Handbook of Short-term Psychotherapy

Choosing an Immediate Focus

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Choosing an Immediate Focus

Many patients come to therapy convinced that their problems were brought about by some precipitating factor in their environment. An alcoholic husband, a disastrous investment, a broken love affair, a serious accident, these and many other real or exaggerated calamities may be blamed. What people usually want from treatment is help in getting rid of painful or disabling symptoms that are often ascribed to such offensive events. The symptoms include anxiety, depression, phobias, insomnia, sexual difficulties, obsessions, physical problems for which no organic cause can be found, and a great many other complaints and afflictions.

Even though we may be correct in our assumption that the basic troubles reside elsewhere than in environmental or symptomatic complaints, to bypass the patient's immediate concerns is a serious mistake. Later when there is firm evidence of the underlying causes, for example, faulty personality operations or unconscious conflict, a good interviewer should be able to make connections between the precipitating events or existing symptoms and the less apparent dynamic sources of difficulty. There will then occur a change in focus. This shift, however desirable it may seem, is not always necessary because we may find that our objectives are reached, and that the patient achieves stabilization, without delving into corrosive conflicts or stirring up ghosts of the past. It is only where goals go beyond symptom relief or behavioral improvement that we will, in the hope of initiating some deeper personality alterations, delve into dynamic problem areas. Even where the objective is mere symptom relief or behavioral improvement, resistance to simple supportive and reeducative tactics may necessitate a serious look at underlying personality factors that are stirring up obstructive transference and other interferences to change.

In practically all patients some immediate stress situation, usually one with which the inpidual is unable to cope, sparks the decision to get help. Usually the patient considers himself to be the victim rather than perpetrator of his identified troubles. This, in some cases, may be true; in most cases it is false. It is necessary, therefore, in all patients to appraise the degree of personal participation in their difficulties.

Since we are actually dealing with situations that generate tension and anxiety, it is essential to view environmental incidents through the lens of their special meaning for the inpidual. What may for one person constitute an insurmountable difficulty may for another be a boon to adjustment. During World War II, for instance, the London bombings for some citizens were shattering assaults on emotional well-being; for others they brought forth latent promptings of cooperation, brotherliness, and self-sacrifice that lent a new and more constructive meaning to the inpidual's existence. Indeed, wartime with its threat to life marshalled an interest in survival and subdued neurotic maladjustment, which returned in peacetime to plague the inpidual.

The understanding of stress necessitates acknowledging that there is no objective measure of it. One cannot say that such and such an environment is, for the average adult, 70 percent stressful and 30 percent nurturant. No matter how benevolent or stressful the environment, the inpidual will impart to it a special meaning as it is filtered through his conceptual network. This shades his world with a significance that is largely subjective. Conceptual distortions particularly twist feelings toward other human beings and especially toward the self. A self-image that is hateful or inadequate may plague the inpidual the remainder of his life and causes him to interpret most happenings in relation to his feelings that he does not have much value. Most of what happens to him in life will be viewed as confirming his own conviction that he is not much good and that nothing that he does will amount to anything. Such a pervasive belief, of course, makes nearly any occurrence productive of considerable stress.

With this as an introduction, it may be asserted that there is such a thing as realistic environmental stress:

1. *The environment may expose the inpidual to grave threats* in the form of genuine dangers to life and to security. Examples are exposure to disasters such as war, floods, storms, and accidents as well as severe deprivation of fundamental needs for food, shelter, love, recognition, and other biological and social urges engendered by a cruel or barren environment.

2. *The environment may be partially inimical*, the inpidual not having the resources to rectify it. The environment may be beneficent enough, but the inpidual, perhaps through early formative experiences, never developed the ability to use those resources that were potentially available.

3. *The environment may contain all elements essential for a good adjustment*, yet the inpidual may, as has been cited, be unable to take advantage of it because of a personality structure that makes him experience essential needs as provocative of danger. Such defects may cause him to project out into the environment his inner dissatisfactions, and he ma\ actually create circumstances that bring upon himself the very hazards from which he seeks escape.

