

# IDENTIFYING AND OVERCOMING THE PUNITIVE SUPEREGO IN SHORT-TERM DYNAMIC PSYCHOTHERAPY

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## Summary

In this article the authors review the historical roots of the concept of the superego from an analytical perspective. They articulate specific criterion for diagnosing a punitive superego and outline a system for de-identifying patients from their punitive superego part. They discuss the different points of view about the origin of the punitive superego and the importance of making the unconscious feelings of guilt, conscious as early in therapy as possible. An illustrative clinical case is summarized and annotated with vignettes following a modified central dynamic sequence in a 15 hour block therapy case with good clinical results. Finally the authors suggest a metaphor for the metapsychology of clinical cure from Greek Mythology.

Freud introduced the term superego (Über-ich) in 1923 (Freud, 1923), but he had been forming his concept of it for years, drawing his ideas from mythology, his insight with patients, and especially his self-analysis, in which he first glimpsed the primary source of the superego's development, the Oedipal complex. The Oedipal myth, Freud wrote, "seizes on a compulsion which everyone recognizes because he feels its existence within himself." (Freud, 1897). The universality of this "compulsion" leads to the conclusion that it is either genetic, or stems from a common historical event.

It was the latter possibility that interested Freud. In *Totem and Taboo* (Freud 1912), he speculated that prehistorical society organized itself into patriarchal groups, with one dominant male hording the females. As his male progeny matured, each boy was banished to prevent him from one day challenging his father's rule. But some of these young men eventually banded together, killed their father, and gained access to the females, who were, of course, their own mothers. But after the murder, the men were filled with grief and guilt, and with the dawning possibility that their own sons would one day repeat their act against themselves. They therefore declared that patricide "was not allowed, and (they) renounced the fruits of their deed by denying themselves the liberated (mothers). (Freud, 1912.)

This injunction became an unconscious part of the human psyche, but the "compulsion" - fraught with desire, guilt and grief - still persisted in that same psyche. In a sense, then, Freud came to see that the tragedy of the patricidal myth was still being acted out in our own era - bloodlessly to be sure - within each child's intrapsychic drama of inferred paternal castration and imagined patricide. With the resolution of this "Oedipal complex," Freud theorized, the maturing child introjected the values of his/her "parental agency" (Freud, 1933) and, by implication, the mores of the social group, into a differentiated structure within the ego, the superego (Freud, 1923; 1940). Of particular importance in this theory is Freud's statement that "a child's superego is in fact constructed on the model not of its parents, but of its parents' superego; the contents which fill it are the same and it becomes the vehicle of tradition[s] ... which have propagated themselves in this manner from generation to generation." (Freud, 1933.)

As Freud sought to understand the negative therapeutic reactions in his patients, he came to see the superego as a potentially malevolent force, which causes the patient to blindly prefer continued distress to cure. Freud had seen that a tyrannical superego, in effect, made demands that were so "powerful and so relentless that the ego may be paralyzed. (Freud, 1940)." It became, in one writer's vivid phrasing, an "insatiable tyrant ... (which) ... under the mask of a concern with social peace and

union, carries on a ceaseless aggression to no purpose save that of the enhancement of its own power, inflicts punishment for no act committed but only for a thought denied, and, so far from being appeased by acquiescence in its demands, actually increases its severity in the degree that is obeyed.” (Trilling, 1971)

Davanloo agreed with Freud that as long as the therapy was under the domination of this punitive force - that is, the patient’s “need for punishment” (Freud, 1924) - therapeutic change would be ineffective, superficial, and attenuated. Freud acknowledged that the mechanism of guilt remained invisible to his patient “... as far as the patient is concerned this sense of guilt is dumb; it does not tell him he is guilty; he does not feel guilty, he feels ill. This sense of guilt expresses itself only as a resistance to recovery which is extremely difficult to overcome.” (Freud, 1923). Davanloo sought a way to quickly neutralize, not only the power of the superego, but also to make its crippling effect apparent in the therapeutic session. Davanloo had a subset of patients who suffered from severe emotional symptoms (some percent of which somaticized as well), who had chronic problems with closeness and intimacy, and who habitually sabotaged their opportunities in life. Davanloo discovered that when he explicitly acquainted these patients with their “punitive” superegos, exposed its pathogenic origin, and demonstrated how it was operating in the here-and-now *in their first evaluation* their progress in treatment accelerated. He found, too, that this same class of patients suffered attachment disruptions in their early childhood, ranging from abandonment to abuse, over-protection and over-control and concluded that this disruption, contrary to psychoanalytic theory, was central to the pathologic development of their punitive psychic structure.

In Davanloo’s opinion, Freud’s view of the superego’s development, based solely on the resolution of the Oedipal complex, was “narrow” and outdated, and thought it “surely ... should be assigned to the historical museum” (Davanloo, 1990). Davanloo suggested, for example, that a father’s sadism might be a more obvious explanation of his child’s murderous impulses; as could very early, pre-Oedipal rage at being displaced by a sibling.

We (Neborsky, 2001) like Davanloo, in our working schema, view the development of an unhealthy superego as primarily the result of early broken bonds of attunement, compassion and empathy. These forms of attachment traumas then cause the child to experience reactive aggression against that parent along with commensurate fears of retaliation. When these traumas occur early in development and are repetitive, devastating psychic damage is often the result. Such people present in our practices as adults who are overly critical and neglectful of themselves, who often place and keep themselves in situations where they are victimized, and who avoid closeness or intimacy with others.

