pt. I really feel I'm an ungrateful person. In many ways people have done things for me, and I do little in return. At the office, for instance, my boss told me I could have an extra week off for vacation this year, with pay. It made me feel good, but I was left dissatisfied and I've had this headache since. *[The patient recognizes the irrationality of her having responded with a headache to a thoughtful gesture by her employer*.]

Th. What about your feelings about your boss?

Pt. He's a wonderful man, energetic, and he knows what he wants. He's really gotten places.

Th. Mm hmm. How do you get along with him?

Pt. Oh, fine. We get along well. Of course he irritates me sometimes. He acts as if he knows everything. But he's an all right guy.

Th. But it's funny you had this headache after the boss gave you an extra week off. *[exploring the situation that led to her feeling of dissatisfaction*]

Pt. Yes, I did.

Th. Do you have any idea why?

Pt. No.

Th. What does his giving you a week off mean to you?

Pt. Well, I appreciate it, but I shouldn't be like that. I always was independent and liked to be on my own. My father wanted me to go into medicine, but when he died, all those plans went out of the window. But I've tried to be on my own. *[This sounds as if the patient interprets her boss's gesture as threatening her independence. If she takes something from him, she may put herself in his power.]*

Th. Is it possible that you resented your boss's gesture because it put you more under his power, and threatened your independence? *[tentatively interpreting this hunch]*

Pt. (laughs) It's more than possible. I don't like to have people do things for me. It makes me feel helpless. I don't want to owe anybody anything. *[She responds favorably to the interpretation.]*

Th. So that you might possibly feel that this gesture by your boss took away from you an important thing—your independence, *[a further tentative interpretation]*

Pt. Well it does, doesn't it? *[This indicates that my hunch was correct, since she seems to equate the two.]*

Th. You think it does.

Pt. Don't you?

Th. There may be other ways of looking at this thing. Because you may need to maintain a sense of independence for special reasons, any relationship or situation that does anything for

you may destroy this security mechanism and arouse resentment.

Pt. But isn't it silly for me to feel that, because I know Mr. Meyers *{her boss*) doesn't want to take me over. [*She recognizes the irrationality of her feelings.]*

Th. Is it possible that *you* might be afraid that you, deep down, want him to take you over, to become dependent on him? *[tentative interpretation of her resistance to possible dependence on anyone on the basis of a deep desire to be dependent]*

Pt. No, I don't. I mean I don't really want to be dependent, *(pauses and laughs)* or maybe I do. (*laughs*) You know my headache is lifting now and is practically gone. *[We seem to have hit an important conflict.]*

Th. Do you see the connection between your impulse toward independence, your possible striving for dependence, your reaction to your boss, and your headache?

Pt. Yes, I believe I do. *[The patient continues to explore the interrelationship.]*

Making Authoritative Interpretations

Sometimes the repressions of the patient are so intense that they impair the capacity for critical thinking. Here the patient may be

unable to make connections or to arrive at insights through his or her own efforts, no matter how adroitly the clues are presented. Even tentative interpretations may have little impact on the patient. During reconstructive therapy, especially, it is sometimes desirable to employ a bold and even confrontational authoritative approach in offering interpretations. This is a deliberate step, calculated to upset the balance between the repressed and the repressing forces. The released tensions and anxieties mobilize defensive reactions that can then be observed and explored. One of the defensive devices is a denial of the validity of the interpretation. Eventually, however, the patient may work through resistances to its acceptance. Acceptance of an interpretation does not always mean that it is valid. It may be that the patient is so intent on pleasing the therapist or fearful of contradicting the therapist that he or she will incorporate a false explanation. If the patient is suggestible, he or she will grapple also onto a spurious commentary with the eagerness of a religious convert.

Because of the anxiety that is apt to be stimulated, authoritative interpretations should be made only where there is sufficient frequency of visits to handle any disturbed reactions that may occur. As a rule, interpretations of this type are made only when there is

some preconscious awareness of a pattern. The stronger the ego of the patient and the better the working relationship between patient and therapist, the more unconscious may the material be with which one deals.

A patient remarked during a session that a peculiar uneasiness came over her recently while in the presence of her husband. This feeling had started 2 weeks previously and had become increasingly intense since then. Through an authoritative interpretation she was helped to realize that the basis for her reaction was transference toward the therapist, which she had repressed.

Pt. I have this dead feeling toward Tom. *(her husband)* I have a feeling he will hurt me and beat me. I remember his slapping me when he was drunk a time ago. I was badly frightened but furious. I feel I'm wasting my life with him. The whole relationship sounds impossible.

Th. Do you have any positive feelings about Tom?

Pt. Yes, I'm terribly attracted to him sexually. This type of man is charming but kicks your teeth in.

Th. Under what conditions does he do this?

Pt. Whenever I am in any way critical of him. I feel like half a

person. I'm afraid to say anything critical. *[She will feel critical toward her husband and expect counterhostility.]*

Th. Does this fear of being critical relate to other people? *[exploring for a neurotic pattern]*

Pt. Not everybody.

Th. How about me? *[This is a confrontational attempt to see if her critical feeling applies to me.]*

Pt. (pause, patient's eyes tear) This is silly. I'm afraid you'll think me silly, *(cries) [The fact that this emotional reaction is evoked shows that transference may be operating.]*

Th. You are afraid to be critical of me. *[authoritative interpretation of her reaction to the expression of criticism toward me]*

Pt. (continues crying) There have been several things you said that hurt my feelings, *(cries)*

Th. Like what?

Pt. A long time ago, *(cries)* when I first came here, I told you I felt I hadn't grown up. You said I'd have to grow up to be well. You said it as if you were blaming me. I can't help it if I'm this way. I wouldn't be here if I was well. *[The patient has taken something I said out of context, distorted it, and is using it to justify her feeling toward me.]*

Th. Did I give you the impression I was critical of you?

Pt. You sounded like you were. You gave yourself away. I've been afraid to say everything that came to my mind since then. Afraid to stir up your anger, *(cries) [This is good evidence that transference is operating*.]

Th. Perhaps I gave you that impression, but I'm not aware of wanting to criticize you in any way.

Pt. But you did.

Th. You *felt* I did.

Pt. Yes, and this is how everybody has been with me. *[Fear of criticism seems to be a basic pattern.]*

Th. All your life?

Pt. Yes, as far back as I can remember. I was never allowed to tell my parents what I felt, my disappointments. They hushed me up when I cried for anything. It happened with my teachers, and it happened with my husband. It's still going on.

Th. And it happened with me.

Pt. (*smiles*) I'm being awful, I know, feeling like this. I know you don't intend to be like that, but I can't get confidence to be myself. And if I can't, I'll never get well.

