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The Perpetrator of the Unconscious in Davanloo's New Metapsychology. Part II: Comparison of the Perpetrator to Classic Psychoanalytic Concepts

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Part I of this paper was a review of the psychoanalytic constructs that attempt to deal with those aspects of the human psyche, character and neurotic disturbance that concern self-defeating and self-sabotaging character traits, the need to perpetuate suffering, masochism and other self-destructive aspects of the personality. No single traditional psychoanalytic construct adequately describes or fully elucidates this aspect of neurosis. Freud himself noted, in his letter to Ernest Jones concerning the superego, that 'All the obscurities and difficulties you describe do exist. But they are not improved even with the points of view you emphasize. They need completely fresh investigations, accumulated impressions and experiences, and I know how hard it is to obtain these. Your essay is a dark beginning in a complicated matter' (Jones, 1957).

Moreover, Davanloo noted that trying to clarify these issues with data obtained from psychoanalysis or long-term psychotherapy was problematic. The process of psychoanalysis was exceedingly gradual, with the course of therapy often stretching over several years; and objective evidence from direct observation was difficult to obtain (Davanloo, 1990c).

It was in response to this problem that Davanloo has made one of his major contributions to the development of a new metapsychology of the unconscious. He has developed a most highly effective intensive psychoanalytic treatment method which has dramatically shortened the course of psychotherapy without compromising the goals of structural character change. He has also made extensive use of audio-visual recording of sessions with patients. This allows for

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the detailed observation of both initial interviews (trial therapies) and *full courses* of psychotherapy with a broad range of patients. In his pioneer work Davanloo discovered the technique of rapidly 'unlocking the unconscious' and gaining direct access to the core neurotic structure of patients in a way never before possible (Davanloo, 1978, 1980, 1984, 1990a,b). This has afforded the unique opportunity to systematically observe the dynamic unconscious and to test the validity of long held psychoanalytic principles.

This detailed observation of the core neurotic structure of the psyche allowed Davanloo to clarify the dynamic forces operating in the unconscious in a direct way. Central to his metapsychology of the unconscious was his elucidation of the twin factors of

(a) The forces of the healthy part of the psyche that were aimed at collaborating with the therapist to liberate the patient from his suffering, which Davanloo called the 'unconscious therapeutic alliance' (Davanloo, 1987, 1993) and
(b) The destructive forces of the psyche which resisted the therapist's efforts to be of help.

This latter force in the psyche constitutes the destructive forces of the resistance (Davanloo, 1990a). Davanloo also recognized the destructive aspect of the character that led to masochistic repetition of painful and traumatic experiences throughout life and, like the forces of the resistance in therapy, functioned to perpetuate the very misery in life that the patient sought to resolve through therapy. Davanloo called this aspect of the psyche the 'Perpetrator of the Unconscious' (Davanloo, 1977, 1993, 1995a). The remainder of this paper will focus on Davanloo's concept of the Perpetrator of the Unconscious (the Perpetrator).

Part II of this three-part paper concerns a comparison of Davanloo's Perpetrator to classic psychoanalytic principles:

(1) A definition of the concept of the concept of the Perpetrator
(2) Comparison of the Perpetrator to the superego
(3) Comparison of the Perpetrator to resistance
(4) Comparison of the Perpetrator to the concept of repetition compulsion
(5) Comparison of the Perpetrator to the concept of masochism
(6) A brief discussion of the role of the Perpetrator in symptom formation

Part III will concern itself with:

(1) A brief discussion of the role of the Perpetrator in generating 'resistance against emotional closeness' (Davanloo, 1977, 1993)
(2) Specific aspects of Davanloo's technique of Intensive Short-Term Dynamic Psychotherapy that are geared to address the Perpetrator, with specific reference to elements of the 'head-on collision' using selected clinical examples from Davanloo's published cases.

Definition of the Term Perpetrator of the Unconscious

Reference to the need to suffer, need for self-defeat, need to sabotage therapy and the need to perpetuate one's misery appears throughout Davanloo's published work, from his earliest published cases (Davanloo, 1978, 1980, 1984). He described a spectrum of patients suffering from psychoneurotic disturbances.

On the extreme left-hand side of the spectrum are patients characterized by circumscribed problems, high responsiveness, low degree of resistance and absence of unconscious murderous rage. Patients on the mid-left side of the spectrum show a moderate degree of resistance, more diffuse symptom disturbance and some degree of characterological problems. In addition, he noted that they show the presence of unconscious violent rage towards figures in their early life, associated with guilt- and grief-laden unconscious feelings. As one moves further to the right on the spectrum one encounters patients who show more resistance, more diffuse disturbances in the form of symptoms and characterologic difficulties and more complexity to their core pathology. Patients in the mid-spectrum demonstrate the presence of unconscious *murderous* rage, guilt- and grief-laden feelings toward the genetic figures. As one moves to the right-hand side of the spectrum, resistance is of a high degree, character pathology becomes distinctly more syntonic, masochistic traits become more prominent and symptoms become even more diffuse. In addition to these attributes, Davanloo characterized the patients on the mid-right of the spectrum as demonstrating the 'presence of an unconscious *primitive murderous* rage, guilt- and grief-laden feelings toward both parents and others in their early life orbit—"the Perpetrator of the Unconscious"'(Davanloo, 1995a). On the extreme right side of the spectrum, these patients have an extremely high degree of resistance, and the neurosis is of the most complex type. Davanloo went on to say that these patients showed the 'presence of a punitive superego pathology, high degree of masochistic character traits ... highly *primitive* unconscious *torturous murderous* rage and *intense* guilt and grief, *multidimensional* in relation to early figures [italics added]' (Davanloo, 1995a). It is with these patients on the right and extreme right on the spectrum that the 'Perpetrator' is present in the unconscious. Davanloo (1995a) stated that his research with these patients demonstrated:

'(a) the presence of trauma, abandonment and/or series of traumatic experiences in the very early phase of life
(b) the presence of a highly painful feeling in relation to the trauma and abandonment
(c) the presence of an unconscious murderous rage or primitive murderous rage or even primitive torturous murderous rage in relation to parents, siblings and other figures in their early life orbit
(d) the presence of intense guilt- and grief-laden unconscious feelings
(e) they demonstrate a high to an extremely high degree of resistance
(f) the presence of resistance against emotional closeness
(g) the presence of a masochistic component in their character'

He went on to say that, based on this data, he introduced his concept of the 'Perpetrator of the Unconscious' (Davanloo, 1995a).

One can see then, that the Perpetrator of the Unconscious is a dynamic force in the unconscious which has its origins in relation to the traumatic disruption of the parental bond in the earliest phase of life. The earlier and the more severe and repetitive the trauma, the more primitive the reaction rage becomes. In the most extreme cases, rage may even take on a highly *primitive torturous murderous* quality as seen in highly fragile patients (Davanloo, 1995a). In proportion to the degree of the trauma and the reactive aggressive impulses, he noted that one sees a proportional intensity to the guilt- and grief-laden feelings in relation to the early

figures. These intense impulses and feelings in relation to the genetic figures give rise to the psychopathology. As a dynamic force, the Perpetrator of the Unconscious plays a major role in the genesis of both symptom and character disturbances. It represents that aspect of the dynamic unconscious that, drawing from the powerful guilt-laden unconscious feelings, seeks to perpetuate one's misery and suffering (Davanloo, 1995c).

The Perpetrator and the Superego

Davanloo extensively reviewed Freud's concept of the superego and the difficulties with the traditional psychoanalytic view that the superego is heir to the Oedipus complex (Davanloo, 1990c,d). As Davanloo pointed out, Freud struggled with the terms ego, id and superego to describe the phenomena he encountered. Davanloo's own observations clarified the relationship of unconscious impulses and feelings to anxiety and defense—the 'triangle of conflict'—which did not exactly coincide with Freud's triad (Davanloo, 1990c). Davanloo aptly summarized Freud's observations of the role the superego played in psychopathology as consisting of an unconscious sense of guilt that

(1) 'Puts the most powerful forces in the way of recovery' (Freud, 1923) and contributes to a 'negative therapeutic reaction' (Freud, 1923)
(2) Leads to a need for punishment (Freud, 1924)
(3) Takes a sadistic stance with respect to the ego as in melancholia (Freud, 1923) and
(4) Takes a masochistic stance in relationships that provokes punishment against his own best interests and ruins his prospects for success in the real world (Freud, 1924; Davanloo, 1990c).

Davanloo's discovery of the technique of unlocking the unconscious (Davanloo, 1986, 1988) allowed for a direct view of the dynamic unconscious. In his papers on 'Superego pathology' (Davanloo, 1990c,d) Davanloo described five cases which illustrated the presence of four features in common:

(1) Self-destructive behavior
(2) Violent and murderous impulses towards early figures in the patients' life orbit
(3) Intense guilt and grief in relation to these early figures, and
(4) Impoverished personality.

He concluded from his observations in these cases that there was most certainly a self-destructive mechanism in operation in the human psyche akin to Freud's superego but that his data pointed out several differences. One major observation of Davanloo's was that although Oedipal conflicts were a major source of guilt and no doubt played a role in the cases cited, there was ample *direct* evidence that the intense guilt that served as the main engine to the repetitive self-defeating and self-damaging aspects to these patients' lives had its origins much earlier in life than the Oedipal period. Second, this guilt did not only originate in the aggression directed at the parent of the same sex but in these cases was directed at *both* parents and at other figures in the patient's early life orbit including siblings and others. These cases also demonstrated that the self-damaging component of these patients' character was both a punishment for and

an expression of aggression towards the genetic figures, which resulted from the disruption of the affectionate bond with the genetic figures (Davanloo, 1990c,d).

These points are best illustrated by Davanloo's 'Case of the German Architect'. A detailed report of the case appears in earlier work by Davanloo (1990a,b). In the article on superego pathology Davanloo highlighted those aspects of the case relevant to that topic. Briefly, at the time of the initial interview, the patient was in his early thirties and suffered from multiple difficulties, including symptom disturbance in the form of recurrent episodes of depression and major problems in interpersonal relationships. These latter problems were manifested by major problems with intimacy and closeness, longstanding conflicts with his father and one of his brothers, disastrous relationships with women, a self-defeating pattern to all his relationships and longstanding characterological problems. The self-defeating nature of the character defenses rapidly became apparent in the transference in the form of an initial state of resistance characterized by detachment and provocativeness, which crystallized in the transference. Systematic pressure, challenge and head-on collision with the resistance led to a direct experience of the transference feeling in the form of anger in the transference, a first breakthrough into the unconscious and a partial unlocking. Under the influence of the unconscious therapeutic alliance a memory was derepressed of an incident many years before in which the patient came to the aid of a woman in a bistro who was being harassed by a man. His first reaction was one of intense rage at the man but his actions were ineffective and provoked the man to beat him up. Dynamic exploration of his early life orbit revealed that his father was violent, that his mother was passive and helpless, that he had death wishes towards his father and his brother Gustave. In addition, he harbored resentment towards his mother for never being physically demonstrative with him and not protecting him from father's physical punishment. A self-sabotaging pattern in his life was uncovered consisting of provocative behaviour, especially with men, repeated cut-off relationships with women, and two serious accidents in which he was almost killed while felling trees.