On the other hand, the development of a healthy and loving superego occurs when the bond of attunement, compassion and empathy are maintained. This creates an internalized flexible, constructive, and loving object relationship with the self. The healthy superego has the following characteristics or functions: It realistically praises, supports, values and encourages knowing ones feelings; it encourages autonomy and free choice; it empathizes with disappointment and failure, and takes constructive action in the face of failure; it supports empathy and consideration for the rights of others which conflict with freedom of the self. Patients with such a history present with low resistance and their grief and guilt are readily accessible.

A punitive superego operates more rigidly and prevents the therapist and patient from forming a healthy alliance. It enforces its imperatives through fear or through seduction; it offers “love” (i.e. the illusion of secure attachment) to the ego through obedience to an authoritarian structure or through loyalty to a belief system; it maintains an inflexible, destructive, and unloving object relationship with the ego which it scolds and shames when disobeyed; it discourages knowing one’s feelings; it encourages repression; it demands loyalty for its love; and, by ignoring emotions and psychological insight, it prevents learning from failing strategies.

## Changing punitive superegos

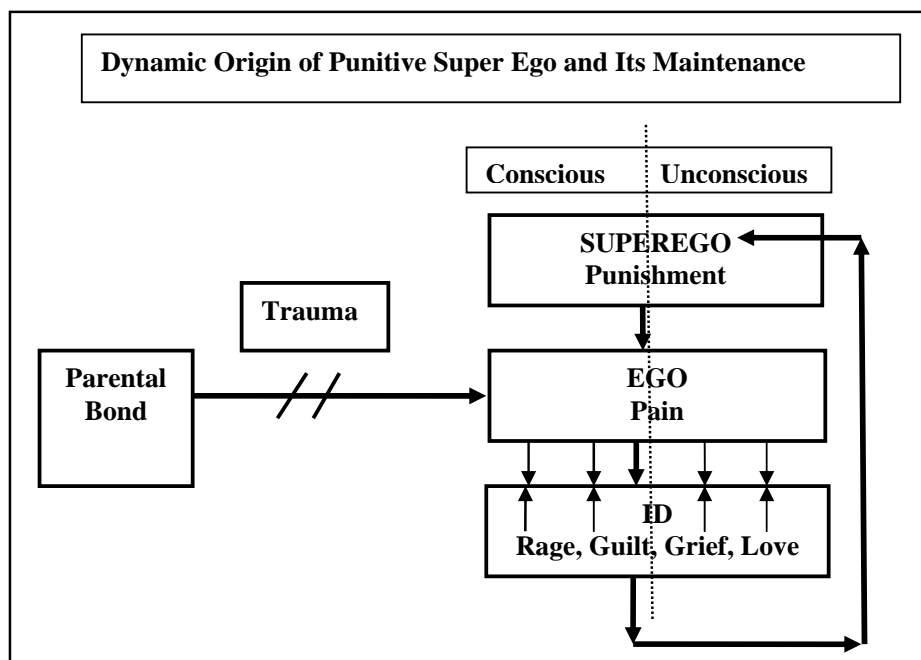
Freud reportedly became pessimistic about psychoanalysis's ability to alter the punitive superego's hold on the psyche (Freud, 1926). He saw its resistance as "the most powerful factor and the one most dreaded by us," and one he was forced to "bow to the superiority" of because "even to exert a psychological influence on simple masochism is a severe strain tax on our powers" (Freud, 1937). Davanloo's approach, in contrast, is more optimistic. Josette ten Have de Labije (2001) has taken this approach one step beyond Davanloo in her version of ISDTP. The patient is encouraged to become an active agent in the deconstruction of his punitive side, and the therapist acts as an external and alternative superego - loving and healthy - until the patient can internalize those qualities. The patient is encouraged to look at himself with love and precision and care, to differentiate this from his punitive/sadistic superego eyes and voice. Additionally, the patient is encouraged to understand that his defenses are in fact his obedience to his internalized punitive, sadistic superego, and that they perpetuate his suffering. He is challenged to relinquish these defenses. Once this milestone is achieved, the new healthy superego is internalized from the therapeutic relationship and becomes installed as a new part of the self.

To build this alliance, the patient is helped to separate the constructive ego part from the punitive super ego part. This is accomplished by 1) drawing the patient's attention to his decision and wish to develop insight into his intimate thoughts, feelings and dynamic processes, 2) by drawing the patient's attention to his automatic refuge to his ego syntonic defense, 3) by drawing the patient's attention to their self-destructive function, by challenging the patient to relinquish these self-destructive defenses, 4) allowing the patient to feel grief over living under the dominance of these defenses.

The decision to seek therapy is a major act of separation from the punitive superego and the patient is acknowledged by the therapist for their courage in that act. At the same time the patient's habitual and automatic defenses are brought to their awareness. The patient is encouraged to see the way these defensive activities maintain the status quo and cause the sabotage of the process.

Figure 1. shows the model of the psyche which we use in working with patient's with punitive superego's.