Th. It is important for you to be yourself and tell me everything you think. Actually, I don't feel critical toward you, but I may give you that impression. As a matter of fact, you are

injecting feelings in your relations with me that are the same as those you had toward your parents. Suppose you think about that. [*authoritative interpretation]*

Pt. (smiles) I feel better talking about it. I expected you to reprimand me. I remember when I was 8 and played hooky with a girl. *[The patient goes on to relate an incident for which she was criticized.]*

CONTENT OF INTERPRETATIONS

Interpretation choices are usually in the following order:

1. Resistances of any nature, particularly to a working relationship with the therapist, to insight, and to the translation of insight into action

2. Defense mechanisms of various types—their nature, purpose, manifestations, and origin

3. Indications of transference, especially those aspects that serve as resistance

4. Personality traits and patterns—their form, expression, purpose, genetic origin, and contradictions

5. Conflicts, impulses, feelings, attitudes, and other repressed aspects of the psyche of which the patient is at least partially aware

6. Current sources of stress and their interaction with personality needs and defenses

7. Early experiences as revealed by the patient in relation to conflicts, defense mechanisms, transference, and personality patterns

INTERPRETIVE ACTIVITIES

The manner of presentation of interpretations is as important as the content. The following points may prove helpful:

1. The language in which interpretation is couched should be as simple as possible, employing terms familiar to the patient.

2. Most patients integrate short, pointed interpretations rather than an elaborate exegesis. Certain patients, however, seem to require long, intellectual explanations. Sometimes the use of metaphors, analogies, and illustrations from the problems of other people are helpful. Interpretations should, if possible, be related to a basic theme.

3. Too many interpretations or scattered interpretations should be avoided, for the patient can learn only a little at a time.

4. Tentative and even authoritative interpretations should be tactfully presented in such a way that the patient has a right to reject or accept them without feeling that the therapist is being offended. Under no circumstances should the therapist argue with the patient or act chagrined if the interpretations are not accepted.

5. Before making an interpretation, the therapist must be reasonably convinced of the verity of the assumptions. To advance an opinion in a hit or miss manner, hoping that it will touch something off in the patient, is worse than useless.

6. The timing of interpretation is important. The patient must be prepared sufficiently for an interpretation so that it does not take him or her too much by surprise. One index of preparation is preconscious awareness of a trend or pattern. The dynamics of the patient's problem may soon become known to the therapist. It may require an enormous amount of restraint to withhold interpretations until the patient displays a modicum of awareness thus indicating a degree of ego strength favorable to understanding. Interpretations prematurely presented to the patient will create resistance since they act as a warning to the ego that its defenses have been penetrated and that a further attack is impending. A barrier of resistance may unnecessarily be created.

7. Attitudes and beliefs of the patient should never be ridiculed, nor should interpretations be made in such a manner that the patient assumes them to be accusations. Where attitudes and patterns are to be undermined because they wield a pernicious influence on the patient, the patient may be shown that he or she has been forced to employ these devices as defenses. For instance, a woman complains that she is never able to keep the interest of men because she is much too eager to make an impression on them. She relates an incident in which she forcefully attempts to establish a relationship with a new male acquaintance. An incorrect interpretation would be, "See what you are doing; you are throwing yourself at the man." This interpretation involves an accusation and a moral judgment. A better interpretation would be, "Perhaps you are acting too anxious here about setting up a relationship." This poses a problem that the patient must ponder.

8. Interpretation is most effective where there is good rapport between patient and therapist. Where a patient feels negatively toward the therapist, the patient will usually be unable to accept interpretations.

9. Some therapists believe that a "terminal interpretation" is useful at the end of each session, summarizing the important material of the session. Other therapists find

no need to employ this procedure.

In reconstructive therapy, where interpretation of very deep unconscious needs and defenses is deemed necessary, special handling will be required. Neurotic defenses are elaborated in early life by a weak ego threatened with overwhelming anxiety. The mature accretions that later invest the ego may not destroy the core of helplessness laid down in childhood. The patient, afraid of being overwhelmed by feelings of catastrophic helplessness that once threatened to destroy, will, when an anxiety experience is imminent, attempt to overcome the threat by employing the same original protective defenses. Logic plays no part in this process.

The rational approach in dealing with an ego that has swathed itself in impenetrable defenses is through an analysis of resistance. Interpretation of the resistance accomplishes the purpose of confronting the patient with what is being defended against. This leads to an uncovering of unconscious impulses, fears, and conflicts, and it opens the way of access to deeper and deeper material. The dangerous nature of the material again stimulates anxiety and mobilizes further resistances, usually of an unconscious nature. It is essential to

demonstrate to the individual the manifold disguises that resistances may assume, for unconscious resistances can crumble only when their conscious derivatives are repeatedly presented to the patient. The interpretation of layers of resistance progressively exposes the deepest drives and impulses and ultimately leads to the original nucleus. Only through such work is the patient able to appreciate the purpose of resistance, its historical origin, his or her active participation in maintaining it, and, finally, the unconscious impulses the resistance is opposing. This permits the patient to tolerate more and more undisguised derivatives of impulses and eventuates in a gradual recovery of repressed elements of the self.

How aggressive the attack on the resistances should be depends upon the quantity of anxiety that is present and upon the ability of the ego to withstand the attack. Interpretation of resistances will often produce tension, anxiety, and hostility. If the patient is already suffering from as much anxiety as can be handled, the additional emotional burden may be too difficult to bear, and the patient may react with an increase of resistance. In such cases it is essential to proceed more cautiously. On the other hand, if the patient manages to repress anxiety through the operation of continuing avoidance, a more

aggressive attack on the resistance will be necessary. This may be undertaken as early as possible in order to mobilize anxiety for the purpose of increasing self-observation.

The technique by which interpretations are presented is also of vital importance in determining the acceptance of components that the ego is warding off. The patient may present evidences of hostility, erotic strivings, castration fears, and penis envy. To interpret these as such to the patient may accomplish little or nothing. As a general rule an interpretation is futile if the patient does not have an idea of what is going on. Interpretation will produce no real change until the unconscious is represented by preconscious material familiar to the patient. Consequently, when an unconscious derivative makes its appearance in the field of awareness, the patient's attention may be directed to considering what may be behind the derivative. For instance, one patient, while discussing his relationship to me in glowing terms, became aware, through my calling his attention to it, of the clenching of his fists and the tension of his muscles. At first he denied these facts, but as I repeatedly called his attention to his mannerisms and as I presented him with the possibility that there might be a reason why he became tense and clenched his fists, he

thereupon became aware of hostile feelings.

It is essential to demonstrate the connection between symptoms, feelings, and attitudes in order to show patients how a purposeful trend runs through their lives. In this way they may learn that their behavior is not a series of random events, but that it has continuity and meaning. They also must realize that their symptoms are not fortuitous, that they themselves are bringing about what they believe they are experiencing passively. They must become aware of the purpose of evasions, of how they fallaciously draw the past into the present, of what compromises they make with life, and of the consequences of these compromises on their functioning. It is also often essential to trace symptoms back to their historical origins. Here the manner in which interpretations are made is also of the greatest importance. It matters little how accurate interpretations may be if patients are unable to understand their meaning, and it is important to integrate the meaning within themselves in the form of insight.