Some persons invariably regard their environment as one in which their assertiveness brings punishment. They are commonly referred to as "losers." A patient of mine constantly would involve himself with financial investments that almost inevitably would turn out to be less than profitable. He would then react with depression, rage, and shattered self-esteem. Yet no sooner would he accumulate any surplus of funds, then he would again plunge into fanciful schemes that ended in disaster. It was only after we had exposed his inner need to fail that he would recognize how he brought his troubles on himself. For a while it was with the greatest effort that he restrained himself from indulging in wildcat gambles. I felt that had he not needed to answer to me, he still would have taken impossible risks.

Character distortions engendered by defects in development, such as extreme dependency, detachment, aggression, masochism, perfectionism, or compulsive ambitiousness, are what usually prevent the inpidual from fulfilling himself and taking advantage of environmental opportunities. They make for the creation of abnormal goals and values that may seriously interfere with adjustment and that act as sources of stress irrespective of the environment.

It is rare then that environmental stress alone is the sole culprit in any emotional problem. Inimical, frightening, and desperate situations do arise in the lives of people, but the *reactions* of the inpidual to happenings are what determine their pathological potential. Under these circumstances minor environmental stress can tax coping capacities and break down defenses so that an eventuating anxiety will promote regressive devices like protective phobias. It is, therefore, essential that any precipitating incident that brings a patient into therapy be regarded as merely one element in an assembly of etiological factors, the most important variable being the degree of flexibility and integrity of the personality structure. It is this variable that determines a harmonious interaction of forces that power intrapsychic mechanisms when security and self-esteem are threatened by adversity from the outside and by common developmental crises that impose themselves from within. By focusing on what is

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regarded as a precipitating incident we may be able not only to initiate remediable environmental corrections but also to open a window into hidden personality resources.

From a practical viewpoint therefore, any environmental stress warrants close examination for its influence, good or bad, on the patient. An understanding of the how and why of its impact may prove invaluable. Sometimes the initiating factor may seem like a trivial spark to the therapist, but an exploration of the patient's past history, his attitudes, and his values may reveal the emotional explosive mixture that awaits detonation.

Focusing on Symptoms

Because symptoms are frequently a byproduct of stress, tension, and anxiety, it may be helpful to examine their development and meaning within the matrix of adaptation. As long as a person is capable of coping with his current life situation, as long as he can gratify his most important needs and dispose of others that he is unable to satisfy, as long as he can sustain a sense of security and self-esteem, and as long as he is able to mediate troubles that vex him, he will not experience stress beyond the point of adaptive balance. When, however, this is not possible, the threat is registered as a state of tension, with altered homeostasis affecting the viscera, the skeletal muscles, and the psychic apparatus. The person mobilizes himself to cope with the stress and if he is successful, homeostasis is restored. When attempts at adaptation keep failing, the continuing presence of tension in turn sabotages the development of more effective coping patterns.

Overstimulation resulting from *continued* stress is bound to register its effect on the bodily integrity ("exhaustion reaction"). Bombardment of the viscera with stimuli will tend after a while organically to disturb the functions of the various organs and systems. To such ensuing disturbances Selye (1950) has given the name "disease of adaptation." As insidious as are the physical effects of tension, the development of a catastrophic sense of helplessness produces the more disturbing phenomenon of anxiety. And it is often anxiety that brings the patient to therapy.

Anxiety and Its Defenses

A vast amount of human psychopathology is covered by the generic term anxiety. It is characterized

by a violent biochemical and neurophysiological reaction that disrupts the physical, intellectual, emotional, and behavioral functions of the inpidual. It is indicative of a collapse of a person's habitual security structure and his successful means of adaptation. So uncomfortable are its effects that the inpidual attempts to escape from it through various maneuvers. These are usually self-defeating because those very maneuvers are often regressive in nature—that is, they revive outmoded childish ways of dealing with discomfort. They only further interfere with assertive and productive coordinations.

