

Working with Resistance in the Transference using Davanloo's Interlocking Head-On-Collision

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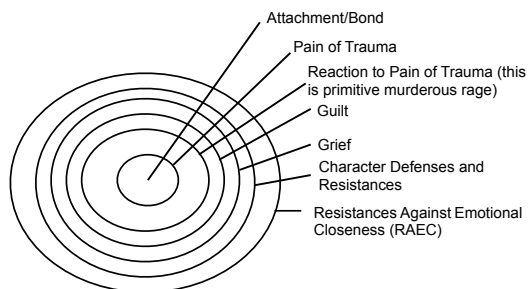
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Psychopathological Dynamic Forces



Davanloo, H. (2000). Intensive Short-Term Dynamic Psychotherapy: Selected Papers of Habib Davanloo, MD Chichester, England: John Wiley & Sons.

Freud and Resistance

1914: Removal of the R is the analysts primary task. (Freud, Remembering, Repeating and Working Through)

1926: "The 'unconscious sense of guilt' represents the superego's resistance. It is the most powerful factor, and the most feared by us." (Freud, The Question of Lay Analysis)

1937: "For the moment we must bow to the superiority of the forces to which we see our efforts come to nothing." (Freud, Analysis Terminable and Interminable)

1940: Freud discovered the technique of free association, transference neurosis and the technique of psychoanalysis. "In warding off this resistance we are obliged to restrict ourselves to making it conscious and attempting to bring about the slow demolition of the hostile super-ego. (Freud, An Outline of Psychoanalysis)

Davanloo and Resistance

"In the classical (psychoanalytic) technique resistance is a serious impediment; in my technique it is to be welcomed as an indicator that painful conflicts are not merely being approached but can be brought to the surface and resolved. Each time resistance is penetrated there is a marked and unmistakable increase in the strength of the therapeutic alliance."

Davanloo, H. (2000). *Intensive Short-Term Dynamic Psychotherapy: Selected Papers of Habib Davanloo, MD* Chichester, England: John Wiley & Sons.

Davanloo's Systematic Research and Development of IS-TDP

Twin Factors



Davanloo, H. "Intensive Short-Term Dynamic Psychotherapy", in: Kaplan H., and Sadock B. (eds), *Comprehensive Textbook of Psychiatry*, 8th ed, Vol 2, Chapter 30.9, 2628-2652, Lippincott Williams & Wilkins, Philadelphia, 2005

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Structuring The Initial Interview

We adhere to the structure outlined in Davanloo's Central Dynamic Sequence

Davanloo's Central Dynamic Sequence

- *Phase 1 – INQUIRY
- *Phase 2 – PRESSURE
- *Phase 3 – CHALLENGE TO DEFENSES
- *Phase 4 - TRANSFERENCE RESISTANCE
- *Phase 5 – DIRECT ACCESS TO THE UNCONSCIOUS
- *Phase 6 - SYSTEMATIC ANALYSIS OF THE TRANSFERENCE
- *Phase 7 - DIRECT VIEW OF CORE NEUROTIC STRUCTURE

Davanloo's Central Dynamic Sequence

Phase 1 – INQUIRY

- (a) Inquiry, exploring the patient's difficulties, assessing initial ability to respond.
- (b) Rapid identification and clarification of patient's defensive repertoire.

Types of Defenses/Resistance

OBSESSIVE	REGRESSIVE	TACTICAL	NONVERBAL	TRANSFERENCE
*Intellectualization *Rumination *Undoing *Reaction formation *Sarcasm *Isolation of affect	*Compliance *Defiance *Weepiness *Helplessness *Dependency *Passivity *Projection *Somatization *Dissociation/denial *Acting out *Temper tantrums	*Vagueness "I suppose" *Perhaps "Maybe" "I guess" *Selective memory *Verbal maneuvers to distance from feelings, e.g. diversification	*Body posture *Eye contact *Smiling *Clenching of fists, jaw *Sighing *Vocal Quality	*Resistance against emotional closeness *Resistance against experience of anger/rage *Resistances based on self-punishment and self-defeat, which include sabotage of the therapy, as this maintains one's pain and suffering

Davanloo, H. (2000). *Intensive Short-Term Dynamic Psychotherapy: Selected Papers of Habib Davanloo*, MD Chichester, England: John Wiley & Sons.

Central Dynamic Sequence

Phase 2 – Pressure leading to Resistance
(in the form of a series of Defenses).

Davanloo, H. (2000). *Intensive Short-Term Dynamic Psychotherapy: Selected Papers of Habib Davanloo*, MD Chichester, England: John Wiley & Sons.

Using Pressure

- *Asking the patient to be more specific.
- *Asking for further information on issues avoided by the patient.
- *Focusing on the actual experience of feelings.
- *Focusing on impulse (negative or positive feelings).
- *Confrontational comments, consisting of pointing out certain issues, which the patient does not want to look at.
- *Blocking in the form of not responding.
- *Directing the patient's attention to non-verbal clues.