In tracing genetic origins of drives, defenses, and conflicts there is often a tendency to interpret present behavior as if it were a mere stereotyped repetition of earlier patterns in the relationship with the

parents. As a practical matter, this type of explanation usually has little effect on the patient. It is true that everyone carries over in one's character structure attitudes and patterns molded out of specific conditionings in early interpersonal relationships. It is true also that one reacts to people as if they were virtually reincarnations of one's parents, with attitudes, fears, and demands such as are expressed in early relationships. Such a repetitive process, however, does not occur automatically. It is dynamically motivated by needs in the individual that are so intense that no amount of logic can swerve one from one's purpose. To say to patients that they have hostilities or erotic wishes directed toward the therapist because the latter is a symbol of their mothers toward whom they once had an erotic urge that was repressed is not really a helpful interpretation. What is essential is that the patient understands what motivations underlie the present emergence of hostile or erotic feelings toward the therapist. Ultimately, of course, we are concerned with why and under what circumstances the patient developed certain attitudes toward parents that have functioned as nuclei of later interpersonal strivings. Explaining to the patient that unresolved strivings in relation to parents must be present, because the therapist is a parental surrogate

toward whom there are irrational feelings, arouses merely an intellectual acknowledgment without any deeper understanding.

Once we concede that all behavior serves a dynamic purpose, we must attempt to define the purpose behind the patient's present behavior. For instance, we must discern the reasons why the patient feels erotic in the therapeutic situation. In analyzing the motives behind the erotism, we may find that the patient is becoming more and more anxious about the therapist and that the erotic feelings constitute a wish to absorb the latter within oneself in order to gain exclusive love and support. Or the patient may have become more and more fearful of the therapist and may wish to disarm the therapist by expressing extreme devotion and sexual love.

If patients act in a hostile manner toward the therapist, it is rot sufficient to show them that they are using the therapist as a father substitute, creating a new childhood situation in the present. It would be more meaningful to discover the immediate circumstances associated with the hostility. Thus, a patient may feel frustrated by the therapist, for no apparent reason. Upon investigation the therapist may discover that the reason behind the frustrated feeling is a secret

desire to engage in an extramarital affair, along with a fear that the therapist will frown on such a venture.

To interpret the patient's strivings as related to something that is happening in the present helps to provide the patient a picture of interpersonal attitudes in operation. It permits the patient to see how drives relate to feelings that actually have no source in present-day reality. The patient comes to realize that feelings do not arise out of nowhere and that one is not working with intangibles. Eventually, the patient may be able to appreciate how similar impulses operated also in relationships with important persons in the past and that there, too, they served a vital purpose, of a sort similar to the purpose they serve now. Considerable activity on the part of the therapist may be necessary since the patient usually has a tremendous amount of resistance to divulging the motives behind feelings. The patient's drives, neurotic as they are, constitute a way of life that is not easily relinquished.

One of the tasks of reconstructive psychotherapy can be the recovery of important unconscious memories and experiences (see Chapter 44). The mere revival of forgotten traumatic events will not in

itself correct the damage that has been done to the ego. While it is true that the ego has been rendered weak by inimical childhood happenings, other defensive attitudes have also been elaborated on the basis of experiences relating to persons and circumstances in the patient's later life. Interpersonal reactions are composed of a chain of patterns that show a continuity, each link predisposing the individual to later reactions. If the patient is to understand how early inimical experiences relate themselves to present behavior, it is necessary to analyze and to interpret the intermediate links. This does not mean a discarding of important deep material that is brought up during therapy. It means that the patient must be given the task of working back from immediate character patterns and interpersonal attitudes to disclose the connection with the deeper experiences and impulses.

The proper interpretation of the transference makes it possible to establish the connections with these deeper impulses. It must be emphasized again that in interpreting the transference, it is not enough to tell the patient that he or she is acting out an irrational striving that has its origin in what happened in early relationships with the father, mother, or siblings. Such an explanation is interesting and possibly true, but, practically judged, it is without therapeutic

value. What is important is to demonstrate to the patient the reason why such infantile reactions persist and what purpose they serve in the present.

In a certain number of patients the therapist will be overwhelmed with unconscious material while no effort is made by the patient to relate this material to the present malfunctioning. In such persons there is probably a dissociation of the past from the present. There may be a minimization of current feelings in the desire to conserve the secondary gain derived from the neurosis. The outpouring of unconscious material here is somewhat in the nature of a confessional. The patient may seek to relieve the sense of guilt and to avoid responsibility for the symptoms through the absolution obtained in divulging the past. It is always essential to get the patient to realize that current problems cannot be solved merely by revealing unconscious material. The material must be related to what is happening in the present. Hidden wishes, conflicts, fears, and early traumatic experiences certainly condition habitual behavior patterns, but it is essential to work out with the patient an understanding of how they manifest themselves in every act and thought in daily life.

The exploratory process is likely to bring out an enormous amount of sexual material, and one may get the impression that the only existing difficulties are of a sexual nature. The therapist will certainly be led into a blind alley if unconscious symbolisms are taken at their face value. Presentation of raw oral, anal, and phallic material may be very confusing to the patient, not only because of a need to repress the implications of this material, but also because the language of the unconscious is inscrutable to the conscious mind. Emerging from unconscious strata, it is like foreign speech. The material is, possibly valid, but it must always be translated into constructions that are meaningful to the patient in terms of one's relationship to others.

It is not enough to demonstrate to a female patient beyond any vestige of doubt that unconsciously she desires to possess a penis. It is essential to correlate this wish with her envy of men and with her rivalry and destructiveness in relation to them. It is particularly important to understand what the desire for a penis signifies in terms of the current needs of the patient. It may, for example, be a means of refuting a fantasy of being irreparably injured, or it may constitute a striving for superiority that is rooted in a sense of helplessness.

Desire for, or fear of, castration must also be explored from the standpoint of what purpose these strivings serve in the psychic economy. It is not sufficient to assume that preoccupation with castration is the mere continuance of an infantile fear or wish that has never been completely resolved. The persistence of such an impulse indicates that it serves some purpose in the present. For example, a castration fear may originate in a current feeling of loss of self, a solution for which is sought in strivings for passivity and dependency, which are equated with femininity and castration. Again it must be emphasized that all conscious and unconscious behavior is dynamically motivated and has a definite meaning and function.

RESPONSES TO INTERPRETATION

Inexperienced therapists, impressed by readings in dynamic psychology, often operate under the illusion that they need merely to bring the patient to an awareness of the problems for these to come to some kind of dramatic halt. In practice this does not happen. Indeed, the effect may be, not an amelioration of distress, but its exaggeration.