Where anxiety is uncontrolled, an actual return to infantile helplessness with complete loss of mastery may threaten. Reality testing may totally disintegrate, ending in confusion, depersonalization, an inability to locate the limbs in space, incoordination, and loss of capacity to differentiate the "me" from the "not me." This threat to integrity may initiate "parent-invoking" tactics ranging from quiet searching for support to screaming, tantrums, bewildered cries for help, and fainting. Such complete relapse to infancy is rare, occurring only in inpiduals with fragile personality structures.

Anxiety does not always have to be harmful. As a matter of fact, some anxiety is an adaptive necessity; its release acts as a signal to alert the inpidual and to prepare him for emergency action. Small amounts of anxiety sponsor somatic and visceral reactions that lead to attack or flight. Anxiety even facilitates information processing in the forebrain. The physiological and biochemical patterns of anxiety are innate in the organism. Its psychological ingredients are unique to the experiences and conditioning of the inpidual. These, constituting the security apparatus, are organized to reduce and to remove threats to the integrity and safety of the inpidual.

The signal of anxiety, therefore, activates adaptive reserves stimulating somatic and psychological mechanisms to prepare for an emergency. The inpidual learns to react to minimal cues of anxiety with a constructive defensive reaction that dispels the anxiety and perhaps eliminates its source. *But where the defenses fail to operate, anxiety can reach a pitch where it cannot be dispelled*. Somatic reactions of a diffuse, undifferentiated, and destructive nature then flood the body. Psychological responses become disorganized. Regressed, childish kinds of behavior, which solve little toward handling an adult anxiety situation, may then emerge. Because the inpidual cannot cope with intense anxiety, he may want someone to take over for him.

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What generally shatters the defenses of the person so that he responds with global anxiety? The provocative agent may be any external danger or internal conflict, recognized or unrecognized, that disorganizes the inpidual’s reality sense, crushes his security and self-esteem beyond mediation, and fills him with a catastrophic sense of helplessness to a point where he cannot stabilize himself. It is the *meaning to* the inpidual of an experience or a conflict that is the fundamental criterion as to whether he will respond with uncontrollable anxiety.

Let us proceed with examination of the physiological and psychological manifestations of the inpidual suffering from extreme anxiety since these may be chosen as a focus in therapy.

First, there is a vast undifferentiated, explosive discharge of tension which disorganizes the physiological rhythm of every organ and tissue in the body, including muscular, glandular, cardiovascular, gastrointestinal, genitourinary, and special senses. Long continued excitations may produce psychosomatic disorders and ultimately even irreversible organic changes. Thus, what starts out as a gastric disorder may turn into a stomach ulcer; bowel irritability may become a colitis; hypertension may result in cardiac illness, and so on.

Second, there is a precipitation of catastrophic feelings of helplessness, insecurity, and devaluated self-esteem. The victim often voices fears of fatal physical illness, like cancer or heart disease or brain tumor, as interpretations of the peculiar somatic sensations or symptoms that are being released by anxiety.

Third, there is a wearing down of repressions to the point where they become paper thin in certain areas. Consequently, a breakthrough of repudiated thoughts, feelings, and impulses, ordinarily controllable, now may occur at random. These outbursts further undermine security and produce a fear of being out of control, of not knowing what to expect.

Fourth, various defenses are mobilized, their variety and adaptiveness depending upon the flexibility and maturity of the inpidual. If these strategies fail to control or dissipate the sense of terror, then a further set of maneuvers is initiated.

Solutions for anxiety will depend on the source of the anxiety as well as the singular personality

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configurations of the inpidual.

