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The Perpetrator of the Unconscious in Davanloo's New Metapsychology. Part III: Specifics of Davanloo's Technique

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As noted in Parts I and II of this paper, patients on the right-hand side of the spectrum evidence the presence of trauma and/or abandonment in their past, often of a repetitive nature; the presence of highly painful feeling in reaction to the trauma; the presence of unconscious murderous or primitive murderous rage in relation to genetic figures; intense guilt- and grief-laden unconscious feelings; and the presence of a masochistic component in their character make-up. It is this group of patients who Davanloo has said show the presence of the 'Perpetrator' (Davanloo, 1977, 1993). These patients evidence a high or extremely high degree of resistance in psychotherapy. In particular, they also demonstrate the presence of the particular set of character defenses which Davanloo called the 'resistance against emotional closeness (RAEC)' (Davanloo, 1977, 1993). The first section of this paper will deal with the manifestations of RAEC characteristic of these patients and the relationship of RAEC to the Perpetrator. The next section will deal with the specific aspects of the technique that are geared towards dealing with the Perpetrator and RAEC.

The Perpetrator and Resistance Against Emotional Closeness

The Perpetrator in the unconscious of these patients serves several functions, most notably to perpetuate suffering, to repeat painful trauma of the past, and to defeat any chance for freedom and success. The dynamic forces at the core of the Perpetrator are (1) the bond of positive feelings and attachment to the genetic figure(s); (2) disruption of the bond by abandonment and trauma; (3) the pain of

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the trauma; and (4) unconscious murderous rage, guilt- and grief-laden feelings (see diagram, Davanloo, 1995c, p. 222). Surrounding this core are the character defenses and major repression which serve to keep painful and anxiety laden feelings out of awareness. The specific set of character defenses that make up the resistance against emotional closeness form the outermost layer of defense (Davanloo, 1995c, p. 222). One of the unique discoveries Davanloo made in his pioneering work was to identify and clarify this set of defenses. In fact, acquainting with, challenging and colliding with the resistance against emotional closeness plays a major role in Davanloo's 'Central Dynamic Sequence in unlocking the unconscious' (Davanloo, 1989, 1995b, pp. 158–160). He has pointed out in numerous symposia and Core Training Programs that resistance against emotional closeness is closely linked to the core of the neurosis—namely the bond, the painful disruption of the bond, and the reactive sadistic organization, guilt and grief. Davanloo has observed repeatedly that the extent of the resistance against emotional closeness is in direct proportion to the quantity and quality of the murderous rage, guilt and grief in the unconscious (Davanloo, 1995a). Patients on the *left-hand* side of the spectrum do not demonstrate the presence of the Perpetrator in the unconscious and in these patients resistance against emotional closeness is not a significant factor. As an example, in Part II of this paper we saw that in 'The Case of the Salesman and His Sister-in-Law' there was minimal (if any) resistance against emotional closeness, and the patient showed a high responsiveness to inquiry (Davanloo, 1995a). Furthermore, negative impulses in this patient were at the level of resentment or anger but, as is characteristic of this group of patients, there was an absence of unconscious *murderous* rage and *intense* guilt-laden feelings in relation to the early figures in his life. In the process of searching for the resistance, the therapist focused on applying pressure to describe the physical appearance of the body of the patient's sexual partner—his sister-in-law. This led to a very mild degree of resistance in the form of tactical defenses that were easily handled. The patient showed no activation of any resistance against emotional closeness and was able to be explicit with the therapist about the intimate details of his sexual life (Davanloo, 1995a, p. 130). In contrast, patients on the right side of the spectrum evidence a progressively greater degree of murderous rage, primitive murderous rage and primitive murderous and torturous rage as well as intense guilt-laden feelings. This is invariably associated with progressively higher degrees of resistance against emotional closeness (Davanloo, 1995a, p. 124).