Examples of Pressure

Pt: "Probably."

Th: "Why Probably. Either You Were Angry..."

Pt: "I Feel Confused."

Th: "What Is 'Confusion'?"

Pt: "I Guess So."

Th: "You Guess So? You See, Again You Leave It
In A State Of Limbo."

Pt: "I Feel Mad" (Says This Without Feeling)

Th: "'I Feel Mad' Is A Sentence. It Doesn't Say How You
Feel."

Th: "Do You Notice I Questioned You About Your Feelings
Towards Me, And You Want To Talk About Your Childhood?"

Th: "Again, You Are Not Talking About Your Feelings. Again
You Move To 'Because'."

Th: "Now You Move To 'Confusion,' And Still We Don't Know
How You Experience Your Annoyance."

Th: "Could You Give Me An Example?"

Th: "But That Is Vague And Generalized."

Th: "You Still Have Not Told Me About Your Problems, And
Now You Want To Intellectualize About Where The Problem
Comes From."

Pt: "I Don't Remember."

Th: "Now You Move To The Position That It Is Difficult To
Remember. How Is Your Memory Usually?"

Th: "Now Your Eyes Move Away From Me. Let's See How
You Feel If You Look Me In The Eyes."

Central Dynamic Sequence

Phase 3 – CHALLENGE TO DEFENSES

- (a) Clarification of, and challenge to defenses, leading to rising complex transference feelings and increased resistance.
- (b) Challenge directed toward the therapeutic alliance.
- (c) Acquainting the patient with his/her defenses, enabling him/her to see how they have paralyzed their functioning.
- (d) Turning the patient against his/her own defenses.

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Challenge

We move to the use of challenge when defenses are crystallized in the T. The aim is to create a major tension between the therapist and the patient's R's. Challenge involves calling upon, blocking, or questioning the D. The objective is not to bypass the R, but to make the patient more resistant in the T (intensification of R is a prerequisite to breakthrough of guilt and grief laden emotions).

Examples of Challenge

Th: "That Is A Sentence, Not A Feeling."

Th: "Do You Know You Are Avoiding My Eyes."

Th: "For The Past Hour That We Have Been Together, You Have Remained Detached, Non-Involved, Like A Broken Record."

Th: "We Both Know That Under This Crippled, Paralyzed You, There Is A Vicious Animal."

Th: "But that is a thought. (Challenge) How do you actually experience this murderous rage." (Pressure)

Th: "You have a major problem with closeness and intimacy. (Challenge) Let's see what you are going to do about this wall between us. (Pressure)

Th: "Look, you take a paralyzed position with your painful feelings (Challenge). What are you going to do about it?" (Pressure)

Th: "So your anxiety is about me, and you don't want to be direct about it."

Central Dynamic Sequence

Phase 4 - TRANSFERENCE RESISTANCE

- (a) Clarification and challenge to transference resistance.
- (b) "Head-on collision" with the transference resistance; bringing the patient face to face with the self-destructiveness of the resistance.
- (c) Exhaustion of resistance and communication from the unconscious therapeutic alliance.

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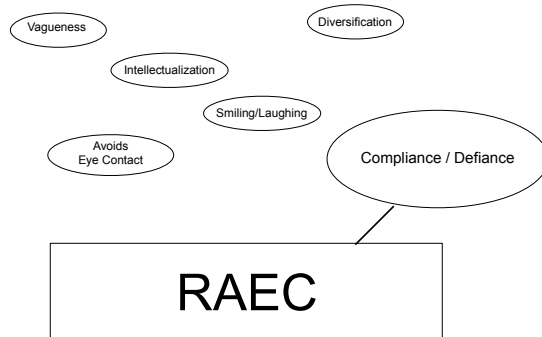
Phase 4 - TRANSFERENCE RESISTANCE

continued

- (d) Mobilization of the unconscious therapeutic alliance against the resistance, which leads to the state of intrapsychic crisis, or tension between the resistance and the unconscious therapeutic alliance

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Crystallization of Defenses

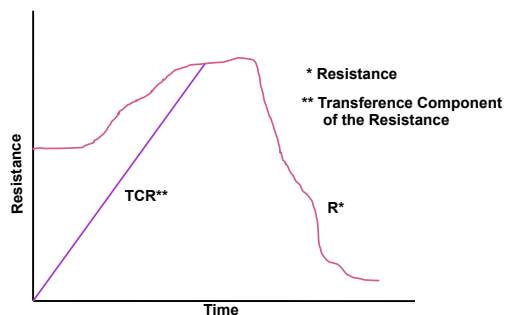


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Using Challenge Judiciously

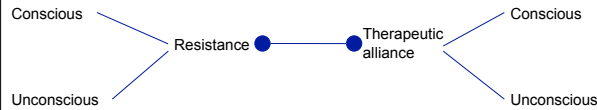
Extensive research and experimentation has led Davanloo to the belief that the use of P should predominate over C, and that C should largely be applied in the form of Head On Collisions.