A final breakthrough took place in which the patient came to experience his guilt- and grief-laden feelings towards his parents as he realized that his self-sabotaging pattern had had an aggressive component towards his parents and had served the purpose of punishing them. With intense sadness he said, 'I don't want to punish them anymore' (Davanloo, 1990c, p. 38). This case, as well as the other cases in that article demonstrates:

(1) The presence of self-destructiveness
(2) Violent and murderous impulses towards early figures
(3) Intense guilt- and grief-laden feelings in relation to the early figures
(4) Impoverishment of the personality

The case also demonstrates that this self-destructiveness and self-sabotage of the personality originates earlier than and goes beyond a 'superego' which 'is the heir to the Oedipus complex', especially with respect to his rage towards his mother.

This self-destructiveness was consistent with Davanloo's concept of the Perpetrator—namely the presence of the bond; trauma; painful feeling in reaction to the trauma; and murderous rage, guilt- and grief-laden feelings, all in relation to

the genetic figures; and a masochistic component in the character (Davanloo, 1995a).

A second example in the series of five cases highlights the role played by the disruption of the affectionate bond to the early figures in the genesis of the Perpetrator. This is well illustrated by Davanloo's 'Case of the Man from Southampton' (Davanloo, 1990c). At the time of the initial evaluation the patient was 47 years old and had been in psychotherapy or psychoanalysis for over 20 years. He had early fond memories of closeness with his father but as his father became more demanding, critical and punishing of him he began to distance his father. This was compounded by his separation from his parents and siblings during World War II, when at the age of five he was sent to a foster-home by himself. In later years he had a repeated pattern of self-destructive and self-punitive behavior including repeated auto accidents. He married a violent woman and remained in the relationship for many years, even though she was actually physically violent towards him. Once in a state of rage at his wife he drove recklessly and nearly got them both killed in an accident. He had never really felt close to anyone including his wife and his children and he was never able to realize his full potential in his work. Following repeated breakthroughs into his unconscious, it became clear that his grief-laden feelings originated in the disruption of the affectionate bonds in his early family life. This also led to violent impulses primarily towards his father and brother, associated with guilt-laden feelings, which served to fuel a life of suffering, self-punishment and impoverishment of his personality.

As in 'The case of the German Architect', this case also demonstrated the presence of the Perpetrator—namely a positive bond to the genetic figure(s), a traumatic disruption of that bond, intense murderous impulses, guilt- and grief-laden unconscious feelings in relation to the genetic figures, a high degree of resistance including heavy resistance against emotional closeness, and a masochistic component in the character.

In summary, Davanloo attempted to clarify the psychodynamic engine to the constellation of neurotic and characterologic disturbances characterized by self-destructive and masochistic behavior and impoverishment of the personality. His direct observations of a series of patients did not support the role for a punitive superego deriving from Oedipal conflicts. His data did support the presence of the constellation of bond, trauma, murderous rage, guilt- and grief-laden feelings in relation to the genetic figures, which he later called the Perpetrator.

The Perpetrator and Resistance

Resistance has long been a fundamental principle of psychoanalytic theory. Throughout his published and unpublished work Davanloo repeatedly highlighted the central role of resistance in the therapeutic process. 'Almost every patient arrives at a therapeutic session in an ambivalent state . . .On the therapist's side is the *therapeutic alliance* . . .Ranged in opposition to this is the patient's *resistance*. . . Almost every moment of every interview shows a mixture of these components, and there is a continuum from complete alliance to complete resistance, both of

which in turn alow show a continuum from being wholly conscious to wholly unconscious' (Davanloo, 1990a). Writing further on resistance Davanloo noted that the higher the intensity of the murderous impulses, guilt and grief, the higher the level of the resistance (Davanloo, 1995c, pp. 122–123). In a later article he went on to say 'I have outlined some of the main characteristics of highly resistant patients within the spectrum and indicated that all these patients demonstrate a highly complex core pathology and there is the presence of major trauma, the pain of the trauma, and reactive murderous rage or primitive murderous rage and intense guilt- and grief-laden unconscious feelings. In all these patients we see the presence of major resistance' (Davanloo, 1996). One will again recognize here the presence of those elements Davanloo described as the Perpetrator (Davanloo, 1995a). He noted further, that resistance had two broad functions. The first has to do with the avoidance of true feeling. In that sense resistance functions to avoid painful feelings or to avoid or reduce anxiety (often activated by the emergence of rageful or murderous feelings). Its other broad function, he noted, is to actually inflict pain and suffering on the individual via self-punishment and perpetuating one's difficulties. This becomes clear in the therapeutic situation where resistance functions to prolong or sabotage the therapeutic process. Davanloo's technique of head-on collision with the transference resistances is specifically aimed at addressing this destructive role that the resistance plays in the therapy and in the patient's life. This is well illustrated in 'The Case of the German Architect' (Davanloo, 1990a,b). The initial characterologic defenses of vagueness, intellectualization and distancing, were crystallized in the transference as a result of the phase of pressure. This took the form of defiance, insolence and resistance against emotional closeness. Partial breakthrough into the unconscious led to the derepression of the incident in the bistro, following which he spontaneously mentioned his parents. Resistance in the transference returned. This was met with a head-on collision with the transference resistance. A parallel is drawn between the transference resistance and his relationship with his father.

