

PSYCHOTHERAPY
OF NEUROTIC
CHARACTER

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Psychotherapy of Neurotic Character

Also by David Shapiro

Neurotic Styles

Autonomy and Rigid Character

To the memory of my father, Jack,
and my mother, Ella

PREFACE

My teacher, Hellmuth Kaiser, once expressed a dilemma to me about the teaching of psychotherapy. He said it was no use teaching what to do or what to say because the significance and effect of what the therapist did or said depended on the attitude with which it was expressed. With the right attitude on the part of the therapist, he thought, all else would follow easily. I am not sure that in fact all else does follow easily, but in any case, how does one teach an attitude? For example, how does one teach an attitude of respect for the patient, not merely courtesy and not sentimental concern, but respect for the patient's psychology? How, for that matter, can one teach an interest in the patient, not merely an interest in changing him, but an interest in him and in communicating with him? I think these attitudes and interests can be developed—taught in a sense—but certainly not directly, not merely by recommending them. They can be developed only through a certain kind of understanding of the patient. Understanding can engender a therapeutic attitude.

My earlier work has sometimes been described as “phenomenological.” In our field, this term usually means relying on or even limiting oneself to the immediate data of subjective experience. It is true that I have been interested in studying the formal ways of thinking, the attitudes, the kinds of subjective experience, and the kinds of behavior that characterize various types of neurotic conditions. But my interest has

never been purely descriptive. Rather, I have been interested in studying the ways in which neurotic personalities work, particularly in showing that specific kinds of symptoms are products or special instances of such neurotic styles—that they are products, in other words, of characteristic mentalities. For example, it is possible to show that the paranoid defense mechanism of projection is not an elementary device but a special result of the workings of a certain kind of rigid personality, a personality of certain attitudes and ways of thinking, under particular conditions of subjective tension. Similarly, such symptoms as compulsive rituals or strange, often discomforting, obsessive thoughts can be shown to be not the intrusions into normal rational life that they may seem but special products of a kind of scrupulousness that, though not consciously articulated, characterizes the subjective life of certain individuals. In short, if one studies not only the symptom but also the subjective life and the mentality of the *person* in whom it appears, symptoms or symptomatic reactions that seem and feel like irrational intrusions into everyday rational thought and attitude actually make some kind of subjective sense.

The question arises, What distinguishes *neurotic* styles or character from nonneurotic ways or dispositions of the personality? The answer was not at all clear to me at first, though, once recognized, it hardly seems subtle. The neurotic personality or character—I will use the terms interchangeably—is one that reacts against itself; it reacts, reflexively, against certain of its own tendencies. It is a personality in conflict. Thus a picture of neurotic *dynamics* emerges from a study of neurotic *styles*. But it is a picture of dynamics of a rather unaccustomed kind, different from the more familiar dynamics of impulse and defense.

The dynamics of neurotic styles is the dynamics, the work-

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ings, of the *personality*. It includes not merely conflict between particular wish and defense but the reaction of general restrictive attitudes to whole classes of subjective experience. It is a dynamics of the neurotic person as distinct from a dynamics of a nuclear neurotic conflict that affects the person.

In this picture of the dynamics of the person, subjective experience is not merely a reflection or a result of essential dynamic processes, as it is sometimes considered; rather, it is central to those dynamics. Subjective sensation and fleeting idea, momentary direction of interest and attention, the particular quality of a discomfort, may all be largely unrecognized and unarticulated yet play a central role in triggering inhibitory reactions of the personality. Thus the dynamics of the personality is also a dynamics of subjective experience. It involves reactions and processes (as I will try to show) that are neither clearly articulated in consciousness nor, strictly speaking, unconscious.

This view of neurotic personality or character gives substantial meaning to the precept that the neurotic problem is not *in* the patient, it *is* the patient; and to its corollary, that the patient himself, not only what the patient provides, is the therapeutic material. These principles, which doubtless would be acceptable as such to most therapists, have more far-reaching implications for the conduct of psychotherapy and the understanding of patients than might be imagined, if they are understood in this way and applied consistently. They affect the nature of the therapist's interest in the patient and turn his attention to the patient in a somewhat different way. They extend the therapist's interest beyond the usual textual scrutiny of what the patient says to include the patient's whole subjective world. It is when the therapist introduces the patient to this world—to the subjective experience that the patient lives

but does not know he lives—that a therapeutic effect is achieved.

The book is divided into three parts, the first of which is "Neurotic Character and Psychotherapy: General Principles." In chapter 1, I will indicate briefly the relation I mean to develop between neurotic personality and psychotherapy, focusing especially on the neurotic person's estrangement from himself, while in the next chapter, I will elaborate the conception of neurotic personality. Part two, "The Therapeutic Material," is composed of three chapters. Two of these chapters explain and apply the conception of the therapeutic material to which I have already referred; the third considers the therapeutic relationship as therapeutic material. Part three, "The Therapeutic Process," includes a chapter on the psychology of therapeutic change followed by one on the significance of the therapeutic relationship for such change. I have introduced then a chapter on the important question of historical interpretation in psychotherapy. The book's last chapter considers certain aspects of the course of therapy in more detail.

I wish to add a note here about the clinical examples I have used throughout the book. I have, of course, disguised the identity of these patients—some of them patients of others whose treatment I have supervised—by changing or omitting all identifying details of description. I do not believe that these alterations have significantly affected the instructive value (as distinct from scientific value) of the examples. I use these clinical examples to illustrate and clarify psychological processes that are comparatively fundamental in nature and therefore very common, not only among patients in psychotherapy but among all human beings. These purposes do not require any significant amount of biographical material, and the symptomatology involved is far from unique.