The specific types of defense are chosen by the inpidual for reasons that are not, at our present state of knowledge, fully known. The following factors are probable. (1) The inpidual's unique experiences and conditionings focus emphasis on problems and coping mechanisms developed during certain periods in his life. For instance, as a child the inpidual's dependency needs may not have been satisfactorily resolved, causing him to measure his self-esteem chiefly in terms of how well loved he was by his parents (and later their internalized images in his conscience). He will be insecure when confronted with circumstances where he must take an independent stand. (2) Certain defenses appear in childhood that net the child a special gain. Such defenses, if successful, establish a pattern of behavior that may be pursued later on. Thus where violent and aggressive displays intimidate parents into yielding to the child's demands, he may tend to have outbursts of anger and to intimidate others as a preferred way of dealing with opposition. (3) Unresolved childish fears, needs, and strivings, with persistence of archaic concepts of reality, will influence the patterns adopted in the face of stress. Fears of the dark or of being alone may return whenever stress is excessive, where these were manifest in childhood. (4) Defensive reactions are often conditioned by parental neurotic attitudes and illnesses, which the inpidual may take over through the process of imitation. A mother's terror of lightning storms or recourse to headaches when difficulties come up may be adopted by her child.

The neurotic inpidual thus revives early techniques of adaptation that originally helped solve the difficulties in his childhood. Since these techniques have long outlived their usefulness, they create many more problems than they solve. Nevertheless, the inpidual is apt to implement them in a reflex manner, almost as if they were the most natural of devices to employ under the circumstances.

Many defensive responses to anxiety that are directed toward the reduction of anxiety may lead to a crippling of a person's flexibility and adaptiveness. The defensive technique of the phobia illustrates the destructive influence that a mechanism of defense may yield. The inhibition of function characteristic of phobic states is calculated to isolate the inpidual from certain sources of danger onto which he has projected his inner anxieties. For instance, a woman fearful of yielding to unrestrained sexual impulses may develop strong anxieties while walking outdoors. She may shield herself from such anxiety attacks through the symptom of agoraphobia, that is, by avoiding leaving her home, except perhaps in the

presence of her mother. The phobia ultimately results in her incapacitation, interfering with her livelihood and her capacity to establish normal relationships with people. She may, as a result, undergo a shattering of self-esteem, and her feelings of inferiority may stimulate a further attempt to isolate herself from others. Her hostility, which is usually directed at her parent on whom she is so helplessly dependent, may become extreme, and she may have difficulty in expressing or even acknowledging her hateful feelings because they threaten her standing with her mother. Thus, while she has employed a defense to shield her from anxiety, she has suffered from gross difficulties in her functional relationships with life and people. The defense against the original anxiety plunged her into difficulties as great or greater than the stress that initially inspired her reaction.

Because defenses so often are sources of difficulty for which psychotherapeutic help is sought and because they frequently are an immediate focus in treatment, it may be productive to elaborate on how and why they evolve.

In general, four levels of defense are employed as outlined in Table 7-1: (1) conscious efforts at maintaining control by manipulation of the environment, (2) characterologic defenses aimed at manipulating interpersonal relations, (3) repressive defenses that manipulate the intrapsychic forces, and (4) regressive defenses that regulate physiological mechanisms. The inpidual may stabilize at any level, while retaining symptoms and defenses characteristic of previous levels. At different times, as stress is alleviated or exaggerated or as ego strengthening or weakening occurs, there may be shifts in the lines of defense, either up or down. The manner in which these four levels of defense are employed in adaptation is as follows:

TABLE 7-1. Mechanisms of Defense

	MANIFESTATIONS and SYMPTOMS	SYNDROMES
Threats to Adaptation ADAPTATION SYNDROME	tension anxiety physiological reactions	Anxiety states Physical conditions arising from mental factors (psychosomatic illness)
1st Line of Defense CONTROL MECHANISMS	Removing self from sources of stress Escape into bodily satisfactions & extroversion Wish-fulfilling phantasies Suppression, rationalization, philosophical credos, self-control, emotional outbursts, impulsive behavior, “thinking	Substance use disorders (alcoholism, drug dependence)