The individual's reaction patterns have already been set up in an

almost reflex way. Many values accrue to a habitual manner of life, no matter how disturbed this may be. Knowing that the individual reacts with certain patterns and appreciating why they exist does not eliminate the need for such patterns. A confronting of the patient with interpretations may do nothing more than to create a sense of hopelessness because the patient feels powerless to inhibit customary responses.

The patient's reactions to interpretations will depend on a number of factors, including intelligence and the capacity to understand the interpretive meanings. They are conditioned by how basic the patient's neurotic patterns are to security and self-esteem. The manner in which interpretations are presented and the quality of the existing relationship with the therapist are other important items. Any interpretation may seriously unbalance the equilibrium between the patient's defenses and the repressed conflicts. The responses to interpretation may, therefore, reflect an upset in homeostasis and contain customary defensive efforts to restore homeostasis as well as experimentation with new and better defensive devices.

Acceptance of Interpretations

Possible signs of acceptance of an interpretation are expressions of surprise, enthusiasm, relief, excitement, increased flow of associations, and confirmation of the validity of the interpretation. The accuracy of an interpretation is often registered by acknowledgment that it "rings a bell" or "clicks." An immediate acceptance does not necessarily mean that the patient will continue to subscribe to the accuracy of the interpretation or to put it into operation. Indeed, untoward later responses may be the consequence of interpretation due to resistances that are set into motion by the challenging of primary and secondary neurotic gains and the mobilization of anxiety. This is why such phenomena as apathy, depression, or defiance may follow a successful session during which the patient accepts and responds well to interpretations. On the other hand, the acceptance of interpretations may sponsor a start toward working through of the particular pattern under exploration, in the course of which new trends are uncovered, requiring further interpretation and working through.

The ability of a patient to accept an unpalatable interpretation will be proportionate to positive response to the therapist. If the patient trusts the latter, or is convinced of the therapist's good will, or

realizes that one has the right to reject the interpretive offerings, the patient usually will be able to tolerate the interpretation more readily and without undue transference reactions. Resistance to interpretation is most common in the absence of a good working relationship. It is often caused by a fear of succumbing to the therapist, of being overwhelmed and dominated, and of losing one's independence.

Stimulation of Tension and Anxiety

Since interpretation upsets the balance between the repressed and the repressing forces, it is bound to mobilize anxiety that may express itself in nascent form or may release depression, hostility, aggression, or psychosomatic symptoms. This effect may be desirable where there is little activity in the therapeutic process. Here, interpretation may provoke anxiety, which, in turn, will stimulate movement. The arousal of anxiety, however, may not be intended, or, if calculated, the quantity of anxiety may be so great that it threatens the working relationship. Here, the therapist will have to stop the investigative process temporarily and attempt to stabilize the patient, perhaps using supportive measures if the integrative capacities of the

patient show signs of shattering. Such undue anxiety may be the product of the improper timing of interpretations, of the inaccuracy of the interpretive effort, or of the presentation of the interpretation in an accusatory, belittling, or derisive manner.

Rejection of the Validity of the Interpretation

The immediate rejection of an interpretation may mean that the patient's capacities for insight are not yet sufficiently developed, that resistance is being mobilized to protect the status quo, or that the interpretation is incorrect. Forms of rejection are many, such as outright denial, shifts in the content of verbalizations, inability to think, evasions, anger, or detachment. More deceptive is a surface intellectual acknowledgement of the possible accuracy of the interpretation with no real emotional conviction. The rejection of an interpretation does not preclude its therapeutic effect. There may be an uncalculated absorption of the interpretation and an activation of conflicts with a marshalling of defensive forces. A delayed reaction occurs here, the working-through process operating on an unconscious level, resistance being resolved slowly with an eventual restructuring of patterns.

Handling Untoward Effects of Interpretation

If the patient responds to interpretation with anxiety, rage, or other disturbing reactions, the therapist may have to reassure the patient to offset a deterioration of the working relationship. The following excerpts from treatment sessions are suggestive of how this may be done.

Interpretation to a patient of a pattern of destructive aggression toward persons with whom the patient became friendly brought this response and reply:

> *Pt.* I feel ashamed and hopeless when I realize what I've been doing to people. I can hardly face myself, but I can't stop myself, *(cries) [The patient may be utilizing a masochistic defense here to support survival of his pattern.]*
>
> *Th.* The fact that you see the problem doesn't make you bad or any worse than you were before. But in seeing your problem more clearly, your guilt is being aroused and you may want to torment yourself. Actually you *can* do something about your problem if you do have a desire to get well. But it will take a little time, and you must try not to be impatient.

This reassurance brought out more constructive responses from the patient and helped the working-through process of his aggressive

pattern.

Another patient presented the following dream:

> My wife left me, I cried uncontrollably, and my mother came in to console me and pet me. I wanted consolation and somebody's sympathy. Then my mother's face changed to that of my wife, but her face had a Roman nose. She wanted sex. She wanted to go down on me. I said no, but she insisted and I succumbed. The room was filled with people, and as I looked at her she seemed taller. She said, "Don't forget to get in touch with me. My name is Janet James, and I am at the Edison Hotel." Then I overheard a conversation about my wife, Flossie. I heard she was pregnant. I was astonished. I felt it was impossible unless she was unfaithful.

In his associations the patient interpreted the dream as a need for a mother figure in his wife. He expressed disappointment with the mothering his wife had given him. When asked to associate to "Janet James," he remarked that James was the name of a boyhood friend with whom there had been mutual masturbation. This friend, who had a Roman nose, had written to the patient last week saying that he planned to visit New York in the fall and requested that the patient make arrangements to meet him. At this point I made a tentative interpretation that disappointment with his wife might cause the patient to think about the sexual earlier childhood relationship with a

boy friend. In response to this interpretation the patient blanched and complained of panicky feelings. An excerpt of the interview follows:

Pt. Does this mean I want to be homosexual? My God, if that's true! (*Patient is obviously upset.)*

Th. Of course not. You know the mind thinks in symbols. When a person is disappointed in his wife, the mind may say, "Oh, the hell with women; maybe a man would be better." (*I laugh, and the patient rapidly overcomes his panic and laughs with me.) [Months later the patient began working on his homosexual impulses.]*

ILLUSTRATIVE CASES

Example 1

The following session illustrates the technique of helping a patient make her own interpretations. The patient, a young newspaper woman concerned with a sexual problem, with symptoms of frigidity and vaginospasm whenever she attempted sexual relations with men, translates the meaning of her symptoms from her dream symbols.

Pt. I had a complicated dream last week. The first part concerned a ship in drydock. It was surrounded on either side by land but was pointed toward the sea. it was being repaired to go out

to sea.

Th. Mm hmm.

Pt. And the rear end of the ship was like one of the landing ships that were used for tanks or something like that. It had sort of a drawbridge drawn down to the drydock.

Th. Mm hmm.