**Figure 1. Dynamic Origin of Punitive Superego and Its Maintenance (ten Have-de Labije and Neborsky)**



As the therapy deepens and moves forward, the superego loses more control over the ego. The patient becomes able to consciously explore his dynamic processes, and to direct his attention to his physical experience of core emotions, their cognitive contents, and their action tendency. Notice in Figure 1 how some aspects of the model are conscious, others are unconscious. As the therapy progresses consciousness becomes more and more the dominant domain.

In summary, trauma in the attachment bond - by a parent, for instance - causes the ego pain. This leads to rage and to murderous and sadistic fantasies, followed by guilt over the rage, and grief over the imagined murder. The ego tries to bury these deeds and complex feelings in the id. But forces of de-repression threaten to bring it all back to consciousness, so all is buried into a differentiated part of the ego. But the battle to keep the material from view is exhausting and interminable. Taking a cue from Freud, if we visualize this process in mythic terms, the child kills the parent, buries the corpse, which then rises from the grave as a specter to haunt the perpetrator with punishing, paralyzing suffering. In this way, the mythic cycle is complete. The parent has created in the child the same punitive superego from which the parent itself suffered. This superego then relentlessly punishes the ego with pain. This pain produces even more rage, which is repressed into the id, causing the superego to demand even more suffering. The self is at war with itself and the more identified the self is with this punitive superego, the less able it is to challenge, much less kill it.

The following annotated case shows how one of the authors applied this model to the short term treatment of a patient with a highly punitive superego. He was treated in 5 consecutive days with 3 hour therapy blocks. Each session largely followed a modification of Davanloo's Central Dynamic Sequence as described by ten Have-de Labije (2001) The vignettes are chosen to demonstrate the elements of this patient's experience that lead to his developing a punitive superego and the way in which it is a) "exposed" and b) deactivated by allowing the ego to feel the complex emotions which were at one time, intolerable.

## Case Report: The Man with Pain in his Heart

The patient is a 52-year-old single man who works as a fireman.

The patient was referred to Dr. Neborsky by his EAP counselor who felt that his difficulties were appropriate for Attachment-Based Short-term Dynamic Psychotherapy. The patient has been suffering from low-grade depression with intermittent levels of anxiety which have progressively impaired his health and cognitive performance. He recently complained of chest pain for which he had a physical exam. No medical conditions were found. He also reports breakthroughs of anger and irritability of increasing intensity. He has no alcohol or chemical dependency problems and he is on no medication. His diagnosis qualifies for dysthymic disorder and atypical anxiety disorder with avoidant personality traits.

The patient reports divorcing his wife eight years ago because of "lack of intimacy" in the relationship. He reports great ease in attracting women but admits that he is himself incapable of maintaining and sustaining a close relationship. He loves his two children, but laments that they are emotionally distant from him. In addition to depression and anxiety with physical and cognitive aspects, he complains of loneliness and feels hopeless about ever finding a woman to whom he could both trust and commit. He recently broke up with a woman whom he loved but could not bring himself to trust.

We will open with a vignette of the patient describing the presenting problem on day 1.

### Vignette 1

Inquiry: Exploring the patient's difficulties and the patient's initial ability to respond

Th So let's start again with the areas of disturbance – the things you'd like to get addressed and fixed inside.

Pt There are several. Lately, I just haven't been happy, y'know. I'm struggling within relationships. Just, I guess, general unhappiness. I'm angry a lot of the time; I'm impatient ...

Th I keep asking you about the intensity of the anger. That's seems like something you won't tell me about, y'know.

Pt I'm not sure exactly what you mean. Intensity – you mean what I actually do with it?

Th You don't know what I mean by the intensity? How it feels inside?

Pt Yeah, it feels bad.

Th Describe it.

Pt It's almost that I can't control it, I can't just put it on the backburner.

Th You're again describing how you can handle it, what you can do with it, what you can't do with it, but I'm asking you how it feels inside. And what I'm observing is, you try and tell me, there's seems to be almost a barrier in you – it's not your fault, I'm just telling you — that you can't address you anger with me in a very clear way. Now, what do you feel in your body? What are you noticing inside as we talk about this?

Pt Frustration that I can't get it out.

Th Sure. But that makes a lot of sense, doesn't it? If you've got a wall between you and your feeling part, you would be frustrated. That's a natural result of having a wall. So the tension, it seems to me, is pretty clear to you. That's a clear signal, that you can feel that in your body.

Pt Mmhm.

Th Where do you feel the tension in your body?

Pt I can't really put my finger on it, I guess. Just not relaxed.

Th So you're hitting up against that wall again.

In the inquiry phase the therapist also puts mild pressure on the patient's vague defenses and quickly assessed a power struggle would be useless. The therapist decides to draw the patient's attention to his ego-syntonic defense of ignoring and to encourage the patient to observe.

### Vignette 2

#### Pressure: leading to resistance. Helping the Patient Build An Observing-Ego

The discussion of "the wall" continues.

We are 13 minutes into the session.

Th Could you see a way that would cause you any problems in your life?

Pt Mmhm.

Th Like what?

Pt Well, if I'm not aware of it, I'm going to react to that feeling and I'm going to vent in negative ways, in anger ...