TH: *So let's see, let's look to see what we are going to do about that first. Your father wants to drag you to see him. Now the question for us is, am I dragging you to come here to understand your problems and to get to the core of your problem, or is it that you come here on your own will?*

PT: *We know the answer to that.*

TH: *Okay, you come on your own will, then let's look and see what you are going to do about this defiant position.*

PT: *(He clears his throat) (Pause) I don't know where to start.* (Davanloo, 1990b, p. 31).

What became clear in the unlocking and what the therapist was able to analyze with the patient was that the mechanism underlying the attack on the man in the bistro which resulted in *he, himself* being beaten up was a defense against and a punishment for his murderous rage. Davanloo pointed out that this interpretation was made in the context of defiance directed both toward the father and the therapist, and implies that he was now engaged in active self-defeat of the therapeutic process as a way of dealing with the murderous rage in the transference. Further, this was the same mechanism he had used in relation to his father (Davanloo, 1990b). It is further implied, as it was spelled out in prior

head-on collisions (Davanloo, 1990a), that not to do something about these mechanisms would inevitably lead to perpetuation of his difficulties. One can see from this clinical example that the Perpetrator was the dynamic force behind the destructive organization of the resistance—namely its function to perpetuate misery and suffering.

A second case that illustrates the self-destructive and self-punitive nature of the transference resistance (and by extension, the presence of the Perpetrator) is Davanloo's 'Case of the Strangler' (Davanloo, 1995b,c). At the time of the trial therapy the patient was in his forties. He suffered from diffuse symptom disturbances including episodes of clinical depression, chronic anxiety, somatization disorder, functional bowel disorder, and a decline in sexual desire. He also had major interpersonal difficulties with both men and women. His marriage was a disaster. His wife was explosively violent. He handled himself by taking a passive detached compliant stance with her. During sexual intercourse with his wife he had to resort to the mental image of another woman in order to enjoy sex. Masochistic character traits were evident. He had been in couple's therapy for about one year but was told that his problems 'were deeply rooted in the preverbal phase of my development' and which required 'years of individual treatment'. Psychodiagnostically, the patient was on the mid-right of the spectrum. In his case, what became clear in the trial therapy was that the Perpetrator had its origin in the breakdown of his nuclear family in childhood. He was traumatized by the abandonment of both parents, followed by a disastrous relationship with his punitive grandmother. In reaction to the pain of this trauma there developed a murderous organization in his unconscious which was directed primarily at mother and brother in the past, as well as his wife in his current life, associated with intense guilt- and grief-laden unconscious feelings. This led to the characterologic disturbances, especially the repetitive need for use and abuse, and self-sabotaging behavior.

The trial therapy began with the phase of inquiry followed by the phase of pressure. As expected, this led to a series of tactical defenses and eventually the character defenses crystallized in the transference, setting the stage for failure in the therapy. This led to the therapist employing the head-on collision with the transference resistance which highlighted the destructive organization of the resistance. In the following passage, the dialogue is quoted without the analytic comments for purposes of continuity and emphasis.

> *TH: But you see you ruminate 'I don't think'. I'm talking right now with me. Look at it, aren't you totally walled off, and totally uninvolved? And this is very important we look at it, because you say you have a set of problems. So far we don't know anything about it except a piece of it, that you have a problem in your marriage, hmm? And that it has been going on for 20 years, okay. And you have been in treatment with Dr. X, hmm . . .And the problem still is there I assume otherwise you wouldn't be here. So that you have a problem which so far we only know the marriage part of it, superficially okay? And has been going for 20 years, hmm?*
>
> *PT: Hm, hmm.* (Davanloo, 1995b, p. 166).

. . . . . .

After challenging the patient's will, the therapist continues:

TH: *Now if you take a detached position with me, and if you take a noninvolved position with me, and if you erect a wall—you know what I mean by wall? By distancing, by putting a barrier between yourself and me, avoiding me, and not wanting me to get to know you—then this process is doomed to fail. In a sense if you keep this wall, this distancing, this barrier, and not wanting me to get to your intimate thoughts, your intimate feelings, then this process is doomed to fail. So then at some point we say goodbye to each other and you go your way and I go my way.*

PT: *Hmm.*

TH: *And I tell myself, Okay I did my best to understand this man's problem; I failed. But then you go and perpetuate whatever misery you have.*

PT: *Hm hmm.*

. . . . . .

TH: *How old are you?*

PT: *46.*

TH: *46. So still you have a long way ahead of you.*

PT: *Hmm.*

TH: *Why you want then to go on and perpetuate the suffering?*

PT: *Until what? (Laughs)*

TH: *Now your smile is still . . .*

PT: *Now I don't feel like smiling.*

TH: *Then you are going to perpetuate your suffering until your grave. Now why do you want to do that?*

PT: *I don't.*

TH: *But immediately some important aspect is here. I have a feeling that you have a need to sabotage, you have a need to defeat, that you are a self-defeating and self-sabotaging man. Of course you have lived with yourself for 46 years, you know it better than I. Are you the type of the person who sabotages his potentiality, sabotages and becomes a victim of situations and so forth? Are you the type of the person who constantly finds himself into defeating and sabotaging? Because it is here with me, hmm?*

PT: *Hmm.*

. . . . . .