	things through" Alcoholic indulgence—excessive alcohol intake Sedation, narcotics—drug overindulgence	
2nd Line of Defense CHARACTEROLOGIC DEFENSES	STRIVINGS of an INTERPERSONAL NATURE Exaggerated dependency (religious fanaticism, etc.) Submissive techniques (passivity) Expiatory techniques (masochism, asceticism) Dominating techniques Techniques of aggression (sadism) Techniques of withdrawal (detachment) STRIVINGS DIRECTED AT SELF-IMAGE Narcissistic strivings (grandiosity, perfectionism) Power impulses (compulsive ambition)	Educational disorders, habit disorders, work problems, marital problems, adjustment disorders, conduct disorders, sexual disorders and perversions, delinquency, criminality, personality disorders
3rd Line of Defense REPRESSIVE DEFENSES	A. EFFORTS DIRECTED at REINFORCING REPRESSION *General*: (a) reaction formations, (b) accentuation of intellectual controls with compensations and sublimations. *Inhibition of function*: Disturbed apperception, attention, & thinking Disturbed consciousness (fainting, increased sleep, stupor) Disturbed memory (antegrade and retrograde amnesia) Emotional dulling, indifference, or apathy (emotional inhibitions) Sensory defects (hypoesthesia, anaesthesia, amaurosis, ageusia, etc.) Motor paralysis (paresis, aphonia) Visceral inhibitions (impotence, frigidity, etc.) DISPLACEMENT & PHOBIC AVOIDANCE (phobias) UNDOING & ISOLATION (compulsive acts & rituals)	Posttraumatic stress disorders Conversion disorders Dissociative disorders Phobic disorders Compulsive disorders
	B. RELEASE of REPRESSED MATERIAL (direct or symbolic) Impulsive break through with "acting-out" (excited episodes) Obsessions, (excessive revery & dreamlike states) Dissociative states (somnambulism, fugues, multiple personality) Psychosomatic disorders (sensory, somatic, visceral; tics, spasms, convulsions) Sexual perversions (fetishism, scoptophilia, etc.) Internalization of hostility (depression) Projection	Obsessive-compulsive disorders Conversion disorders Neurotic depression Paranoidal reactions
4th Line of Defense REGRESSIVE DEFENSES	Return to helpless dependency Repudiation of and withdrawal from reality Dereistic thinking; disorders of perception (illusions, hallucinations), disorders of mental content (ideas of reference, delusions)-, disorders of apperception and comprehension; disorders of stream of mental activity (increased or diminished speech productivity, irrelevance, incoherence, scattering, verbigeration, neologisms) Defects in memory, personal identification, orientation, retention, recall, thinking capacity, attention, insight, judgement Excited "acting-out" (hostile, sexual, and other impulses) Internalization of hostility (depression, suicide)	Psychotic episodes Schizophrenic disorders Paranoid disorders Manic-depressive disorders Involutional psychoses

First-level defenses: Control mechanisms

When tensions and anxiety are experienced, the first maneuver on the part of an inpidual is to manipulate the environment to fashion it to his needs, to escape from it, or to change his mode of thinking about it. Thus he may avoid certain activities or places or people. He will try to manage in some different way whatever he feels to be the source of stress. He may change his job, his wife, his haircut, his nose shape, or his domicile. Or he may try to change existing attitudes, attempting to think things through and to arrive at some new intellectual formulations about what his life is all about. In this regard he may try to suppress certain thoughts, to keep his mind on more positive channels, to exercise self-control, or to read self-help books that stimulate him to think through a new philosophy of life. He may develop different leisure-time activities in quest of satisfactions in a new hobby, a new social activity, or different friends. He may try to "get outside himself," or, just the opposite, he may become more absorbed in bodily satisfactions such as eating or drinking. He may deaden his feelings with sedatives, stimulate them with energizers, or drown them in alcohol. Daydreaming of a wish-fulfilling nature may help in escaping the painful realities of his daily troubles.

His emotional equilibrium may also shift, so that he permits himself emotional outbursts, fits of crying or laughing, and impulsive outbreaks designed to release tension.