Th Till it explodes, kind of? In other words, you'll ignore it, ignore it, ignore it, until you can't handle it any more and you'll just have an outburst, or you'll act out on it, kind of, to get rid of it.

Pt (Nods)

Th Yeah, that's the problem I would see with that. So it seems to me that's the first order of business is for you to break that habit.

Pt Mhm.

Th If that's causing you a problem, you see. Now how long in your life have you been like this? How long have you taken this ignoring position toward your emotional part?

Pt Probably my whole life ...

The patient has observed an ego syntonic defense - ignoring - and also understands its self destructive function. The therapist then applies pressure for specificity.

Th But did you think of something specific in your mind that led you to ignore your feeling part? Was there a specific incident from your childhood or relationship that was particularly troubled for you?

Pt See, I'm just getting all confused now; my mind's sort of going all over the place; and I'm struggling to focus on something, per se, y'know, it was ...

Th Wait, wait, please. You just told me you were having a problem so let's not ignore it, right.

The therapist makes the defense of **ignoring** distress ego dystonic. This is a major attachment failure and a sign of a punitive superego. Furthermore it is apparent that superego projection is occurring and it will threaten the working alliance. The patient is projecting his punitive superego part onto the therapist and regressing from fear of his retaliation. The therapist immediately begins to clarify and asked the patient to intervene on his own behalf.

Pt OK.

Th Wouldn't that be the worst behavior I could engage in were I to ignore it, when you told me you were having a problem? What do you think is causing your confused mental state right now? What do you think is going on inside?

Even though the therapist is talking about "me" he is really modeling a constructive superego and contrasting it to the patient's projected punitive superego.

Pt ...I'm not sure. I want to change it.

Th But I just want to point it out again - "I'm not sure" - that's that kind of habitual, chronic way you have of ignoring and neglecting your emotional part. You tell me you feel bad, and I believe you; I know you're telling me the truth, but you don't tune into the feeling part, you see? This side of you that says - and I'll be a little dramatic here - "Ralph, your feelings are not important; ignore 'em; keep on truckin'; go through life; get money; be successful; that's the important thing here. Don't stop to take a careful inventory of what you're feeling." It's a side of your personality, you see?

The therapist identifies the message from the punitive superego that rules the patient's existence.

Pt Mmhm.

Th The part that says that, "If you feel bad, don't tune into the fact that you feel bad; move on to other things."

Pt I guess it's something that's been taught to me my whole life. It's never been okay, y'know? You just gotta be strong and push on.

Th And you see that that stance, which I understand why you adopted it - it's very clear to me - but you see, in here, it works against your purposes.

Pt Yeah, I understand that.

Th If you want this to be successful - here, with me - you gotta take exactly the opposite stance toward yourself. Which is what you feel is of paramount importance in here - something to be noticed and carefully paid attention to.

Pt Yeah.

Th Otherwise, this is going to be a very ineffective week for you.

Pt Yeah, I understand that. And I'll do my best, you know.

Th You're able to implement that, in other words.

Pt I'm sure hoping I can.

Th Well, let's give it a go, okay?

The patient's commitment to seek therapy is honored (valued) and this is set against his obedience to the avoidant attachment rules that he lives by. A mild challenge is administered to further separate him from his loyalty to his punitive superego.

### Vignette 3

Observing ego learns to identify his feelings, defenses, and current psychic dynamic activity

We are 26 minutes into the session.

Th So maybe you could tell me a little more specifically about the family trouble that started your problem - why you had to adopt this self-negligent position here: you put your feelings away and build a wall around yourself and just focus on bettering yourself. Where did that start?

Pt I imagine that started with my parents. You don't have to be a brain surgeon to figure out what I went through in my childhood; I had a bad childhood, with alcoholic parents. My father was a hard-assed firefighter as well, and he was very mean. He's passed away now; so is my mum. (Sighs.) Yeah, you had to be tough around him.

Th I see.

Pt And, y'know, he was very unsupportive. I never felt any love from him; I don't think he was capable of it.

Th I see.

Pt I feel sorry for him now, and y'know, I've forgiven him.

Th Mmhm. Now, I'm noticing as we talk about this a rise in your emotional part. Your feeling parts are trying to push themselves up. Are you noticing that too?

Pt Nah ... (sighs).

Th Your speech got a little slower. Your words got more and more carefully expressed. I even noticed some tightness in your chest. Did you notice that as well?

Pt No, not really. I think I calmed down a bit.

Th You calmed down a bit. OK.

Pt I guess it's probably because ... Now, I'm feeling that sort of confusion again. Just right now.

Th You are? Good. Not good that you're confused; good that you're noticing it and good that you're telling it. Now, what does that confusion represent to you if we're going to label it?

Pt Anxiety. Pressure. I'm feeling pressured to get it all right and clear.

Th So that's another thing you do to yourself, then? In other words, you put pressure on yourself to perform.

Pt Oh, without a doubt. Yeah.

Th So that was another one of those things you did to yourself, kind of, make something out of yourself?

Pt Mmhm.

Th Did your father put pressure on you, too?

Pt Mmhm.

Th He was that kind of father, put pressure on you.

Pt Mmhm.

Th OK. And is the mental confusion still with you right now or has it gone back down?

P It went down a bit.

Th Good. So you see, when you label it as anxiety, I think it helps you lower it.