TH: *So why do you want to do that? To come here on your own will but at the same time set the stage to sabotage it. If that is your will to sabotage it, then there is nothing anybody can do about it.*

PT: *Hm hmm.*

TH: *Why do you want to do that?*

PT: *Hm hmm.*

TH: *'Hm hmm' is not enough, let's see what you are going to do about it.* (Davanloo, 1995b, pp. 167–169)

. . . . . .

Following this intervention there was the passage of a wave of painful feeling. Davanloo noted that 'the therapist is well aware that the unconscious therapeutic alliance has not yet introduced the dynamic events of his very early life that have had such a negative impact on his character. He continues to emphasize why he sentences himself to suffering, why should he continue to punish himself, addressing the perpetrator of the unconscious, his need to go from the frying pan to the fire, "Why is there a need in you to continue your suffering?", addressing the punitive superego, the guilt and punishment. He further addresses the unconscious "What have you done?" "Why is there a need in you to continue a paralyzed life?"' (Davanloo, 1995b).

We can see from this clinical vignette and the preceding case that in addition to reducing anxiety and temporarily avoiding pain, resistance has a destructive element. Furthermore, the destructive forces of the resistance are but one aspect of the Perpetrator. The engine to the Perpetrator as a dynamic force begins with the attachment to and traumatic disruption of the affectionate bond to early figures and is fuelled by the reactive murderous impulses and guilt-laden feelings. Transference resistance serves as a component of the Perpetrator. Namely, the transference resistance or the destructive organization of the resistance is that aspect of the Perpetrator that functions to perpetuate misery and punishment by sabotaging the *therapeutic* relationship, as it does every other human relationship. The concept of the Perpetrator therefore goes beyond and includes the destructive forces of the resistance. As illustrated in these cases, one form of Davanloo's intervention of 'head-on collision' was devised to address these destructive forces. This specific aspect of Davanloo's technique and its relationship to the Perpetrator will be discussed in Part III of this paper.

The Perpetrator and Repetition Compulsion

The *Glossary of Psychoanalytic Terms and Concepts* defines repetition compulsion as 'a general tendency in all human behavior to repeat painful experiences' (Moore and Fine, 1968). As Davanloo (1990c) noted, Freud considered the repetition-compulsion to be the ego's attempt to master the traumatic situation. Several authors, Davanloo included, have observed that the compulsion to repeat often involves a need for repeated suffering and punishment. Inderbitzin and Levy (1998) have pointed out that Freud considered that repetition-compulsion was derived from the 'death instinct'. In Freudian metapsychology it is an explanatory descriptive term but not a dynamic one—that is, it does not address the dynamic force generating the compulsion. Davanloo's concept of the perpetrator takes the concept of repetition compulsion a step further. As detailed above, the Perpetrator is a truly dynamic concept having its origins in the earliest phase of life. It involves repetitive sabotage of close relationships and success of any kind as a punishment for the murderous impulses directed at early figures. Moreover, the Perpetrator is the dynamic force responsible for the repetition of trauma and violence from the past to present life. This is exemplified by Davanloo's 'Case of the Moose Hunter' (Davanloo, 1990c). The patient was a man who suffered from obsessional and phobic disorders. He had a highly explosive father who used to beat him. Mother was subservient to father. Following the

unlocking of his unconscious he derepressed a memory of being on a moose-hunting trip with father during which, at one point, father left his rifle on the ground. The patient had an impulse to pick up the rifle and shoot his father but developed weakness in his limbs. He spoke of this incident with intense guilt. In his later life he was married three times, each time to women who were highly explosive and violent. Davanloo (1990c) also pointed out here that there is often a resemblance between the marital partner and the family member against whom the most intense murderous feelings are directed. In a sense, the Perpetrator in this man's unconscious dictated that as a punishment for his guilt-laden murderous feelings for his father, he must face the same situation every day in his marriage. This same dynamic was in operation in the 'Case of the Man from Southampton'. He too, had a punitive father and married a violent wife who physically attacked him (Davanloo, 1990c). Another component of the repetition-compulsion aspect of the Perpetrator is the repetitive accidents and injuries that occur to this type of patient. This is evidenced in 'The Case of the German Architect', who was injured on two separate occasions while felling trees'; 'The Case of the Woman who Bruised her Thigh', and the 'Machine Gun Woman' (Davanloo, 1990c). This dynamic also played a role in many other unpublished cases which Davanloo has presented at symposia and courses (for example, 'The Case of the Woman with Double Fractures') (Davanloo, 1993).

In summary, 'repetition-compulsion' is an explanatory concept but not a psychodynamic one. Nor is it based on direct observation of clinical data. In contrast, Davanloo has *demonstrated*, with direct observation of clinical data, the presence of trauma, murderous rage, guilt- and grief-laden feelings in each case of repetitive self-injury, and self-defeating character pathology, firmly linking the Perpetrator as the dynamic force behind the so-called compulsion to repeat.