All these, and other maneuvers like them, are the first attempts to be made when a person feels the uncomfortable tension that indicates a breakdown in homeostasis. Every person alive at various times employs some of these environment-manipulating devices. Pathological exploitation of certain first-line defenses, however—namely, alcohol and drugs—can cause addictive disorders such as alcoholism and drug addiction. Other first-line defenses, such as attempts at intellectual understanding regarding the basic nature of one's conflicts and anxieties, may help provide some degree of relief. On the other hand, a hit- or-miss application of self-help measures, without awareness of the nature of one's difficulties, may lead to nothing, necessitating the use of the next line of defense.

Second-level defenses: Characterologic defenses

In situations of increasing threat it is typical for a person to exploit in exaggerated form his normal characterologic drives. Aggression, withdrawal, and abnormal self-image restoration are examples.

Idiosyncratic adaptations to stress are developed early in life, primarily in coping with the parental figures who are the first source of a child's security. Certain character styles were promoted by the parents, and the child learns that there is a certain manner in relating to people and events that has the best chance of keeping him free of anxiety. Later in life, when anxiety is experienced, there is an unwitting return to the mode of life that worked most effectively in the past.

Thus these modes of defense may be termed "manipulating one's interpersonal relationships." If dependency is characteristic for a person, then in time of stress he may become abjectly dependent. If detachment is the way in which a person handles untoward experiences, then a serious tragedy will cause him pathologically to isolate and withdraw for long periods. It is the exaggeration of the usual mode that is the key to understanding this second level of defense.

It is typical of the exaggerated maneuvers of the second defense line that they get the inpidual into interpersonal difficulties. If a high school principal is accused by his teachers of being too controlling, the principal may become threatened. When threatened, he fears that he is losing control over his teachers and reacts perhaps by asking that they submit to him more complete lesson plans and that they sign out of the building when leaving for lunch. It is this very control that the teachers objected to in the first place, and the interpersonal conflict becomes exaggerated.

Examples of pathologically exaggerated character drives include many kinds of interpersonal, vocational, and educational difficulties. The following are typical. Educational and work disorders may be symptomatic of such excessive dependency that one is unable to pursue any independent, assertive line of thought or action. The writing of a term paper or the making of a business call may represent the exercise of personal responsibility; an inpidual with a devalued self-image may not be able to pursue such an activity on his own. Marital problems, so ubiquitous in our society, and parental mishandling of their children may represent the exaggeration of any or several character strivings.

Delinquency and criminality are syndromes representing the excess of hostile aggression. Sexual disorders often portray the nature of the interpersonal disorder. Hypochondriacal preoccupations may depict the fear of injury; psychopaths demonstrate the extravagant caricature of many interpersonal needs; immature, obsessive, schizoid persons have all, under the threat of anxiety, pressed their life-

styles to extreme lengths. Usually, second-line defenses do not work effectively. Rather they plunge people into such interpersonal difficulties that conflict and stress are heightened rather than reduced. The chronic employment of dependency reactions, for example, is eventually resented by others on whom one leans, serving to alienate the person from his sources of support. Rather than have his needs gratified, he drives others away and is more alone. The emotionally poor get poorer if there is a blind repetition at the same pattern. Because of the ultimate ineffectiveness of the second line of defense, the inpidual usually goes on to the next level.

Third-level defenses: Repressive maneuvers

The third level of defense consists of the manipulation of one's *intrapsychic* structure. It is an attempt to gain peace by pushing troubles out of one's mind. In *repression* a barrier is set up to the motor discharge of needs, impulses, memories, ideas, or attitudes, awareness of which will set off anxiety. To avoid anxiety, selected ideational segments are sealed off along with any associational memories or links, the activation of which may challenge the repression. In this process there may be (1) a blocking in the perception, processing, storage, and retrieval of experiences; (2) an inhibition or distortion in the functions of intelligence, such as attention, learning, discrimination, judgment, reasoning, and imagination; (3) a blocking in the operations and expressions of emotions; and (4) a blocking in behavior.