Pt Mmhm. That makes sense.

The patient's ability to observe his emotional processes collapsed under the weight of his anxiety. His anxiety was created by his superego projection into me and in the transference feeling that I was his father and he had to submit and perform for me. This occurs in patients who are identified with their punitive superegos.

#### Vignette 4

##### The Observing Ego Improves

35 minutes into the session.

The patient experiences a brief sad feeling for himself with the thought that he was never held as a baby.

Th And I'm asking you, when you connect to that sad feeling, do you feel better or do you feel worse?

Pt (Sighs) I feel, uh, probably more in touch with myself.

Th But I'm asking as you sit here with me, does that being more in touch with yourself, does that feel good to you or does that feel bad to you?

Pt I'd take it over the confusion and the anxiousness.

Th Mmhm. Yeah, I would too, every day. So to me that's a positive. Is it to you?

Pt Mmhm.

Th OK, so can we make a statement here and you and I agree on it? So, when you're in touch with your feelings, your true feelings, that it's a better thing for you than to be hiding behind a wall of anxiety and confusion.

Pt Mmhm.

Th Would you say that to me?

Pt It's a better place to be rather than hiding behind a wall of anxiety and confusion. It's better to be in touch with your feelings.

The patient is encouraged to take an active stance against his punitive devaluing, avoidant superego.

#### Vignette 5

##### Building an attentive ego, experiencing compassion for self

The therapist asks the patient to recall one painful childhood memory. The patient says that he again feels confused.

Th But if you notice that if every time I ask you an emotionally charged question, that's going to bring more true feelings out of you, your anxiety goes up. If you could just see it as a wall. I ask you to tell me one painful memory from your childhood ...

Pt ... which should be very easy.

The therapist is uncertain as to whether this was a self put-down or cooperation so I said:

Th Well, I'm not sure what you mean by that. I mean, it's obviously going to bring more feelings up. It's not *that* easy. It's a loaded question, isn't it?

Pt Yeah.

Th The anxiety goes up, the confusion. The old you would attack you, put you down, make you feel helpless, call him bad names. “Get movin’, get on the road, get workin’.” You see the pattern?

Pt Yes.

Th So what I’m trying to get you to do here with me is notice that rise of anxiety and understand it’s because the emotional part of you is getting triggered. And the job for us is to lower your anxiety by bringing these feelings out of you. Does that make sense?

Pt Yeah.

Th Do you see how predictable it is for you? How it just happens each time we do it?

Pt Mmhm.

Th See, each time we do it, as long you don’t go to criticizing yourself for doing it, but you notice it and address it in a kind way. Can you see the importance of that?

Pt Totally.

### Vignette 6

#### Helping the patient unmask and identify his punitive superego

The patient relates a childhood incident in which his father was furious at him for losing a swimming race.

We are 50 minutes into the session.

Th And just as you have that brief memory here, tell me what you notice inside.

Pt It didn’t really register too much.

Th What didn’t register too much? I don’t really understand what you mean.

Pt Speaking about that incident.

Th See, but how is that possible?

Pt Maybe I’m blocking it out.

Th What I’m saying is, the only way that could be possible is you were using some sort of defense mechanism to keep your emotions at bay. The only reason you remember this is because it has a lot of emotions around it, right?

Pt And you know, the funny thing is, it’s as clear in my head as if it was yesterday.

Th OK. So what do you think you’re doing?

Pt Blocking.

Th Blocking the emotions.

Pt I can’t even tell you what it was exactly ...

Th Now, if we're talking about who's running the session right now: Is the guy who brought you here, and who wanted to address his emotions running the session, or is the part of you that learned how to defend against his emotions, by being a compulsive overachiever, by putting himself down, by ignoring himself and his emotions – is he running the session right now?

Pt Probably him.

Th If he runs the session, what's going to be the result of the session?

Pt Not much.

Th Same as always. It's just going to reinforce that behavior, see? That's where I need you to step up the plate here. You need to be willing to say no to that side of yourself. Remember, a few minutes ago, you were telling me you were angry at that side of yourself?

Pt Mmhm.

Th You felt a real anger?

Pt Mmhm.

Th So are you willing to take control of the session?

Pt I'd love to. I'm not sure if I know how, but I would love to.

Th But you're willing to.

Pt Oh, without a doubt.

Th Good. So what I want you do is to think of that memory again, and notice what's happening in your body.

Pt I definitely notice the anxiety there.

Th Then we're ahead of the game, then. But do you take ownership of the fact that you didn't address it in a constructive way?

Pt I can't remember.

Th Did I say you should ignore your anxiety? Did I say you should "keep on truckin'"?

Pt No.

Th What did I say you should be?

Pt Be aware of it.

Th And be kind.

Pt Yes, you did.

Th See, that's hard to remember, isn't it?

Pt Yeah.

Th Because that's not the way you been doing it, right?

Pt Nope.

Th That's what you're sad about... that you've treated yourself with neglect and a kind of meanness - putting yourself down whenever your emotional part gets stirred up.

Pt Well, it was probably in looking to give you the right answer.

Th Putting pressure on yourself again. Because what is the "right" answer? The right answer is what you feel. That's the only right answer. See how that's going to lead you away from the truth of your own feeling? If you make it about you and me, and you trying to give me the right answer – already you're starting to treat me like I was your father and you're afraid of me. Do you see that?