Twin Factors of Transference and Resistance



Davanloo, H., 1968. Handout from the 31st Annual Audiovisual Immersion Course: The Technique of the Removal of the Resistance

Davanloo's Conceptualization of the Alliance



Davanloo, H. (1990). *Unlocking The Unconscious: Selected Papers of Habib Davanloo, MD*. Chichester, England: John Wiley & Sons.

Unconscious Therapeutic Alliance

UTA is activated as a force against the pts R

UTA is activated by the proper application of the technical interventions of pressure, challenge and HOC

This sets the stage for an intrapsychic crisis, where the intense battle between the forces of the R and the forces of the UTA results in the final dominance of the UTA over the R

Gottwik, G., Ostertag, I., Weiss, M. (2001). Technical and metapsychological roots of Davanloo's Intensive Short-Term Dynamic Psychotherapy: Part I Central Dynamic Sequence: Phase of Pressure. *European Psychotherapy*, 2(1), 71-88.

The Unconscious Therapeutic Alliance (UTA)

The Unconscious Therapeutic Alliance (UTA) can be described as "a force within the unconscious of the patient which is now joined in partnership with the therapist. This is an alliance to work together to bring to the surface and examine the impulses and feelings which are at the root of the disturbances."

Kalpin, A. (1993). The use of the countertransference in the evaluation of the therapeutic alliance. *International Journal of Short-Term Psychotherapy*, 8, 23-28.

Primary Goals of the HOC

- *Create a total blockade against all defenses maintaining the forces of the R.
- *To mount a direct assault on all the forces maintaining self-destructiveness, self-defeat and self-sabotage.
- *To intensify the rise in transference feelings.
- *Mobilization of the therapeutic alliance against the R; to tilt the balance between the two forces in favor of the therapeutic alliance.
- *To create a state of high tension between R and therapeutic alliance in the transference. We convey disrespect for the R and this creates a complex state within the patient, whereby he/she wishes to cling to the R more intensely and at the same time begins to turn against it.
- *The patient is brought face to face with their self-destructiveness to shock them out of the syntonetic aspect of their resistance and to challenge the unconscious therapeutic alliance into offering greater effort.
- *The aim is to loosen the patient's psychic system in a way that makes the unconscious more accessible.

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Head-On Collision

Sixteen Components

Head-On Collision: Technical Interventions

In this phase of the Central Dynamic Sequence, we:

- * Point out and emphasize the problem and its effect on the patient's life.
- * Keep the responsibility with the patient, undoing the belief in the therapist's omnipotence. Mobilization of the unconscious therapeutic alliance requires that the patient take accountability for their decision to change, rather than to become entrenched in a state of resistance towards a figure (past) who is seen as attempting to force them to change.
- * Emphasize the patient's will, that the patient is the prime mover in seeking help. The focus stays on the patient's determination to engage in the process of their own volition.

Head-On Collision: Technical Interventions II

* Emphasize the therapeutic task and the patient's goal.
* Underscore the partnership between patient and therapist: e.g. "One of the major tasks that you and I have is that you and I, with the help of each other, will explore and understand where the core of your problem lies." (Davanloo, 2000, pp. 238-9).
* Point out the nature of and the destructiveness of the resistance (R): e.g. "If you maintain a defiant, passive, cut-off position..." ; "If you are going to avoid..."; "You see you keep ruminating and now you want to procrastinate and take a stubborn, defiant position." (Davanloo, 2000, p. 239).

Head-On Collision: Technical Interventions III

* Point out the consequences of maintaining the R: e.g. "As long as you have a need to censor yourself, we will not be able to get to the core of your problem. What I really want to tell you is this: that you set up a goal for yourself to come here to understand your problem, but by censoring yourself you are defeating the goal. Now my question is this: if your need is to defeat your goal, then why should we meet and have this interview?" (Davanloo, 2000, p. 239).
* Challenge and emphasize the self-destructive aspect of the R: e.g. "Isn't there an element of self-defeat and self-sabotage? Why do you put a goal for yourself, to come here of your own volition so that together we can get to the core of your problem, but at the same time you want to make it a failure, which obviously means perpetrating your own suffering?" (Davanloo, 2000c, p. 239).