Pt. And it opened from the bottom of the ship, not from the deck. It opened actually into a dry river bed. it had a lot of pebbles and stones, and there's no vegetation around any place. *(pause)*

Th. Rather stark and drab.

Pt. Yeah, and the problem was to get this ship repaired before this enemy army arrived and . . .

Th. There was a war going on?

Pt. There was a war of some kind going on. And, they were approaching from the other side of the river. When it became apparent that we wouldn't have time to finish getting the ship ready to go to sea, we decided something had better be done for defense against the enemy. *(pause)*

Th. Mm hmm.

Pt. And I was more or less in charge of the project and decided that

the thing to do was to build up the hill on the other side of the dry river.

Th. As a defense?

Pt. As a defense and disguise so that the enemy might be confused. And I was in the process of doing it when a man came along, an unidentified person, and said, "Well, I think I can do a better job. I have some bulldozers that can build the thing up." So I said, "Fine," and I didn't actually see the bulldozers in operation, but the hill began to build up. and it had a, a series of sort of turrets on it, made out of earth, probably phallic symbols.

Th. Phallic symbols?

Pt. Yeah.

Th. Why do you say that?

Pt. Well, because of the way they just sort of rose out of the ground.

Th. I see. You mean their shape?

Pt. Yeah. And when he got that built up, I saw it was a magnificent job. And then I realized that there was danger of a flood and asked him what should be done in those circumstances about the ship. And he said, "Well, we could close all the doors and windows on the ship and tie it down to the drydock and just let the water flow over it."

Th. You mean a flood was about to happen?

Pt. It was about to happen.

Th. In addition to the invasion.

Pt. Yeah, and I asked him about water on the deck, and he said, "Well, that happens all the time, and there wouldn't be any damage there. So we'd be quite secure staying on the inside of the ship." The character of the flood was sort of a flash flood that would be over in a very short time. We knew that the waters were backed up.

Th. Mm hmm.

Pt. And we didn't know whether, whether the flood would hit, but we had to be prepared in case it did. Then we went back to the ship, and I couldn't get the door at the rear end to work properly. It wasn't opened quite far enough. Either someone had, had knocked a lever and it had closed a little bit, or a spring had slipped. But it wasn't wide opened, and there were several levers, and I was confused as to which one to use. I asked the man which one to use, and he told me, and I tried it, and the door began to close more, and I said, "Here, I want it opened." And he said that you have to push another lever as well.

Th. Mm hmm.

Pt. So I did and the door came on opened. And in that circumstance I felt a little helpless, as if I didn't quite know what it was

that I needed to do.

Th. And this man came along to help you. *[The thought occurs to me that the man may represent the therapist.*]

Pt. Yeah. And it was the same one who helped build the hill.

Th. Oh, yes.

Pt. Then the next dream had to do with a big courtyard, cobblestone courtyard with stone buildings around it. European style, completely deserted. And, again, an army was going to make an invasion. And this dream also was very stark. It was like a drawing rather than like an actual scene. And a woman came into the courtyard, and she was sort of an animated cartoon and not a real person. And it could be seen that she'd been drawn with charcoal, actually. She came into the courtyard, obviously fleeing the armies. I knew that she was hunting a place to hide, and I knew that there was no place really to hide. Well, she went into the ladies room. The door for it was on a flat stone wall and shaped like a Gothic window with the point at the top, very narrow, so narrow that you had to turn sideways to get into it. And I knew that she was going to be found anyhow and that when she was found, that all kinds of horrible things would happen. Because it was the Communist army that was coming in, and she was known as a very active anti-Communist.

Th. Mm hmm.

Pt. And it was more as if I were watching a movie that was going on. *(pause)*

Th. Mm hmm. Any other elements to the dreams?

Pt. I think that's all.

Th. Well, now, what associations do you have to those dreams?

Pt. Well, the first one in the ship, my parents are at sea on a, on a ship now. i don't know whether it has anything to do with them or not. But certainly the ship lying in a drydock, again it's sort of like a vaginal canal, *(pause*) And it needed repair and wasn't ready to go to sea. perhaps going to sea, is sallying forth in a, a sexual light.

Th. Mm hmm.

Pt. And, who the enemy was I don't know. But it was very stark and very cold and, no vegetation of any kind, no real warmth.

Th. It sounds very bleak.

Pt. And, the bleak feelings, I think, are the same bleak feelings that I have about my sexual life.

Th. Uh, huh.

Pt. And about relationships with men. *(pause)*

Th. All right, now, what about the bleak feelings that you have

about your sexual life and relationships with men? And what is there that may have inspired the bleak feelings? Do you have any idea?

Pt. It might have been our discussion the other day about Howard. *[Howard is a married man with whom the patient started having a sexual affair.]*

Th. Mm hmm.

Pt. I have feelings of not quite knowing where I stand in the relationship.

Th. Not knowing where you stand in the relationship with him.

Pt. No.

Th. How could that have stirred up the feeling that you were about to be attacked?

Pt. Gee, I don't know.

Th. What else did we talk about the other day?

Pt. We talked about the, the seduction scene in the "Ways of Love,' which I feel is, is a matter of an attack. In fact, it probably means that to me very much. I know whenever a pass is made at me, I feel as if it's, it's kind of an assault.

Th. Mm hmm.

Pt. And, less a compliment than the reverse. And I feel that there's an aggression against me rather than, than for me.

Th. Mm hmm.

Pt. And that it's something I have to fight.

Th. You're conscious of a feeling of danger when anybody makes a pass at you?

Pt. Yeah, very much.

Th. Well, now specifically in terms of what we have been talking about in the past couple of weeks, what danger might there be related to facing something you perhaps want to face?

Pt. Yeah. (*laughs*) The going out and making an acquaintance with a man that would come to a satisfactory relationship. *[There was evidence that the patient conceived of a relationship with a married man as safe. Unmarried men frightened her since she feared being trapped by them in marriage.]*

Th. Do you think that that could have stirred up the dream?

Pt. I think it very probably could. I know it could.

Th. So that in the face of our talking about the necessity of not marking time with a safe situation, Howard, and experimenting with unmarried men, there may have been anxiety.

Pt. Yeah.

Th. Now, what could those anxieties be in terms of the dream?

Pt. Well, I felt that the ship which is, I think, obviously *me* had to be repaired.

Th. The ship had to be repaired. It wasn't yet completely repaired

Pt. Yeah.

Th. And?

Pt. And the door at the rear end of the, of the ship, I think is certainly a symbol of the genital area.

Th. Mm hmm.

Pt. And that was where the entrance and exit from the ship were made. It's obvious that it's in a sexual sense the repairs have to be made and a feeling that the enemy is going to arrive before the repairs are made.

Th. Mm hmm.

Pt. Before the ship is really secure, and ready to sail, on the sea itself.

Th. The enemy being symbolized by the war?

Pt. Yeah.