Pt Mmhm. Well, I guess the right answer was, in trying to get in touch with those feelings from that moment, I'm getting very anxious.

Th Having a spike of anxiety. It's a really quick spike of anxiety in you. Mental confusion and physical agitation – keep that in your mind, okay?

Pt Keep in my mind ...?

Th The two places it goes. The mental and the physical.

Pt The mental, I really pick up on - the confusion and stuff. The physical, I was aware of that.

Th That's perfect. Now, take yourself back to that memory again, and is that memory a happy memory that you're sharing with me?

Pt No.

Th What was it about that memory that you didn't really like? The part of the experience that you...

Pt Well, I'm feeling that anxiety come in.

The therapist has worked in the triangle of conflict and drew the patient's attention to the causality of his anger, anxiety and mental confusion.

Th That's great. And your job is?

Pt To be aware of it.

Th And?

Pt To not be mean to myself.

Th Which is called being kind. It's safe to feel your feelings here. I don't think it was safe your whole life to feel your feelings.

Pt No.

Th So you see the problem?

Pt Mmhm. I understand it.

Th Good. What's that like for you?

Pt Understanding the problem? Well, you know, I do feel a little enlightened. Maybe like there's a little light at the end of the tunnel.

Th So hope is what you're experiencing?

Pt Yes.

The patient has assimilated the understanding that he cowers with fear at the prospect of facing his true feelings in front of his projected "father."

### Vignette 7

#### Overcoming defenses against anxiety

We are 1 hour and 2 minutes into the session.

Th And I just want to ask you again, when the sad feeling is here for you, how is that for you? How does that feel for you?

Pt It's fine.

Th It's a relief, is it?

Pt (Cries.) Yeah, it's fine. I'm fine with it. I feel like I'm getting stuff out. It feels like it maybe takes some pressure away.

Th Is the confusion gone for you?

Pt Yeah, it calms me down.

Th And the muscles feel more relaxed?

Pt Yeah.

Th So if we just say it over and over again, you being in touch with your true feelings defeats the anxiety, defeats the confusion, defeats the tension, and makes all of those other compensations – the putting pressure to perform, being detached from your emotions, being compulsive about achieving – it makes all of those things elective. You don't have to do any of those. You can do them if it suits you, but you don't *have* to do them. Do you see the difference?

Pt Mmhm.

The patient's punitive superego is identified and temporarily made ego-dystonic, which allows him to be kind to himself and allows the unconscious therapeutic alliance to emerge. He feels grief for the abuse he suffered as a child and for the suffering his punitive part promotes.

### Vignette 8

#### Grief is experienced about his self-destructive defenses

After a 15-minute break, the patient talks about his failed marriage and the lack of intimacy he has felt in other relationships.

We are 90 minutes into the session.

Th Now I'm seeing a sad feeling coming up.

Pt Yeah, I don't know what to ...

Th Try not to judge it. Just feel it.

Pt And it was just a feeling again of being alone. And it's funny, y'know, when I talked to you on the phone, you asked me a question about whether I wanted to be a Playboy - going from girl to girl, and I said no, I want a relationship. I want a meaningful relationship with someone, and I started thinking about that. And since I talked to you on the phone, I've been thinking about that. It's exciting, y'know, meeting someone new and all that stuff, but just in talking here today, it's become clear, I probably need it more than most - a meaningful, close relationship.

Th Okay, that's all true, but what about the sad feeling? Let's give that some airtime, too. What was making you sad?

Pt Just being alone.

Th I thought part of it was that, at this moment, we had a mutual understanding of the problem. Remember, when you were leading me, you were talking about the rationalization, and you got it - the light bulb clicked in your mind.

Pt (Cries.) I don't know, maybe I just got it. Just thinking that I've been hurting myself. I'm not sure.

Th That's okay. Just let the sad feeling of the man who's been hurting himself, let that sink in. I don't think there are any maybes about the fact that you've been sabotaging your happiness. This has been a long-term problem for you.

Pt (Pause.) Yeah, I think I've put everyone's feelings ahead of my own, but then sometimes I think of myself as so self-centered. Y'know, it's so confusing.

Th But right now we're thinking about the self-destructive part of you that deprives you of the thing in your life that you more than anything else. And how mean and cruel that that is of you, towards you?

### Vignette 9

#### De-repression of the core neurotic forces

The patient remembers driving with his family as a child. He sees his father beating his mother, while he and his brother sit terrified in the back seat. He expresses regret that he didn't tell his father to stop.

We are now ready for a direct view of the pathogenic forces of his unconscious. We explore his repressed murderous impulses toward his father.

We are 3 hours into the session.

Th What did you really want to do to your father?

Pt Maybe I did tell him to stop.

Th But would that have worked?

Pt No.

Th What would you have had to have done to make your mother and your brother safe?

Pt Kill him.

Th So picture that. How would you have had to kill him?

Pt Get the car off to the side of the road.

Th And then do what?

Pt (Pauses.) Shoot him.

Th With what?

Pt A gun. Pistol.

Th What size? Small? Big?

Pt Small. Medium.

Th Where?

Pt In the chest?

Th Show me where on you.

Pt (Hits chest.)