Comparison of the Perpetrator to the Concept of Masochism

Characteristic of patients with masochistic character traits is the need to suffer and endure punishment. Moral masochism and the 'negative therapeutic reaction' in psychoanalysis are also examples of the dynamics that operate in these kinds of characters whom Freud described as 'those wrecked by success' (Fenichel, 1945). Freud viewed the dynamic of masochism in these patients as deriving from an intense guilt about their infantile sexuality. The superego does not allow any experience of pleasure or success (Fenichel, 1945). While sexuality may play a role in masochistic characters, a more consistent observation by Davanloo is the presence of the constellation of factors represented by the Perpetrator—namely the presence of the traumatic disruption of the affectionate bond to early figures with the attendant murderous impulses, guilt and grief, which taken together serve as the dynamic force for the self-defeating, self-punishing, self-sabotaging character traits of these patients. This is amply demonstrated in the cases cited above. In each case unconscious murderous rage, guilt- and grief-laden feelings were experienced in relation to the genetic figures and were associated with the need to be used and abused in a repetitive fashion throughout life (Davanloo, 1990c).

Another case that exemplifies the role of the Perpetrator in determining masochistic character traits is 'The Case of the Woman Used as a Go-Between' (Davanloo, 1990e,f). At the time of the initial evaluation the patient was a 48-year-old woman who had been suffering from migraine headaches since age six, as often as 25 days out of a month. Headaches as well as periods of depression often followed the break-up of a relationship. She had made multiple serious suicide attempts in her past. The trial therapy began with an inquiry with a mild form of pressure into a specific situation that had led to depression and migraine headaches in the past. A carefully graded technique, necessary with patients suffering from functional disorders like migraine headache, was utilized. Alternating between a focus on current relationship (C) and the transference (T), and repeatedly analyzing the relationship of impulse, anxiety and defense, a series of partial breakthroughs and a 'major but controlled breakthrough' were achieved. With direct access to the patient's unconscious, what became clear was that the Perpetrator of her unconscious had orchestrated a life for her as a 'professional victim'. With her husband she had adopted a passive submissive role of being used and abused. In fact this characterized most of her relationships with men. The patient described herself as having 'this kind of need in me, and I don't want it'. Following a breakthrough of impulse towards her husband she came to see that the masochistic pattern was a defense against repressed sadistic impulses. This is illustrated in the following vignette taken from the published case.

TH: *So there is an impulse to torture him and to ...*
PT: *Destroy him.*
TH: *Murder him. But who in reality are you torturing and murdering?*
PT: *Well I assume it's me.*
TH: *Assume?*
PT: *Okay, it's me. Certain parts of me which ...*
TH: *But you see, it's very important to look into this. That you need to be tortured, you have a need to suffer, to go to a life of agony. But you have a need to live the life of a criminal, don't you?*
PT: *Uh hmm.*
TH: *Now the question is this. What have you done that you have to mess up your life like this? Have you ever questioned yourself what you have done that you have to torture yourself? There is self-sabotage, there is self-defeat, hmm?*
PT: *That's what I've started to ask myself during the last two years ... If this wouldn't be there I wouldn't attract people who make use of it. I'm providing for it, but what is it? Where does it start?*
TH: *Obviously you have a need to gravitate toward people who are going to use you.*
PT: *Yes, yes that's right. It's my choice ... just the thought of it makes my hair stand up.* (Davanloo, 1990f, p. 317)

Furthermore, it became clear that from the age of 17 she had acted as a procurer for mother to entice men into their home. This was repeated in a masochistic triangle in her adult life with her boyfriend and another woman. In exploring her relationship with her father, who had been a Nazi sympathizer, it became clear that she had been used and abused by him as well. She remembered

that at age 11 'I was afraid of him ... He had incredible anger outbursts, and if I didn't do what was expected of me he used to scream like a lion. I remember one incident in which I just dove under a bed.' At the time of his death she had many mixed feelings towards him. She attempted to care for him but in an angry outburst he drove her away. This contributed to a pathological mourning for him which was, during the trial therapy, transformed into an acute grief reaction. What became clear was that guilt around deserting him, and mixed feelings in relationship to her mother as well, had contributed to a self-punishing and self-sabotaging pattern. The patient came to realize that her repetitive pattern of going from 'the frying pan to the fire' was perpetuated by this need in her to suffer.

TH: *So you see you have all kinds of these mixed systems of feeling.*
PT: *Uh hmm.*
TH: *So the question is this; if you be able to examine all these feelings and carefully look at them for the way they are. Of course when I say the way they are, means to look at them, to examine them in more detail and to see them as they are, hmm?*
PT: *Ja.*
TH: *Obviously a lot of them are buried in you, okay? Do you think if you put them together and see them as they are and experience them as they are, do you think this might in a sense give your freedom in a sense?*
PT: *Ja.*
TH: *Because you are in a sense if you look at it repeating the life of the past. Is a war time life for you. Do you see what I mean?*
PT: *Ja, that's ... I even said that the other day. It seems that my life is always war.*
TH: *Yeah, is a war time life ... and in a sense is worse, is a frying pan to into the fire pattern.*
PT: *Always.*
TH: *In a disastrous way you are, hmm? What I am looking at is this; up to the time you don't put all your mixed feelings in the right perspective, I am sure you are going to perpetuate the past, live a crippled life, and die in a crippled way.*
PT: *And that's what I don't want and this is why I am here. (In a very affirmative and determined tone of voice)* (Davanloo, 1990f, p. 329).