Th. And the actual invading enemy was what?

Pt. The flood.

Th. The flood, and in previous dreams water had meant what?

Pt. It's a sexual symbol.

Th. The flood is a sexual symbol. Now here you were then in charge of yourself and your own sexual functions, and the feeling was that repairs had not been completely made and, as such, you would be vulnerable to attack?

Pt. Yeah.

Th. Or to drowning. And you go off on to the shore and procure the help of a man. Now what does that bring to your mind?

Pt. Well, he came up to me and volunteered to help. And my feeling about it was one of, uh, I was very happy that he had because I felt that I needed help. I welcomed it. And then when he built up the defenses against the flood and against the enemy, I felt that he'd done a very adequate job.

Th. Mm hmm.

Pt. And it had given me time, and it had helped to know what to do. You see, the flood came along, but still I felt secure.

Th. But what kind of defenses were they that he had built up?

Pt. The phallic.

Th. Phallic? Now what would that mean in terms of you • own defenses?

Pt. Homosexuality.

Th. Homosexuality and also masculinity? *[The patient had assumed masculine attitudes, dress, and mannerisms.]*

Pt. Yeah.

Th. So that in the masculine facade that you might have displayed, there was a defensive attitude, wasn't there?

Pt. Yes.

Th. Which might explain perhaps the wearing of the masculine-cut clothes, the assumption of a kind of masculine role in life.

Pt. Yeah.

Th. As a defense against what?

Pt. Against a pass. (*laughter*)

Th. Against a sexual approach by men, against war, against invasion. It seems that your mind conceived of masculinity as something behind which you could hide.

Pt. Yeah.

Th. All right. Now in the dream the man assures you that you could seal up.

Pt. Mm hmm

Th. What does that remind you of?

Pt. Mm, of the conversion hysteria, the tightening of the vaginal canal, the spasm, and pain.

Th. The lightening of the vaginal canal. The vaginal spasm. The sealing up, and also other elements of detachment from men.

Pt. Yeah, keeping a distance from men.

Th. That is, keeping a distance, keeping a cloak around yourself, making yourself invincible, a fortified city that no man can approach. Not making dates with men, keeping away from men, all that as a defense against invasion. All right, now let us examine the next part of the dream, that is, the second dream. This involves also a war, and you're in an open court and there are many buildings around. There is this woman who's playing some kind of a role; she's drawn into this thing.

Pt. Mm hmm.

Th. What is going to happen to her?

Pt. She's about to be captured.

Th. Captured, and what are the horrible things that might happen to her if she is captured?

Pt. Probably death.

Th. Death?

Pt. But torture before.

Th. Torture and death. Now, in terms of the previous dream, what is the torture and death equated with?

Pt. With sex.

Th. With sex.

Pt. Yeah.

Th. If there is an emotional attitude toward sexuality that equates it with torture and death, understandably it would have very little pleasure value for you.

Pt. Yeah, that's right, and that's how it's been.

Th. And if your feeling toward sex was that emotionally it was like torture and death, well, nobody could blame you for wanting to run away from it. All right, now, what did this woman in the dream do to escape?

Pt. She went into the ladies room.

Th. The ladies room. She goes into the ladies room thinking this would be her sanctuary?

Pt. That maybe it would be, but knowing that she probably would be caught anyway.

Th. That was escape into femininity? It was like a church, a Gothic structure?

Pt. The door was, but yet I think the door was nearer a phallic symbol than a church.

Th. Like a phallic symbol?

Pt. Yeah, uh huh. it was, it was narrow, she had to go into it sideways, and it was twice as high as she was tall.

Th. I see. What type of symbol would that be?

Pt. I think a male phallic symbol.

Th. Male phallic symbol? So that no matter what escape she tried, the outcome was inevitable, wasn't it?

Pt. Yes. Well, in this dream, I was. I was sort of a spectator and didn't really take part in it. I just watched these things going on. I'd had some fear for my own safety. But I seemed to be separated from the dream. I wasn't really taking part in it. *[Detachment is one of the patient's characterologic defenses.]*

Th. Yes.

Pt. And my concern was for this woman who had really stood up and asserted the things she believed in.

Th. Mm hmm.

Pt. And I felt that she was unjustly going to be caught and tortured.

Th. Yes. Well, now in terms of your own feelings, how did you feel in the dream? Was there anxiety?

Pt. Um, not so much anxiety as a sort of detached feeling, a feeling that the whole thing was going on sort of coldly and relentlessly.

Th. And you had no way of controlling it?

Pt. In the, in the first dream I felt that there were some means of control, and in the second one I really didn't have anything to do with the dream, with what went on in it.

Th. Do you think I'm pushing you too hard in therapy? [*I ask this question to see if the patient feels threatened by what is happening in treatment and to probe for transference.]*

Pt. Uh, I don't feel I'm being pushed too hard.

Th. Because in the dream the inevitability that you feel about what is going to happen and the fact that you're helpless in the situation would seem to indicate that maybe if you did get yourself involved with an unmarried man, it would be to please me. That old pattern of compliance?

Pt. Mm hmm.

Th. The old pattern of not being able to resist. I'm just throwing this out to you because it may complicate your feelings for me if you feel yourself pushed into a relationship without your wanting it.

Pt. No, I don't feel pushed. I think I see the inevitability of it from my own standpoint.

Th. How?

Pt. Well, it comes down to a choice between I guess the boat being overcome by the flood and closing itself off and going forth and maybe facing it. A choice between having no relationship with a man and having one.

Th. Mm hmm.

Pt. Dissociating myself from what's going on or getting into the swing of it.

Th. In other words, either detaching yourself the way you have previously or facing the dangers you've invested in sex.

Pt. Yeah.

Th. And in running away from men you would be letting all your sexual emotions drain off in a relationship with a woman.

Pt. Yeah.

Th. Well, how do you feel about that? I mean, which of these choices do you feel you want?

Pt. Well, I want to make the heterosexual choice.

Th. You do?

Pt. Yeah.

Th. But it may be awfully hard, *[anticipating resistance]*

Pt. Yeah, and I, I, I feel that it will be. I feel that I'm going into, I think like that second dream, that I'm going into a world that I don't really have any feelings in.

Th. Mm hmm.

Pt. Um, except maybe feelings of torture and fear of death. Um. *(pause)* I feel reluctant to do it. *[The patient has good insight into her resistance.]*

Th. Mm hmm.

Pt. But I feel that, that it has to be done.

Th. Why do you feel it has to be done? [In treatment of patients with a homosexual life style any desired change should always be the complete choice of the patient.]

Pt. Well, I don't think I can mature as a person unless I do it.

Th. Yes. And you really feel that you want to make a try at it?

Pt. Yeah.