Head-On Collision: Technical Interventions IV

* Establish and emphasize a parallel between self-defeating and self-sabotaging patterns in the transference and other relationships: e.g. "How do you feel right now when I confronted you with your need to make me useless to you, because if we follow your censorship I will be useless to you obviously" (Davanloo, 2000, p. 241).
* Emphasize self-sabotaging and self-destructive aspects of the masochistic component of the patient's character resistance, their need for self-defeat and self-sabotage: e.g. "Why would you want to make me useless to you?... What I can say is you have a major self-defeating and self-sabotaging element in you... and this is right now in operation with me." (Davanloo, 2000, p. 244).
* Deactivate the defiance: e.g. "Can we look at what you are feeling towards me, unless you don't want to look?"

Head-On Collision: Technical Interventions V

* Get out of “the shoes of the parent” by deactivating the transference: e.g. “You see, as long as you take a defiant, stubborn position we would not reach the goal and we would not be able to understand the core of your difficulties and the whole process will be doomed to fail.” (Davanloo, 2000, p. 244).

* Put Pressure into the process by encouraging the patient to give their best effort.

* Challenge the dependent transference pattern, the need to use the therapist as a crutch.

Head-On Collision: Technical Interventions VI

* Put challenge and pressure to the resistance against emotional closeness: e.g. “If you don’t want me to get to your intimate thoughts and feelings, I will be useless to you.” (Davanloo, 2000, p. 240).

* Put challenge and pressure to the unconscious therapeutic alliance: e.g. “... because obviously, if it goes on like this, that you have difficulty remembering, then how are we going to understand your problem?” (Davanloo, 2000, p. 242).

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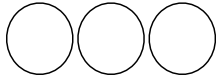
Short Range HOC's



One or two of the elements in a HOC are utilized, such as emphasizing the issue of the patient's will to achieve a goal, and how their avoidance of painful issues can lead to a failed therapeutic experience.

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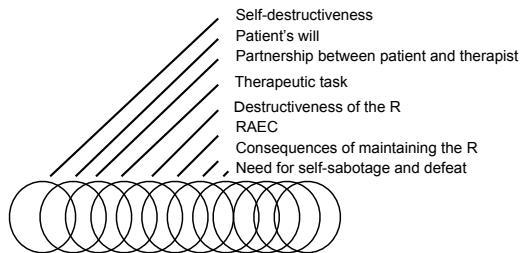
Composite HOC's



Three or more elements in the HOC are utilized. We might, for instance, emphasize that they come with a goal, but that their non-involvement, or detachment, will result in a failed effort. And can they afford to take a sabotaged effort and live with the pain they have carried over the years?

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Interlocking HOC's



The interlocking form of HOC utilizes many or all elements of the process, but in a circular fashion repeats them as often as necessary to fully break down the defensive structure. HOC is regarded by Davanloo as the highest form of Challenge, designed to put a total blockade to the defensive system.

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Spectrum of Character Neurosis

*Highly Responsive
*Circumscribed Problem
*Single Psychotherapeutic
Focus

*Highly Resistant
*Character Neurosis
*Diffuse Symptoms and
Character Disturbances
*Highly Complicated Core
Pathology

Short range HOC

Composite HOC

Interlocking HOC

*Moderately Resistant
*Diffuse Psychoneurotic
Disturbances
*Presence of Character
Pathology

*Extremely Resistant
*Diffuse Symptom and
Major Character Disturbance
*Extremely Complex Core
Pathology

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When do we utilize the interlocking form of HOC?

The interlocking form of Head On Collision is used when there is evidence of extreme syntonicity, where the patient's character defenses are "cemented" (the person is heavily identified with his character defenses). The HOC is designed to mobilize grief, create greater fluidity in the unconscious, boost the UTA, and thereby prepare for the next stage in the work, a major unlocking of the murderous organization of the unconscious.

Clinical Vignette The Man Who Was Eight

Session #1:

- * 59 yr old married man with one son
- * Seeks treatment at the suggestion of the child psychologist who is treating his son
- * Has pattern of explosive discharge of affect; at work, screaming and berating coworkers for perceived incidents of ineptitude, and has been put on disciplinary watch with threatened loss of his job. At home, verbally demeaning his wife and son, resulting in alienation of affection
- * Withdraws from social interactions and has few friends

Clinical Vignette The Man Who Was Eight II

- * Suffers from tension headaches
- * Impulsivity manifested in behavior that alternates between moody/explosive and social withdrawal
- * Has heretofore unexpressed resentments towards his wife, who suffered a one-year long postpartum depression, later reactivated by loss of her mother
- * By history had addiction to cocaine and alcohol abuse resulting in loss of a prominent job position
- * Chronic irritation with mother

Clinical Vignette

The Man Who Was Eight III

- * By history had innumerable marital affairs
- * One year prior to start of therapy went into a vicious, sadistic tirade towards his son, resulting in a state of paranoia and a fear that his son had become psychotic
- * Presents with heavily syntonetic character structure with strong elements of compliance/defiance
- * Clinical vignette from the initial evaluation begins at the point where we see conscious defiance established in relationship to the therapist.