In addition to the correlation noted above, the evidence for the connection between resistance against emotional closeness and the presence of the Perpetrator in the unconscious is seen in a number of Davanloo's cases. For example, in 'The Case of the German Architect' (Davanloo, 1990a) inquiry was not possible as numerous tactical defenses and character defenses were mobilized which rapidly crystallized in the transference. A head-on collision with the resistance with emphasis on self-defeat and failure led to a further rise in complex transference feeling and resistance against emotional closeness was mobilized.

TH: Now you took a deep sigh.
PT: ... you are a total stranger to me.
TH: Uh hmm.

PT: *Umm.*
TH: *So then I am a total stranger, un umm.*
PT: *Yes, ah ...*
TH: *And you are erecting a wall with this stranger.*
PT: *Not necessarily.*
TH: *What do you mean not necessarily?*
(Patient laughts and sighs frequently) (Davanloo, 1990a, p. 14)

Continued head-on-collision leads to mobilization of the therapeutic alliance.

PT: *Well, you'll have to admit my smile is very warm and inviting.*
TH: *Yeah, but that is another way of ruminating, that 'my smile is very warm and inviting'.*

The patient makes another communication:

PT: *You wouldn't want to risk your neck walking through the wall with my smile, I mean you need more than that.*
TH: *Could we look into that, because what you say to break my neck ...*
PT: *No, I didn't say break the neck, ah, risk the neck, ah, risk I said.*
TH: *To risk my neck.*
PT: *Yeah*
TH: *That means if I pass through the wall then my neck is going to ...*
PT: *No, not at all, but you might feel that, I don't know. Ah, I mean I don't wish people any harm, thank you very much.*
TH: *The ideation is that there is something negative there, you mean?*
PT: *A wall, yes, I think a wall is very negative.*
TH: *I mean there is something negative in you.*
PT: *Oh, definitely.*
TH: *When you say negative in you definitely, you smile immediately.* (Davanloo, 1990a, pp. 16–17)

The resistance against emotional closeness was elaborated as his character defenses of defiance, sarcasm, belligerence, insolence, vagueness, distancing, and lack of involvement as well as avoidance of eye contact. Further challenge led to a breakthrough of transference feelings sufficient for a partial unlocking of the unconscious, with de-repression of the incident in the bistro in which a man is repeatedly provoking a woman. The patient became enraged at the man, but the attack was such that it resulted in the patient being beaten up himself (Davanloo, 1990a, pp. 19–21). With direct access to the unconscious, death wishes towards the patient's father were linked with the man in the bistro (Davanloo, 1990a, p. 27). Father was a brutal disciplinarian who often beat him severely and put him in a dark cellar. Mother never stood up to father. Further challenge to the resistances against emotional closeness led to further de-repression with intense sadness, that the messing up his life and his suffering have been an unconscious attempt to punish his parents.

TH: *You see, you somehow don't want to experience the full impact of your feelings.*
PT: *No, Wait a second. I do this perhaps for the same reason that ... (Pause) ...*

TH: *You see, when your tears come then you move your head away from me.*
PT: *(Sobbing) Well, it's too late. (He is sniffing)*
TH: *I know there is a lot ...*
PT: *I don't ... (He is crying very loudly) I don't want to punish them anymore.* (Davanloo, 1990b, p. 38)

The therapist sums up the mixed feelings for his parents, the painful feelings he has about facing it, and the relationship to the resistances against emotional closeness.