Th Right where the pain is, right.

Pt (Nods.) In the heart.

Th And what's that feel like, when you see the bullet go in his heart?

Pt Sad. (Cries profusely.)

Th Let yourself feel the sadness.

Pt It feels sad. Y'know, I was sad when he died. I felt sorry for him.

Th Well, the sadness is not just for him; it's for you.

Pt Him and me.

Th Yeah, because how many children want to feel like murdering their father? Not many, right?

Pt (Cries deeply .) It's the only way I could've stopped him.

Th And the guilt over wanting to murder him is the guilt that causes you to sabotage your life, to not give yourself what you've wanted in your life. You're punishing yourself.

Pt I never thought of murdering him.

Th You thought of murdering him a thousand times.

The therapist has confronted the patient with his defense of denial of his murderous rage against his father as revealed by his own words: "Kill him. It's the only way I could've stopped him." The sobbing begins with deep heaving breath indicating the passage of unconscious guilt to consciousness. Freud's described obstacle to making guilt conscious has been overcome.

Pt (Cries in anguish) There was night after night, we would just be in my bedroom, and we would just hear him beating my mom.

Th So we have to come to a stop today. I know this is very difficult to face all these complex feelings in one big sitting, but I find that it's better to get all the cards out on the table at the beginning, so you have an idea of what you have to face with me for the rest of the week. And you can't deny the murderous part of your feelings toward your father anymore.

Pt (Cries)

After a three-hour session of unlocking, the patient and the therapist have undone the introjective identification with the patient's father. They have unmasked the punitive superego as the cruel and sadistic father whom he loved but murdered.

Next is a vignette of working through that begins at hour 6 on day 3 of therapy.

### Vignette 10

#### Establishing an Unconscious Working Alliance

The patient begins the session by continuing to explore the impact his father's cruelty had on him. We are six minutes into the session.

Pt I got that all the time.

Th OK. What did he say to you?

Pt He said, "The best thing going to come for you is a cop's bullet coming into your head. And you'll be lying in a ditch with a cop's bullet in your head. You're useless. You're scum."

Th You call that positive or you call that negative?

Pt That's terribly negative.

Th OK, so you see where the negativity inside comes from?

Pt Mmhm.

Th Where does it come from?

Pt It was drilled into my whole life.

Th By?

Pt My dad.

Th So, you see, the problem is, you've internalized his attitude toward you. For you, it's one step forward, and two steps back. You take a step forward, and he's saying to you, "You worthless son of a bitch, you don't deserve this success. This success is like a suit of clothes that doesn't fit you. Take it off." You follow me? You get pounded by him.

Pt I go for what naturally should be mine, and as quick as I go to get it ... y'know, I can relate to it throughout my whole life. With relationships with other people, feeling that no one liked me, and I know it's ridiculous.

Th What you do is you project your internalized attitude, your father's attitude - you take it and project it into the mind of someone who wants to be your friend.

Pt ... I'm projecting in that, I'm thinking that's what you're feeling, but you're not really feeling that.

Th I'm not really feeling that, but that's what you're thinking I'm feeling. Does that fit?

Pt That makes sense, yeah.

Th But does that not only make sense, but does it *fit* what really goes on in your life? Because I want you to see how awful that is of you to do that to you. Because all that does is make you isolated from people who really do love you. It makes you pull away.

Pt Yeah.

Th Do you see the destructive nature of that particular mechanism?

Pt Mmhm. Yeah.

Th When you understand it, and when you evaluate it as an intelligent person like you are, is it kind or cruel to you?

Pt It's very cruel ... makes life impossible to enjoy.

The patient consolidates insight into the way projecting his punitive superego sabotages his closeness with others. He is less and less identified with his superego. We are now 20 minutes into hour six and we explore his mixed feelings towards his father. He recalls his father's cruelty towards his sister (who eventually committed suicide in the family's garage), his younger brother (now an alcoholic) and toward his mother who he observed being beaten and sexually assaulted by his father.

Following an hour (hour seven of therapy) the patient feels his rage beneath his anxiety when exploring his feelings about his father's mistreatment of his loved ones. He visualizes savagely attacking his father and viciously murdering him, then driving him to the desert to die all alone. He fantasizes that he would drive away with no final words.

We are 1 hour into the session, beginning hour seven of treatment.

Th How are you feeling as you get back in the car? Are you just watching him die?

Pt No, I just want to get out. Get away. It's ugly. I want to get back to the ocean.

Th I think that's a positive idea.

Pt I just want to get back to the ocean. (Cries very deeply with severe access to pain)

Th Is it hard to leave him?

Pt No.

Th Good.

Pt (Cries) I just think how fucking mean he was to me, to some little kid who loves water, so full of fucking life. I just feel sorry for myself.

Th As you should. As you should.

Pt (Cries)

Th Would you tell me about the ocean?

Pt I'm at the ocean.

Th Tell me about it.

Pt It's alive. It's beautiful. I feel free. (Cries) I'm the ocean man ... I love the ocean.

Th Things are as they should be. He's at the desert; you're at the ocean, and you love it there. And you're feeling free. So all the negativity is expunged from your mind? There's nothing between you and the ocean anymore?

Pt Now I'm walking on the beach. I'm running on the beach.