Th. It may be hard. You may feel as if you're being invaded and may want to run away. The emotions certainly are powerful, as the dreams would seem to indicate. They might impel you to just break off the relationship, break off therapy, return to the old status quo of homosexuality, and all that sort of thing. *[Mention of possible setbacks helps forestall disappointment if setbacks occur.]*

Pt. No, I don't think so. *(laughs)*

Th. Well, what do you think?

Pt. I don't know. I know that I'll, I'll resist making the relationships.

Th. Mm hmm.

Pt. And I anticipate going through anxiety states.

Th. Mm hmm.

Pt. As I try to make the relationships.

Th. Mm hmm.

Pt. I think that I've got enough of a one track mind that I'll stick to it, *(laughs)* until I get it done, by golly. And, I, I feel like I've started something, and I feel the need to finish it.

Th. Wanting to get it done is nine-tenths of the battle. The fears and the panicky feelings which are so vivid inside, and which you've undoubtedly experienced or have prevented yourself from experiencing by detaching yourself, the hysterical defenses of spasm and frigidity, and all that sort of thing, you feel you can begin to handle?

Pt. Yeah.

Th. Now, the intensity of your feeling will probably still be there. You can anticipate that you're going to get scared because, after all, this is an emotional thing. You may not even know where the feelings come from. All you'll feel is a vague kind of panicky feeling or a cold feeling that there's nothing in sexuality. Or another feeling may be that in some inscrutable way you may be damaged or hurt in a sexual role.

Pt. Yeah.

Th. This isn't absolutely definite. You may now have the strength and the motivation to experiment with men and see just what actually does happen, always anticipating the old defenses, which are what? What are your old defenses against heterosexuality?

Pt. Well, homosexuality mainly.

Th. Homosexuality. That's one defense, certainly, because it keeps your sexual energies drained off and it keeps you in a dependent relationship, as we've seen.

Pt. Yes, and the other defenses are there too, the sealing off, vaginal spasm, the running away, and acting masculine.

Th. And the whole assumption of a masculine role. Now all these things you may find operating insidiously as you begin to function in a heterosexual role.

Pt. Mm hmm.

Th. And it may be awfully hard. The temptation to go back to homosexuality may be terribly great because the starker the fields on this side, the more green the fields seem across the river.

Pt. (laughs) Well, I've had sort of flash backs insofar as dreams are concerned, and once in a while in terms of conscious feelings, toward homosexuality. I've always known that, that it was in relationship with Howard, if I felt helpless, or felt that I was being aggressed against, then immediately the homosexual thing would happen. It would just sort of be like pushing a button, *(laughs)* Not only that, but almost as if, whenever there was any kind of heterosexual involvement of any kind, that it was just like pushing a little button and a picture would come on the screen.

Th. And the fields may possibly begin to grow and get greener and even abundant with vegetation, as experimentation proceeds. With Howard, which was really a break in this homosexual pattern, you experienced, at first, pain, and then no pain, but no feeling.

Pt. With Howard I was able to make that break because I felt safe in that relationship. I felt very safe in it.

Th. In what way?

Pt. Well, a lot because of his attitude. I didn't feel that he was overly aggressive. I didn't feel that he was possessive.

Th. Mm hmm.

Pt. And I didn't feel that he'd force himself on me when I didn't want him to.

Th. Mm hmm.

Pt. And often when he would come to see me, he would ask me, "Are you busy?" or "Do you expect someone else?" or "Is there something else that you had planned that I'd be interfering with?" And I always knew that if I said, "Yes, I am busy," or "Yes, I am expecting someone," he'd go away.

Th. I see. So he was not a formidable enemy.

Pt. No. (*laughs*) I felt that he was rather cooperative.

Th. Mm hmm. And that gave you an opportunity to begin to handle some of your anxieties about men. But you may have doubts about other men. You have doubts that they can be as gentle, or could be handled as easily, or that you'd have as many escape routes as with Howard.

Pt. Yeah, well, the escape routes were always there with Howard, and I was always conscious that they were there.

Th. Mm hmm.

Pt. In fact I pretty well had to be conscious that they were there in order to be able to make a relationship with him.

Th. Yes, after all, he was tied down to a wife, if you ever wanted an escape route.

Pt. (*laughs)* Yes, that was true.

Th. Envisaging a relationship with another person, however, who was not tied down, and who would not perhaps be as diffident, and, as he fell in love with you, would be more insistent about seeing you when *he* wanted to see you, this might produce a little more anxiety, mightn't it? [preparing her for an eventuality]

Pt. I imagine it would.

Th. Yes. On the other hand, a relationship need not be entirely made up of anxiety. There may be some positive values there for you as you begin to work this thing out.

Pt. I find that in my general relationships with, with men that their personalities come through. Which didn't happen at all before. Before it was sort of like dealing with someone in an animated cartoon. It was a person without personality or life.

Th. Almost as in the last dream, this woman sort of going through motions like an animated cartoon.

Pt. Yeah.

Th. Going through a sexual attack perhaps. It'll be very interesting, when you get a man who's worthwhile, to begin experimenting to see just whether the feelings still duplicate the feelings in the dream. It will be rather interesting to see that.

Pt. Well, I felt in the dream that this woman was an admirable person because she had stood up for her rights.

Th. Mm hmm.

Pt. And my sympathies were with her.

Th. Yes.

Pt. She was very aggressed against and helpless in the situation. And the things she really stood for were going to be killed, which I think is myself in a heterosexual relationship.

Th. And the things she stood for that were likely to be killed in a heterosexual relationship were what?

Pt. Yeah, my own aggressiveness, my own creativeness, and my own plans toward my personal life.

Th. Your creativeness, your aggressiveness, your plans, which are

symbolized by what?

Pt. By masculinity.

Th. By masculinity. And in a feminine role your masculinity is likely to be taken from you?

Pt. Yeah.

Th. And that which you have cherished so ardently may possibly just be smashed to smithereens if you get into a female role. Now that's a rather dismal concept.

Pt. I should say it is.

Th. That creativeness, aggressiveness, productivity, being worthwhile are so equated with masculinity is interesting. It is something we may have to work out very, very carefully, in order to permit you to go on. Because, if it is really true that your creativeness and aggressiveness and productivity will be crushed in a female role, there is no reason why you should want a female role. But this is a misconception and a challenge. Why there has been this equation, what the meaning of it is are interesting things we may begin to explore.

Example 2

A man, with a reputable position in the community, allowed himself to be picked up by a prostitute. Falling in love violently with this woman, the man abandoned his wife and his three children and, to the horror of his friends, took up residence with the prostitute. Of all persons, only his minister was able to make enough of an impression on the patient to get him to seek psychotherapy. After 3 months of treatment the patient, realizing how destructive his behavior was to himself and his family, left the prostitute and returned home. This was accomplished without pressure from me. I had the feeling, however, that the patient felt resentful that therapy had deprived him of a source of intense sexual excitement. This anger was not openly expressed, but I intuitively sensed it. In the following fragment of a session, the patient presents enough material for me to make both tentative and authoritative interpretations of his resentment.