TH: *But when this moment of sadness and tears comes, you also avoid my eyes as well.*
PT: *(He continues to be tearful) I can't see very well.*
TH: *You don't want me ... in a sense it has to do with closeness, doesn't it? In a sense ... as if you have decided that you are not going to allow anybody to get close to you in your life ...*
PT: *I would have been out that door long ago if that was true.*
TH: *I know ... maybe part of you wants to get close to me, but a part of you says the other way around, the part of you ...*
PT: *Oh, no.*
TH: *... might say that you are not going to allow anybody to get close to you; but another part of you says the other way around.*
PT: *Well, maybe, maybe so. I wouldn't know.* (Davanloo, 1990b, pp. 38–39)

The therapist continued to link the resistance against emotional closeness to the Perpetrator in his unconscious in terms of the presence of unresolved 'mixed feelings' (i.e. impulses, guilt and grief) in relation to the genetic figures:

TH: *But that is something to look at. It has to do with intimacy and closeness vis-à-vis distancing and the wall—which I pointed out to you when we met. There is a major conflict over intimacy and closeness, and as we can see you have a lot of unresolved issues and feelings about yourself and your life in relation to the past, particularly with your father, with your mother as well; and obviously there are a lot of unresolved issues in relation to your brothers and sister. We have only touched on one of your brothers, Gustave. Obviously there must be a lot of mixed feelings about your grandfather—because as we have seen he stands very strongly in your life—who at very difficult moments in your life ... Obviously there are a lot of mixed feelings about the women in the early phase of your life. I refer to your grandmothers and your aunt. What do you think? Am I right that way, or is it different?* (Davanloo, 1990b, p. 39)

In summing up the patient's psychopathology, Davanloo highlighted that the patient's father's hatred of his own father was displaced onto the patient, which led to a vicious cycle of sadistic punishment countered by defiance and insolence on the part of the patient. The patient had intensely guilt-laden murderous feelings for his father and his siblings, beneath which lay grief-laden longings for closeness that he never experienced with his parents. Davanloo goes on further to

describe the role of resistance against emotional closeness and of 'super-ego pathology' (i.e. the Perpetrator) in this man's life:

> The defenses against these feelings have laid down the pattern of his behavior and relationships in adult life. He now defends against all these painful and guilt-laden feelings by denial, isolation of cognitive and affective processes, intellectualization, and the pretense of being uninvolved and insensitive. He has a craving for closeness but cannot allow himself any true involvement or commitment for fear of the pain and rage that would result from his being rejected. In his relations with people of all kinds, but particularly male authority figures, he alternates between insolence, provocativeness, and defiance on the one hand and passivity on the other. His insolence serves to distance himself from other people; and in addition it brings retaliation, which serves as punishment for his guilt-laden violent feelings. He also expresses his need for self-punishment by sabotaging his own potential in every area of his life, both relationships and work. This serves the additional purpose of his becoming a living reproach to his parents, thus expressing his need to punish them as well. Finally we see the important role that superego pathology plays in this patient's character neurosis (Davanloo, 1990b, pp. 42–43).

Other cases which demonstrate a connection between the presence of resistance against emotional closeness and the Perpetrator are 'The Case of the Woman with the Machine Gun' (Davanloo, 1987b,c), 'The Man from Southampton' (Davanloo, 1990c, p. 175), and 'The Case of the Strangler' (Davanloo, 1995b,c). In each instance the patient relied heavily on resistance against emotional closeness, which functioned to sabotage any chance of intimacy and perpetuated a cutoff, punished life. In each case there was the presence of the key elements of the Perpetrator in the patient's unconscious—namely heavy unconscious murderous rage, and guilt- and grief-laden unconscious feelings in relation to the important figures of the patient's past. In each instance, the resistances against emotional closeness served as a transference resistance to sabotage the therapeutic relationship. Davanloo's technique of challenge to this group of defenses 'opens the crypt' in the unconscious of the murdered genetic figures, and loosens the unconscious. An analogy often caused by Davanloo in this context is 'shelling behind the lines'.

In summary, the presence of resistance against emotional closeness is invariably linked to the presence of the Perpetrator in the patient's unconscious. As seen in the cases cited above, when RAEC is effectively challenged it leads to a rapid rise in complex transference feeling. This rise is often associated with an activation of the tactical organization of defense; and an accompanying increase in striated muscle tension and frequent sighing respiration. In some instances, the challenge to RAEC may lead to an actual breakthrough of either murderous impulse in the transference or the breakthrough of painful feeling in relation to the genetic figures (Davanloo, 1995b). Once access to the unconscious is gained, one sees that under the RAEC and major resistance lies the constellation Davanloo described as the Perpetrator—i.e. bond, traumatic disruption of the bond, murderous rage, guilt and grief in relation to the genetic figures.