The necessity of maintaining repression can absorb the energy resources of the inpidual. Constantly threatened are breakdowns in the repressive barriers, a filtering of the sealed-off components into consciousness, and a mobilization of anxiety. The inpidual may consequently be victimized by a ceaseless stress reaction, his physical system being in a perpetual uproar. Vulnerable organ systems may become disorganized with outbreaks of organic illness. At the same time a symbolic discharge (*displacement of affect*) may occur in attenuated or distorted forms, which will provide some gratification for the repudiated drives. At phases when repressed needs become particularly urgent, or for some reason or other are activated by physiological factors (such as a previously quiescent sexual drive stirring during adolescence) or experientially (as when an insult excites slumbering rage and aggression), a direct expression may occur followed by retributive reactions which will appease guilt feelings and serve to restore repressions.

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The understanding of the repressive line of defense can best be seen in two groupings: those efforts aimed at reinforcing repression and the direct or symbolic release of repressed material.

First, *reaction formations* (such as chastity or heightened morality as a cover for perverse sexual or antisocial desire) may become pathologically exuberant in the urgent need to deny the existence of forbidden impulses.

Second, there is an *inhibition of function*, disturbed apperception, attention, concentration, and thinking occurring as one selectively inattends to certain upsetting aspects of one's inner or outer world. Disturbed consciousness may take the form of fainting, stupor, or excessive needs for sleep. Disturbed memory to the point of amnesia may develop. Emotional dulling can be seen in a person who exhibits indifference or apathy as a defense against being involved in a potentially threatening situation. Sensory defects, motor paralysis, and even visceral inhibitions may be *conversion reactions* that serve to block out the direct awareness of an anxiety-provoking thought or deed. Thus one may literally not be able to feel a frightening object, see a threatening event, or experience a sexually arousing stimulus—if such awareness would provoke undue anxiety.

Another effort at reinforcing repression is the development of a phobia. In *phobia formation* there is a displacement from a fearsome inner drive to an external object that symbolically comes to represent this drive. Thus a fear of snakes in a woman may conceal an exaggerated but repressed interest in the male sexual organ. A fear of heights may be a cover of a murderous impulse for which one may anticipate retributory punishment.

Further attempts to gain peace through repression are through *undoing* and *isolation*. By these maneuvers the inpidual, almost magically, robs a forbidden impulse of any vitality. When he thinks an angry thought, he quickly follows it with a thought that "undoes" the first thought. Or he does not "feel" the thought, and so he believes his sexual or hostile impulses have no real significance for him.

The release of repressed material through direct or symbolic means is the second form by which repressive maneuvers attempt to maintain a psychic equilibrium. As we have just noted, the first form of repressive maneuver reinforces the repression itself. This second form allows for an intermittent direct or symbolic discharge of the repressed material.

One such type of release is simply an impulsive breakthrough of some forbidden word or thought or impulse. Occasionally an excited episode of acting out some impulse can be noted in a person who otherwise relies heavily on repression as his typical form of defense. The fighting drunk may actually be a sober Casper Milquetoast whose repressions are temporarily deadened by alcohol, permitting a hostile release.

Obsession, that is the repetitive use of reveries and daydreams, is a second means that serves to drain away the repressed material. A symbolization of forbidden inner impulses through obsessional thinking drains off energy but promotes anxiety in their release. The inpidual may murder, rape, or torture special people in his fantasies or may explode the world with atom bombs to his own dismay and anxious discomfort. He may then neutralize his released impulses by engaging in *compulsive rituals*, which on the surface make no sense but which symbolically appease his guilt or pert his mind from his preoccupation. Thus “evil” thoughts may inspire repeated hand washing as a cleansing ritual.

A third measure for liberating repressed material is through *dissociative states*, such as somnambulism, fugues, and multiple personality. Acted out are the repressed impulses, too threatening to be integrated into one’s conscious activities, but not remembered when the usual consciousness is restored.

Psychosomatic disorders may be a fourth evidence of the release of tensions that have not made their way into conscious awareness. Sensory, somatic and visceral changes may reflect the inner conflicts of an inpidual. Tics, spasms and convulsions are often symbolic revelations of inner psychic processes that cannot find direct expression.