In summary, Davanloo's observations do not support a case for guilt deriving from infantile sexuality as the dynamic force in masochistic personalities. With direct access to the unconscious of these patients, he has consistently elicited the constellation of attachment, trauma, murderous rage, guilt- and grief-laden unconscious feelings which he has called the Perpetrator. It is the Perpetrator that is the dynamic force behind the repetitive pattern of use and abuse in these patients.

The Perpetrator and Symptom Formation

Symptom formation is a complex issue. Symptoms of a focal nature may occur in patients on the left-hand side of the psychodiagnostic spectrum. These patients

do not show the signs of the operation of a Perpetrator in their unconscious. They are not masochistic, do not exhibit syntonic character pathology, are highly motivated and resistance is low. An example of this phenomenon is seen in Davanloo's 'Case of the Salesman and His Sister-in-Law' (Davanloo, 1995a). Psychodiagnostically, he was in the group of highly responsive patients on the left-hand side of the spectrum and suffered from obsessive–compulsive symptoms (checking and rechecking, obsessive thoughts). Though self-punishment played a role in his symptoms, the focus was predominantly Oedipal in nature. What resistance there was present was easily dissolved, and the unconscious therapeutic alliance was rapidly mobilized. Unlike patients on the right-hand side of the spectrum, in this case the constellation of murderous rage, guilt and grief in relation to genetic figures was not present, nor was there a need to defeat in the transference. The therapist was able to interpret the patient's psychopathology, the patient often made his own interpretations, and links among the significant relationships in the past with current life and the transference have rapidly acquainted him with his core neurosis (Davanloo, 1995a).

In contrast to the above patient, Davanloo has demonstrated in many cases on the right side of the spectrum, that neurotic symptom formation is linked dramatically to the Perpetrator. For example, in 'The Case of the Strangler', in addition to interpersonal difficulties, the patient suffered from symptom disturbances in the form of chronic anxiety, functional bowel disorder, decline in sexual desire, episodes of clinical depression, and somatization disorder manifested by neck pain and stiffness, generalized stiffness and headaches (Davanloo, 1995b,c).

Following the passage of murderous rage in the transference, and the passage of unconscious guilt-laden feelings, the unconscious was unlocked and the patient became in touch with murderous rage and guilt, first in relation to his mother, and then his brother and wife (Davanloo, 1995c). It became apparent that the symptoms of depression served as a major defense against murderous rage. Moreover, the therapist pointed out the similarity of the passage of the murderous rage in the transference to the murderous rage towards his mother, brother and wife. In each case the murder involved strangulation with his hands. In exploring the patient's life with his wife, the therapist noted that the relationship was stormy, that the patient experienced a volcano inside but that he put on a facade of compliance.

PT: *Yes, it's quite right, it is.*
TH: *Then she is like a pain on your neck.*
PT: *Like a pain in the neck. Get rid of the pain in the neck.*
TH: *You smile when I say she is a pain in the neck.*
PT: *No, I . . . well it was the relationship to throttling her by the neck and the pain in the neck.* (Davanloo, 1995c, p. 209).

Davanloo went on to note that his symptoms of frequent neck pain and stiffness are a manifestation of projective identification and symptom formation as a defense against the murderous rage towards his mother, brother and wife with both the pain and the murder occurring at the level of the neck (Davanloo, 1995c, p. 209). Further, it became clear that the difficulty with sexual desire with his wife was a defense against his rage, and that the fantasised woman whom he brought to bed in order to have intercourse with his wife was linked to incestuous feelings towards his daughter (Davanloo, 1995c, pp. 211–215). In the phase of

consolidation, the therapist recapitulated the role that the Perpetrator played in the patient's symptom disturbances—at one level defending the experience of his feelings in relation to the key figures in his life, while at the same time perpetuating a life of misery and suffering.

TH: That there is a need in you to suffer, this need in you to perpetuate suffering and misery, and all the mechanisms of dealing with the pain, murderous rage and guilt, which as we saw was toward your mother, and your brother, and also we saw toward your wife. We haven't explored your father or your grandmother yet. Do you follow me?

PT: Yes.

TH: And the way you dealt with this dilemma and the pathogenic situation has been to lose your autonomy, to give up your freedom. (Davanloo, 1995c, p. 221).

There are many other cases demonstrating the role of the 'Perpetrator' in symptom formation. In, 'The Case of the Woman Used as a Go-Between' (Davanloo, 1990e,f) we saw a major masochistic component to her personality (see above). In addition to relationships characterized by use and abuse, she suffered from chronic depression, episodes of acute major depression and multiple serious suicide attempts. She had a relatively low capacity to tolerate anxiety and had access to regressive defenses, she was highly resistant, and the underlying sadistic impulses were highly intense and deeply rooted, all of which were consistent with a patient on the right-hand side of the spectrum. In addition to these features she also suffered from a functional disorder consisting of severe migraine headaches beginning at age six, often lasting for 25 days out of the month and exacerbations of the headaches often occurred after the breakup with a man. Utilizing a technique of 'restructuring' defenses with graded pressure alternating between current life and the transference, several partial breakthroughs of the sadistic impulse, breakthroughs of grief- and guilt-laden unconscious feelings, and a controlled major breakthrough in the transference, the patient's core neurotic structure became apparent.