The Perpetrator and Specifics of Davanloo's Technique

One can see that from his earliest published cases that Davanloo recognized the operation of a self-destructive component of the unconscious which had to be

reckoned with. The first specific intervention he developed involved challenge to the resistance with special emphasis on the self-defeating nature of the resistance. In 'The Case of the Angry, Childlike Woman' Davanloo (1978) described a 38-year-old woman who suffered from depression and problems in interpersonal relations, characterized by her being passive and dependent, especially with men. She was living with a man in a dependent relationship which she described as 'a father–child relationship' in which she acted like an angry child. In the initial phase of the interview she was resistant in the form of being vague. When this was challenged, the patient said it was a 'defensive thing' ... 'I suppose it's a way of not dealing with the problem'. This was met with the specific intervention of challenge to the *destructive* nature of the resistance.

> *TH: Then the immediate question we have to raise for ourselves here is that you say being vague and talking in a general way is a way of avoiding dealing with the core of the problem. Now, if we continue in this session to deal with it in a vague and general way, then we have defeated the purpose of the interview. So why, then, should we defeat it from the beginning, since obviously you must have difficulties for which you want to get help but then you set it up in such a way that it is going to be defeated from the very beginning—do you see what I mean, since you said to be general and vague means not to get to the core of the problem?* (Davanloo, 1978, p. 249)

There was further focus on how she was the 'architect' of her own current interpersonal difficulties, which the patient followed. What then emerged was that the patient had had a highly conflictual relationship with her father. In her earlier years he was punitive. In her early teens she was overweight, shy and withdrawn. In her twenties she was in conflict with her father, who wanted her to get married. Father was paying for her psychoanalysis with the hope that she might marry a man of her own faith. She then described how she was 'very resistant' in her previous five years of psychoanalysis with two different analysts.

> *PT: I refused to really get into it. I couldn't do it, lying on the couch. I was fighting it. I'm a very stubborn person.* (Davanloo, 1978, p. 257).

The therapist then highlighted the internal struggle in the patient of the wish to get help but at the same time the need to defeat.

> *TH: Now, these forces within you, namely to resist and fight, what you aim at—this is what we can say is a self-defeating pattern. A self-defeating pattern is when you want to get help, you want to get out of the state of misery you have, but at the same time there's a force within you that wants to fight and defeat it. Do you think this might become an obstacle in treatment here as well—you know, this self-defeating pattern?*
>
> *PT: We'll, I'd like to try very hard so it wouldn't become that.* (Davanloo, 1978, p. 258).

The focus of this intervention was designed to highlight the destructive organization of the resistance, the self-defeating pattern of these forces in her life and in the transference, and to appeal to the budding 'unconscious therapeutic alliance' (Davanloo, 1987a) to begin to do battle with these forces. Though not

specifically mentioned here, one can see the elements of the Perpetrator at work. Davanloo noted that this and other similar interventions mobilized this patient for therapy whereas heretofore she had sabotaged five years of treatment (Davanloo, 1978, p. 261).

Another early case which serves to illustrate this type of intervention is 'The Case of the Little Blond Dutch Girl'. The patient was a 20-year-old student with depression, crying spells, and interpersonal problems, especially with men. As the interview progressed the patient became resistant. The focus was on her being vague and nonspecific. The intervention involved challenge to the defense highlighting the self-destructive nature of the defense.

TH: Now my question is this: How about your relationship here with me? Obviously you have difficulties in life that are a source of agony for you. And now you have decided to do something about them. And I assume you came here on your own volition or didn't you? ...

PT: Yeah.