The fifth means are the *sexual perversions*, such as fetishism, exhibitionism, and the like, that discharge erotic tension when these become uncontrollable.

The *use of the self as an object for aggression* is a sixth method by which unaccepted impulses gain some measure of expression. Angry impulses originally directed at others are repressed and then directed against the self. The resultant condition may be neurotic depression, a feeling that one is a miserable creature. The continuing self-recriminations that the depressed person indulges served to discharge his hostility—albeit in the wrong direction. There may also be dangerous abuses of the self,

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with accident proneness, mutilation tendencies, and even suicide.

Finally, a defense mechanism that allows for releasing repressed material is projection. Projection is a means of repudiating inner drives that are painful and anxiety provoking by attributing them to outside agencies and influences. Thus inner feelings of hate, too dangerous to accept and manage, are externalized in the conviction of being hated or victimized by an oppressor. Avarice may be concealed by a belief that one is being exploited. Homosexual drives may be credited to persons of the same sex toward whom the inpidual is sexually attracted. The projective mechanism serves the purpose of objectifying a forbidden and repressed danger that will justify certain measures, such as the expression of aggression without guilt. In this way punishment and self-blame are avoided. By projecting impulses and desires on to the outside world one may insidiously gain acceptance for his own forbidden drives. For example, insisting upon the fact that the world is sexually preoccupied, and finding prurient examples for this point of view, a sexually fearful inpidual may try to lessen the severity of his own conscience that punishes him for his sexual needs.

Fourth-level defenses: Regressive defenses

When all other measures are failing to restore emotional equilibrium, psychotic states are the last instrumentality with which to escape the painful demands of reality. There may be a return to completely helpless dependency, a repudiation of and withdrawal from reality, excited acting-out impulses without reference to reality demands, and depression that has reached delusional and suicidal proportions. In this fourth level of defense the inpidual shows evidence of psychotic functioning. There may be dereistic thinking, disorders of perception (*illusions*, *hallucinations*), disorders of mental content (*ideas of reference, delusions*), disorders of apperception and comprehension, disorders in stream of mental activity (increased or diminished speech productivity, irrelevance, incoherence, scattering, neologisms), and defects in memory, personal identification, orientation, retention, recall, thinking capacity, attention, insight, and judgment. There is evidence that special syndromes, such as *manic-depressive psychosis* and *schizophrenia*, have genetic components that bring out their peculiar characteristics in the face of stressful experiences.

These four levels of defense must not be regarded as arbitrary, static states. Each level never occurs

in isolation. Each level is always mixed with manifestations of other defensive levels.

Conclusion

Once we have determined why at this time the patient has presented himself for therapy and explored with him his ideas about his situation including what he believes is behind his troubles, and what he wants to achieve from treatment, we may then select an immediate focus and organize our treatment strategies. A too early concentration on the patient's psychopathology and past conditionings that have created his conflicts and circumscribed his growth, however important these may be, will support regression and encourage long-term lingering in treatment. Rather, we should begin to focus on what is of *immediate* concern to the patient, such as incidents in life that have precipitated the symptoms for which he seeks help. In focusing on precipitating factors one must gauge the patient's vulnerability to stress as well as the virility of the stress factor itself. In focusing on symptoms the therapist should view them as an assembly of reactions to anxiety as well as consequences of mechanisms of defense.

During the explorations it is important to concentrate on problem solving, while examining, encouraging, and helping the release of whatever positive adaptive forces are present in the patient, focusing on the resistances that block their operation. In the course of doing this we may be confronted by the patient with his early formative experiences, but these are handled in the context of explaining obstructions to effective functioning in the present. Ample opportunities will be found later on to switch the focus to areas related to some central dynamic theme by establishing some connection between it and current problems and concerns should this be deemed desirable. Powerful resistance to treatment may make a focus on dynamics essential. Obviously, the therapist will deliberately have to select dynamic aspects that he can work with expediently, avoiding or dealing tangentially with even noticeable conflicts that do not seem offensive and would be difficult or impossible to handle in the brief period allotted to therapy.