The relationship of the migraine headaches to repressed murderous impulses, guilt and grief (the Perpetrator) was illustrated in a section in which the therapist was exploring the current relationship with her son. The session focused on a situation in which she had an impulse to strangle her son, which she handled by running two miles through the city. In this instance, she did not get depressed or have a migraine headache. Then, a second incident was explored in which she was called by her son's school to say that he had not been in school for five days. During the phone call she remained calm but immediately following the call she experienced a severe migraine.

TH: And then you had a migraine immediately?

PT: The migraine right away started. I threw up and I was just incapable of functioning.

TH: You mean vomiting

PT: Ja.

.....

TH: *Now, let's look at this. You are calm, then you have the migraine headache.*
PT: *Uh hmm.*
TH: *In the other one, the Christmas incident, your rage is out, you are pushing Paul against the wall, you are pushing all the chairs, you are in a massive rage, you walk through the city, but you don't have migraine headache. It is very important that you look at this two ... in that incident of Christmas there is very explosive rage, but then you don't get the headache.*
PT: *Uh hmm.*
TH: *But the second one you are calm but you have severe migraine headache with vomiting. Do you think there might be a link between massive rage and the migraine headache?*
PT: *Oh, certainly.*
TH: *Because in that incident your massive rage is out, you don't have the headache. The second one you are calm—that means the massive rage is not experienced consciously, but what you develop is a severe migraine headache with vomiting. Do you notice that?*
PT: *Ja, then I had the rage at night when Paul came home and I hit him.*
TH: *What way you hit him?*
PT: *I slapped him, just like this ...*
TH: *Did you have a headache that night?*
PT: *The headache then disappeared.* (Davanloo, 1990e, pp. 299–300).

Further exploration led to a breakthrough of painful feeling. Then, exploration of feelings in the transference provided a link with her negative impulses towards her son, and the various mechanisms she utilized to avoid her impulses. A further connection was made to her two major disturbances—depression and migraine headaches (Davanloo, 1990e, p. 302).

Following the successive breakthroughs, direct access to the unconscious was obtained. This provided a link to the Perpetrator in her unconscious (Davanloo, 1990f, pp. 317–318). Important incidents in her past emerged. She described her mother as detached, unaffectionate and highly promiscuous. Her father was described as subservient to her mother, though at times he was explosive. She also had a very stern and cold nanny. World War II began when she was five and she was sent to live with an aunt in the mountains. It was during this period of time that she developed her first migraine headache. She remembered her parents visiting and bringing gifts for her brothers but not for her. She would sulk, develop a headache and be unable to join them for walks. She described spending day by day climbing high into a tree and rocking. Her aunt was afraid that she would injure or kill herself (Davanloo, 1990f, p. 318).

In the final portion of the interview, the patient became in touch with intense guilt-laden feelings in relation to both parents, and to her son. Finally, the connection was made to her masochistic behavior of taking up with men just like her mother, with 'perpetuation of her being used and abused' (Davanloo, 1990f, p. 337). Focusing on his technique with patients suffering from functional disorders, certain depressive disorders, and somatization disorder, Davanloo went on to say that these cases demonstrate 'the psychopathology of the repressed sadism and guilt- and grief-laden unconscious feelings that lie behind the

functional disorder of migraine—or at least certain kinds of migraine. This particular patient had no further attacks of migraines after the work described here' (Davanloo, 1990f, p. 337). He also noted that this case demonstrates 'the operation of superego pathology in leading to a life of perpetual suffering, the role of the superego in repetition compulsion of neurotic suffering and how this can be overcome' (Davanloo, 1990f, p. 337). In light of his more recent elucidation of his metapsychology, Davanloo would likely substitute the term 'Perpetrator' for 'superego' in the above section.

In summary, circumscribed symptoms can occasionally occur in patients on the left side of the diagnostic spectrum, as was true of obsessive symptoms seen in 'The Case of the Salesman and his Sister-in-Law' (Davanloo, 1995a). However, more commonly, multiple and diffuse symptoms are coupled with character disturbances typical of patients on the right side of the spectrum. In these cases the dynamic force behind the symptoms resides with the Perpetrator in the unconscious. In 'The Case of the Strangler' (Davanloo, 1995b,c), the patient suffered from chronic anxiety, functional bowel disorder, sexual difficulties, depression and somatization disorder with neck pain, stiffness and headaches. In 'The Case of the Woman used as a Go-Between' (Davanloo, 1990e,f) she suffered from migraine headaches and recurrent depression. These cases served to illustrate the connection between symptom formation and the Perpetrator.

In conclusion, Part II of this paper defined Davanloo's concept of the 'Perpetrator of the Unconscious'. The Perpetrator was compared to traditional psychoanalytic terms. The link between the presence of the Perpetrator and 'superego pathology', repetition-compulsion, masochism and symptom formation was made, using Davanloo's published cases as examples. Part III of this paper will focus on Davanloo's development of specific aspects of his technique to deal with this dynamic force in the unconscious.

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In the article, the author has used a set of concepts and technical interventions, such as 'challenge and pressure', 'unlocking the unconscious' 'unconscious therapeutic alliance', 'resistance against emotional closeness', 'head-on collision with the resistance', 'complex transference feeling', 'perpetrator of the unconscious' and other technical interventions. All these concepts and interventions come from Dr. Davanloo's published or unpublished work. The author acknowledges Dr. Davanloo's permission to use his clinical material.

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