TH: Now if you continue to be evasive, as you know you do, then I will be useless to you and this session will be of no value. If we continue to skate around we cannot get to understand the problem: further, we will not be able to get to the core of your problem, something that we are here to understand. Do you see what I mean?

PT: Uh huh. (Silence)

TH: You set up a goal for yourself ... to come here, as you yourself put it, 'to understand' yourself, to understand your problems with people. At the same time there is a paradox: namely, by being evasive and vague you are in a sense defeating your goal. My question is, 'Why do you want to do that?' Is this the way you are in every relationship? Is this your way with other people? (Long pause)

TH: What do you think? (Long pause) (Davanloo, 1980, p. 108)

One can see that this intervention was a type of head-on collision which addressed the self-defeating nature of the resistance, which was a function of the Perpetrator. Davanloo went on to say that as a result of the intervention the patient became much more specific and meaningful. She admitted that self-defeat had been a pattern throughout her life.

PT: Well, about setting a goal—and putting up a wall, or whatever, ... well ... that ... uh ... that has been for like ... I have done a lot. (Patient is crying) This is a pattern of my life. I have done it in school because I have tried for an A, but I have always said to myself, 'What the heck; I will probably never get an A, and don't be surprised if you don't—so don't get upset'. So I don't know if I have ever really tried for an A. This self-defeating system is basically in very aspect of my life. I don't think I could really stand and really try for the highest. (Patient continues to cry) (Davanloo, 1980, p. 108)

Another example of this form of head-on collision coupled with challenge to RAEC was seen in 'The Case of the Man with the Metal Pipe' (Davanloo, 1984). The patient was a 32-year-old man with episodes of reactive depression, chronic anxiety and longstanding conflicts with his parents and his wife. He had

difficulties with ineffective aggressiveness alternating with withdrawal. He also had major difficulties with closeness and intimacy. He entered the interview with initial anxiety in the transference. As a result of the phase of pressure he declared that he was angry in the transference. When pressured for the experience of the anger, he labelled it 'An invisible frown'. Further pressure and challenge led to him saying 'My anger is toward you, and I don't want to talk about it ... I refuse to answer you from now on.' The resistance clearly had crystallized in the transference. The focus then became the patient's resistance, highlighting the role of the Perpetrator.

TH: *Now if you maintain a passive, defiant, cut-off position, what would happen here with me?*
PT: *Nothing.*
TH: *Then I would be useless to you ... You have come here of your own will, but as long as you take a passive, cut-off or defiant position, then this process is doomed to fail. But who is the failure?*
PT: *Myself.*
TH: *But you see ... you have a self-defeating, self-sabotaging pattern that is now in operation here with me.*

.....

TH: *So let's see how we are going to overcome that. And I have a feeling that you are putting a massive wall between you and me.*
PT: *Yes, I am.*
TH: *You are in a sense terrified of letting me get close to you.* (Davanloo, 1984, p. 1465)

This intervention led to a breakthrough into his unconscious, first at the level of grief-laden feelings in relationship to his father. This was later followed by a breakthrough of intense homicidal impulses towards his father, younger sister and his mother, and concomitant guilt-laden unconscious feelings. Again we saw evidence for the presence of the Perpetrator of the Unconscious at which the above intervention was aimed (Davanloo, 1984).

Additional examples of the use of the head-on collision to address the self-defeating role of the Perpetrator are seen in the cases of 'The German Architect' (Davanloo, 1990a,b), 'The Machine Gun Woman' (Davanloo, 1987b,c) and 'The Man from Southampton' (Davanloo, 1990c).