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PART ONE

Neurotic Character and Psychotherapy: General Principles

All names, identifying characteristics,
and other details of the case material
in this book have been changed.

Chapter 1

Neurotic Self-Estrangement and Psychotherapy

Self-Estrangement

In neurosis the personality reacts against itself. It seems that the person has tendencies that his own character cannot tolerate and reacts against, with remarkable consequences. We shall consider this reaction later in some detail. Here I want to note only one consequence of it—the most remarkable one—the discovery, or, at least, the scientific understanding, of which was probably Freud's most fundamental achievement. I am referring to the fact that such a reaction by the personality against itself leaves the person who experiences it estranged, cut off, from himself in certain ways. He does not know what he wants or what he wants to do. He does not know what he feels; or sometimes he knows he has strong feelings or reactions but they seem strange to him, as in the case of phobias, mysteriously at odds with his judgment, attitudes, or common sense.

Such self-estrangement is perhaps the most definitive feature of neurotic personality and also of neurotic symptoms. It is true that mere eccentricity of behavior or reaction, like the oddness of some compulsive rituals, can itself suggest internal neurotic processes, but it is not an absolutely reliable indicator. After all, odd behavior may signify nothing more than an unfamiliar purpose—say, a religious purpose—from which standpoint that behavior, odd to the ignorant observer, makes perfectly clear sense. By contrast, the neurotic process results in the subject's loss of a sense of the purpose of, or connection with, his own behavior, as in a feeling of not having intended or wished to do what one has done or is doing, or a sense of estrangement from his own feeling, impulse, or reaction. This kind of experience is present in neurosis (and in psychosis) in a great variety of subjective forms. Some of them are subjectively conspicuous, such as the experience of being compelled, even against one's will, to carry out some ritual, or the experience of being swept by an "irresistible impulse." Other forms of the experience of self-estrangement are hardly noticed subjectively, especially if they are more or less continuous and long familiar. Thus there is the feeling, regular among some people, of not having wanted or "meant" to do something but being forced by circumstances or tempted beyond one's power to resist; or the feeling of living one's whole life not as one wanted but as required by obligations or as dictated by others' expectations; or simply the feeling of having no idea what one wants to do.

Here is an example of symptomatic self-estrangement: A very intelligent, ambitious, young businesswoman has had a very troubled and highly emotional relationship with the man she has been living with. It is easy to tell from her description that each day she returns home eagerly. Yet she is hardly in the

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house before an argument erupts, started usually by her dissatisfaction with some behavior of his.

She begins her therapy hour in an agitated way: "What's the *matter* with me? I've got to end this thing! There's nothing in it for me! I get nothing out of it! I can't even talk to him! He has nothing to say! He's a nothing! I get nothing out of it, yet I can't seem to end it! Why do I continue it? It's like an addiction! . . ."

This woman says, "I get nothing out of it," but we know that cannot be true. We would know this even if we did not know how eagerly she returns home each evening. Yet when she says, "I get nothing out of it," she is quite sincere. The feelings of affection for her companion that have been evident to the therapist and are reflected in her eagerness to return home every day are reduced in her awareness to the quality of an "addiction." How can we explain this phenomenon?

The way she talks about him and, even more, about herself ("What's the *matter* with me?") provides a clue. She talks angrily and reproachfully, chiding and berating herself for continuing this relationship. She is not so much speaking to the therapist as remonstrating with herself, underscoring her point with exaggerated evidence ("He's a nothing!"). Each statement she makes is an imperative, directed at herself and requiring only a change in pronoun to reproduce a parent's reproachful warning to a wayward child ("What's the *matter* with [you]?"). She disapproves less of him than of herself. (To be exact, she does not simply disapprove of what she is doing—if she did, she would stop—but of not wanting to stop, of wanting to continue doing it.) That disapproval is conspicuous to someone else, yet it is largely invisible to the patient herself. It is experienced by her, but it is not visible to her. In her view, she is merely frustrated by her "addiction" to a relationship

that offers her nothing, frustrated by her inexplicable weakness. In her view, if she disapproves of anything, it is only of this “addiction.” In our view, it is just the other way around: the intensity of her disapproval narrows her awareness of her own feelings to the point that she can identify them only as an addiction.

The therapy hour continues:

PATIENT: I can’t seem to end it! *Why* do I continue it? It’s like an addiction!

THERAPIST (*suggesting a perfectly evident, psychologically more comprehensible—if, to the patient, unwelcome—possibility*): Perhaps you’re in love with him.

PATIENT (*looking somewhat flustered, but indignant*): That’s impossible!

THERAPIST: “That’s impossible” does not sound quite the same as “I’m not.”

Finally, still grudgingly, she talks about him. She sounds then quite different: she sounds more conversational whereas before she had sounded as if she were making a speech. She even begins to talk about him quite affectionately, though still uncomfortably. He is good-looking, amusing, a nice fellow; but he is not at all the sort of man she had in mind for herself, not, she says, the sort who was “right” or “appropriate” for her.

It is not remarkable that someone should disapprove of a wish or an interest of theirs and feel conflict for that reason; nor is such conflict on that account neurotic. Rather, the remarkable thing is that an unarticulated and reflexive reaction against one’s own feelings should have the effect of narrowing the awareness of those feelings to the sensation of a quasi-alien “addiction.” The remarkable thing, in other words, is that this