Pt. I know I shouldn't want Marie (*the prostitute)* as bad as she is. The whole thing is silly, the kind of person she is, I mean.

Th. But you do seem to want her in spite of her faults, *[reflecting underlying attitudes]*

Pt. I know she is bad for me, Rita (*his wife)* is so much more of a real person. But I can't get Marie off my mind. I don't want to go back to her though because that same mess will happen

all over again. I would like to be able to think about Rita all the time, to be thrilled by her. But I can work better now and would like to help Rita get the art training she wants. (*long pause)*

Th. I see. *(pause)* What are you thinking about?

Pt. A flash came to me, a fantasy of my standing on the subway platform. A person in front of me. As the subway approaches, I imagined myself pushing this man off.

Th. What kind of a person is this?

Pt. Unidentified. I couldn't identify the man. I seem to see him with a blue suit. He seems sinister for some reason. Sometimes when I stand on the platform of a subway, I have a fear I may jump off or that someone may push me off.

Th. But in your fantasy you push this man off. You're angry with him?

Pt. Oh, no, I don't feel ... I didn't feel anything. Just like pushing him off. *(yawns)* I'm kind of tired today. I had a hard day at the office, all kinds of pressures. I thought of canceling my appointment today because my secretary had forgotten to mark it and I forgot it, and I was supposed to talk to one of the out-of-town advertising people. *[This sounds like resistance.]*

Th. How do you feel about coming here? Do you feel it's an inconvenience to you? *[handling his mention of wanting to*

cancel his appointment]

Pt. (*laughs*) It is. I come because I think it's necessary, not because I want it. There isn't anything enjoyable in it.

Th. So maybe you resent coming here, [*a tentative interpretation]*

Pt. No, I don't think I resent it because I know I *should* come. *[He rejects the interpretation.]*

Th. Mm hmm.

Pt. But it is a lot of work to get here; it does take time. It isn't anything I would do for fun. And then I feel that I have the responsibility to my family to get this thing straightened out.

Th. But how do you feel about doing it for yourself?

Pt. Frankly, I'm doing it for my family. Indirectly, I suppose, I benefit from it.

Th. You know, I get the feeling that you really resent coming here, *[an authoritative interpretation]* Let's take that fantasy. Here in fantasy you do an aggressive thing to someone in a blue suit.

Pt. Yes.

Th. What kind of suit do I have on?

Pt. (startled) Why *your* suit is blue! *[The patient seems astonished.]*

Th. Maybe I'm the man in the fantasy and you want to get *me* out of the way. If so, you do seem to resent me. *[tentative interpretation]*

Pt. Oh. I almost forgot. *[He reaches in his pocket and pulls out a check.]* I've been carrying this around for 2 weeks and always forget to give it to you when I'm here.

Th. There must be a reason for that.

Pt. (blushes) You mean I might not have wanted to pay you?

Th. That's possible, *(pause)*

Pt. But I did have the intention to pay you. I just forgot.

Th. People forget for definite reasons very often. Could you possibly not have given me the check because you felt critical of me? *[a tentative interpretation]* If that's the case, then your giving me the check now is making up with me for being critical.

Pt. (laughs) Well, I'll tell you, I have been annoyed having to come here. I've even resented your good intentions. Not that you've ever told me to stay away from Marie, but I've been ashamed to go on the way I did. I've even wanted you to tell me Rita was better than Marie for me. But, damn it, the pull is there, the excitement. I can't go back, but I can't seem to push myself forward either.

Th. You see, there is a contradiction in some of your strivings. Your

present stalemate is a result of being wedged in between your desire for Marie and your guilt and sense of responsibility to the family. You want me to make the choice for you and you are angry if I don't. *[authoritative interpretations]*

Pt. Yes, I can see that, and I know that attractive as Marie is, life with her would be poison for me. I don't need you to build up Rita because she's a person with quality.

Th. Now, were I to make the choice for you, you'd have trouble. For instance, if I told you to give up Marie, I'd become the repressing authority you've been fighting all your life. As a matter of fact, you may find Marie attractive and want to kick over the traces to defy this authority and to do as you please. Then our relationship would get bad because you'd probably want to defy me. On the other hand, if I encouraged you to give up Rita and to yield to your desires, you would be contemptuous of me. And if you went back to Marie, you'd blame me for exposing you to something from which you got pleasure, but which was very destructive to you. *[more interpretations]*

An accident-prone patient with an obsessive-compulsive personality sought therapy for anxiety and depression. From early childhood on he had been fearful of harboring a dreadful disease, the present form of which is cancer. At the fifth session when it became apparent that reassurance had failed to allay his fear of succumbing to

a cancerous process of the brain akin to that of a colleague in his profession, the therapist confronts him with his masochistic need through authoritative confrontation.

Th. I realize that, as you have told me, doctors make mistakes. But I get the impression that in your case, with so many medical and neurological checks, there is little chance that you have cancer of the brain. More important than this is why you have to torture yourself with this idea or with other fears. Like all the other cancers you thought you would develop in the past and didn't.

Pt. Doctor, I tell you, I get so upset. I can't eat or rest. I get up in the middle of the night with a cold sweat.

Th. {firmly) Now listen to me. You are giving yourself a hard time. Now why in the devil do you *have* to wear a hair shirt all the time. One torturous idea after another. You've always had it. I really feel you've always had it. I really feel you've got a stake in punishing yourself. All the guilt feelings you have about your parents. You must feel that you are a terrible person for feeling the way you do. *[authoritative interpretation]*

Pt. I can't get the thoughts out of my mind about what will happen to me when they die.

Th. Like what?

Pt. {pause) I don't know. I'm afraid I can't get along without them. And yet I have these awful thoughts that something terrible will happen to them. *[Obviously the patient is caught in a conflict of dependently needing his parents, feeling trapped, resenting his helpless dependency, fearing that his anger will somehow bring about their death and turning this resentment back on himself. His guilt feeling enjoins him to punish and torture himself. This will probably prevent him from benefitting from therapy. To try to take away his masochistic need for self-punishment without dealing with the basis for his guilt would prove either futile or would only be temporarily successful.]*

Th. Now look. You have this need to punish yourself and all the torture you're putting yourself through, and all your symptoms and the messes you get into, accidents and all, are, I feel, directly related to this need for self-punishment. The reason I bring this up is that as long as you have this need, you will block yourself from getting well in our treatment. What we are going to do is plan how you can break this vicious cycle.

A treatment plan then was evolved to help him break his dependency ties by getting him to take vacations away from home and then to find an apartment for himself away from his family. Having been enjoined to vent his anger, the patient became increasingly able to tolerate his hostility and to accept his parents for what they were.

With support he was able to resist their insinuations that he was a disloyal son for leaving them and for living his own life. A dramatic change occurred in his symptoms, and a 2-year follow-up showed continued improvement and maturation.