Lastly, an elaborate example of the 'The technique of interlocking chain of head-on collision' is detailed in 'The Case of the Strangler' (Davanloo, 1995b). This case was detailed in Part II of this paper in the section on the Perpetrator and Resistance, but bears repeating in this context. Davanloo says 'the interlocking chain of head-on collision is always used within the setting of resistance in the transference' (Davanloo, 1995b, p. 166) and consists of a number of interwoven elements. In this instance he highlights the following components in the 'Interlocking Chain':

(1) The nature of the resistance
(2) The problems in the patient's life
(3) The masochistic component of his character
(4) The self-defeating aspect of the resistance

(5) The failure of the previous treatment and the parallel to the transference
(6) The patient's will
(7) Reference to the partnership between the patient and therapist
(8) The therapeutic task
(9) Reference to the resistance against emotional closeness
(10) The consequences of keeping the 'wall' and the destructive, self-defeating nature of the resistance which will 'doom' the treatment to fail
(11) Deactivation of the dependent transference
(12) Undoing putting the therapist in an omnipotent role
(13) Reemphasizing the masochistic aspect of his character, namely the 'Perpetrator' of his unconscious, which will 'perpetuate whatever misery you have'
(14) Pressure on the unconscious therapeutic alliance to do something about it
(15) Repetitive emphasis on self-defeat and self-sabotage
(16) Deactivation of defiance
(17) Repetitive deactivation of the transference (Davanloo, 1995b, pp. 166–169)

This extensive intervention created a high degree of intrapsychic tension between the therapeutic alliance and Perpetrator. What followed was a partial breakthrough of grief-laden feelings which led to an unlocking of his unconscious, allowing access to the early trauma of his abandonment by his parents at age one (Davanloo, 1995b, p. 174). Following a passage of murderous rage in the transference, there was an unlocking of murderous rage towards his mother and brother, accompanied by intense guilt-laden feelings (Davanloo, 1995c, pp. 197–204). This was linked to issues in his current life including murderous rage towards his wife and incenstuous feelings towards his daughter (Davanloo, 1995c, pp. 208–214). In the phase of consolidation, the therapist drove home insight into the role of the Perpetrator in the pathogenic organization of the patient's unconscious. He emphasized the early abandonment and trauma, the pain of the trauma, the unconscious murderous rage towards the genetic figures, the intense guilt-laden unconscious feelings, and the role that guilt and the need to punish himself play in his need to let himself be used and abused, and in his self-defeating character. In the following vignette the therapist sums up these issues.

TH: *So, you see, you have a major diffuse problem with life. Isn't that?*
PT: *Yes, indeed.*
TH: *You have a problem in relationship with people, you have suffered from many disturbances, such as anxiety, depression of which you are well aware.*
PT: *Yes ...*
TH: *There are many problems; is not a new problem, it is a problem that is a life-long problem.*
PT: *Yes, I see that. It is misery.*
TH: *There is a need in you to go from one disastrous situation to another, which goes to the very early phase of life ... throughout your life, hm?*
PT: *Hm hmmm.*
TH: *But at the same time, obviously on one side you have made something out of this disastrous situation of the past, you have become an engineer.*
PT: *Yes.*
TH: *Yes ... but the other side is a disaster.* (Davanloo, 1995c, pp. 220–221)

The therapist once more recapitulates on the self-destructive aspect of his resistance and the masochistic component in his character.

TH: *If we look to this pattern, what we see ... there is a major problem which roots itself in the earliest phase of your life, and you have a lot of mixed and buried feelings in relation to many of these figures.*

PT: *Hmmm.*

TH: *There are a lot of mixed and buried feelings that go back to the first year of your life which have carried on up to now, huh, okay?*

PT: *Hm. I can see that.*

TH: *As we have seen there are many other problems; passivity, detachment, going to silence or going to defiance, becoming detached, remote, depression and pain in the neck huh?*

PT: *Yes.*

TH: *So there is this pattern that you have been carrying all your life, but you have not done anything about it. That is another issue ...*

PT: *I ... I've not ... yeah.*

TH: *Because you are intelligent, you are an engineer, and you know that these major difficulties might even permeate and negatively affect your work ... I don't know, they may not ... anyway you have not done anything about it. You, yourself, have said that you are like 'half a person'; but if you look at what we have seen so far, you are going from the frying pan into the fire, from one disaster to another.*

PT: *Yeah, but I want to change. I don't want to go to my grave a crippled man.* (Davanloo, 1995c, p. 221)

The therapist once more drives home insight into apsects of the dynamic forces that are responsible for the patient's disturbances, his masochistic character pathology, the perpetrator of his unconscious.