Th ... Your goal is to sustain this way of being, this way of feeling – connected to the beach, running on the beach. You're here, the negativity is shriveling up in the desert. I mean, it's just going to be a skeleton pretty soon.

Pt It is already. Shriveled skin and bone.

Th And that's feeling how?

Pt Freedom. He's gone.

The patient experiences complete freedom from domination of the ego part by his superego part. He replaces his devaluing and sadistic superego with love for himself as a child. He no longer projects that part of him into the therapist.

In hours 8 through 14 The patient has multiple breakthroughs by exploring the triangle of conflict. He encounters pockets of rage towards his mother for her passivity, self-neglect and alcoholic co-participation with his father. He fantasizes murdering her with a vicious attack, and buries her in the backyard of his home with love and tenderness. He also relived the burial of his dead sister, buries her on a cliff overlooking the ocean, and grieves for her pain. He also addressed his guilt over not protecting her. On the night before session four – hour 12 he reported having spontaneous breakthroughs while on a treadmill at his hotel. He felt his rage and saw images of him murdering his mother and father on the wall. He felt pride that he had addressed his rage independently. We see a vignette of his termination session. We enter at 45 minutes into hour 14.

### Vignette 11 Termination

Th So, give me an update on where we're at. We're in the home stretch, so ...?

P Yeah. It was an interesting night. I ended up back at my place, and I started doing a bit of writing. Something just hit me like a ton of bricks, and how important it was. I wrote in real big letters like this, how important it is for me *to take care of myself*. And I made a promise – I wrote down, “You are a big, strong, competent, able, smart man with means, no matter what it

takes; you care of that little kid.” And it gave me such hope. And during this negative time, I was feeling, like last night, for a couple hours ... well, here I am, it’s Friday, it’s tomorrow, and I’m going to be going back to my home. Y’ know, you’re in there, and you’re seeing yourself, and what happens after that. I don’t worry about that now. Because I really, really believe it’s lasting now, and I’m starting to answer some of my own questions. And this morning, stuff came into my head – questions - and I’m answering them.

The patient went on to express gratitude and warmth to the therapist about his efforts on the patient’s behalf and good-byes were exchanged. Follow-up arrangements were consolidated.

The patient, between sessions, consolidated his commitment to and practice of self-care. His identification with the punitive superego ended. He returned home and three months later reported freedom from his anxiety, depression, life-long negativity and called up his prior girl friend, re-instituted dating and has set a wedding date.

## Discussion

Introjection, identification, and superego formation

## About the authors

The above transcript describes the process of identifying an ego-syntonic superego in block therapy and rapidly deconstructing it. Doing therapy in this way, after Davanloo, promotes the development of an unconscious therapeutic alliance and accelerates the working-through process. The unconscious therapeutic alliance refers to the dormant force in the patient’s instinctual self towards self examination, self care, and curious self exploration without judgment. As therapy progressed the patient became more interested in his own unconscious, less terrified of his destructive impulses and more able to accept and tolerate closeness.

The metapsychology of ISTDP offers a useful framework to apply certain techniques that allow for symptom relief as well as character change. Many therapists have modified Davanloo’s original approach and techniques and have met with success in their modifications. However, a common feature of these variations of ISTDP therapy is that patients become aware that they are participating in an unconsciously organized drama, one as compelling as Freud’s speculation of the ur-patricide with which we began this paper, in which a patient’s healthy part is the protagonist which, energized by an appropriate motive (e.g. freedom, not vengeance), does battle with a punitive antagonist and conquers it (Adler 2007). As the patient develops insight into his internal drama, he experiences a catharsis of intense feelings--ranging from grief to joy--which engenders a new and vitalized sense of self, and the ability to pursue a future free of self-inflicted pain.

If one Greek myth, the bloody and tragic Oedipus saga, was the beginning of modern psychology’s appreciation of the superego’s power, another Greek myth, the story of Orestes and the Furies, may be its fitting conclusion. Orestes killed his mother and her lover to revenge their murder of his father. The Furies, that trio of merciless goddesses who relentlessly pursued those who transgressed the law or the moral order, were lured to him by the smell of his mother’s blood. They haunted him day and night, whispering a song only he could hear. They were inescapable and deadly. Against such a punitive force, Orestes’ end seems certain. Then something remarkable happens. Athena, goddess of wisdom, takes pity on him, and recruits ten Athenians to try him. She appoints Apollo, god of medicine and healing, as his advocate. When he wins his case, the Furies assent to leniency and are thenceforth called the Eumenides, the Merciful Ones.

What strikes us in the resolution of this myth is not that the Furies are vanquished, but rather that the relationship between them and our hero can now occur in an altered context. Why did the ancient Greeks make that inspired choice, and why should it still resonate so profoundly several millennia later? In a comment that bridges what the Greeks intuited and what Freud theorized, Fenichel (1945) observed that “the superego is the heir of the parents not only as a source of threats but also as a source of protection and as a provider of reassuring love. Being on good or bad terms with one’s superego becomes as important as being on good or bad terms with one’s parents previously was.” In just that way, the Orestes myth is as good a metaphor of the therapeutic process as one can find, and, more importantly, it surely indicates that, while psychologically-minded myth, and therapeutic theories change with time, our inherent desire for psychological soundness endures.

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