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)

In summary, this section details the development of specific aspects of Davanloo's technique to address the Perpetrator. In his earliest cases he developed the technique of challenge to and head-on collision with that aspect of the Perpetrator manifested in the form of transference resistance (Davanloo, 1978, 1980). He further elaborated the technique of head-on collision with specific reference to RAEC as seen in 'The Case of the Man with the Metal Pipe' (Davanloo, 1984), 'The Case of the German Architect' (Davanloo, 1990a,b), 'The Machine Gun Woman' (Davanloo, 1987b,c) and 'The Man from Southampton' (Davanloo, 1990c). Lastly, 'The Case of the Strangler' (Davanloo, 1995b) was used to demonstrate Davanloo's application of the technique of 'interlocking chain of

head-on collision' to address the self-destructive nature of the Perpetrator in the form of transference resistance.

Summary and conclusions

Davanloo has developed the technique of Intensive Short-Term Dynamic Psychotherapy which has allowed for direct access to the dynamic unconscious. In the process of working with patients with this highly powerful method he discovered, observed and recorded the dynamic and psychopathological forces in the unconscious that underlie a wide range of symptom and characterologic disturbances. Early in his work he observed that classical psychoanalytic concepts did not do justice to his observations, and psychotherapeutic technique required extensive change if one wanted to work effectively and rapidly with a wide range of patients. This work led to his discovery of the 'Unconscious Therapeutic Alliance' and the technique of 'Unlocking the Unconscious'. He recognized that classical psychoanalytic concepts of resistance, masochism, repetition compulsion and superego did not fully explain his observations. This paper focused on his development of the concept of the Perpetrator of the Unconscious, a term he coined to describe that dynamic force in the unconscious which seeks to perpetuate suffering and symptom disturbances, to exact self-punishment and self-defeat, to cripple one's potential, to sabotage intimacy and closeness, and which underlies the destructive organization of the resistance in therapy as well. In Part I of this paper the author reviewed the classic psychoanalytic concepts of superego, resistance, masochims, repetition compulsion and negative therapeutic reaction. In Part II Davanloo's concept of the Perpetrator of the Unconscious was defined and contrasted to the classic concepts. In Part III aspects of Davanloo's technique of Intensive Short-Term Dynamic Psychotherapy that have been developed by him to address the forces of the Perpetrator were reviewed with reference to Davanloo's published cases. The development and use of the powerful intervention of the head-on collision as it applies to the Perpetrator was discussed, again with specific reference to Davanloo's published cases.

Davanloo's technique of unlocking the unconscious has allowed direct access to the core of neurotic structure. He has clearly demonstrated, in a wide range of patients, the presence of the Perpetrator in the unconscious which is derived from the traumatic disruption of the positive bond to the genetic figures. The resulting murderous rage, guilt- and grief-laden feelings towards these figures is the dynamic constellation fueling the Perpetrator. His cases clearly demonstrate that the Perpetrator is manifested in a multidimensional fashion:

(1) The destructive organization of the transference resistance
(2) Masochism and repetition compulsion
(3) A broad range of symptom disturbances
(4) Resistance against emotional closeness
(5) A broad range of character disturbances

Throughout the course of the development of his technique of Intensive Short-Term Dynamic Psychotherapy, Davanloo devised specific interventions such as challenge and pressure, and various forms of head-on collision to address this

force to be reckoned with. He has amply shown that this technique has widened the range of patients who can be treated and dramatically shortened the course of intensive psychotherapy.

Acknowledgements

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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