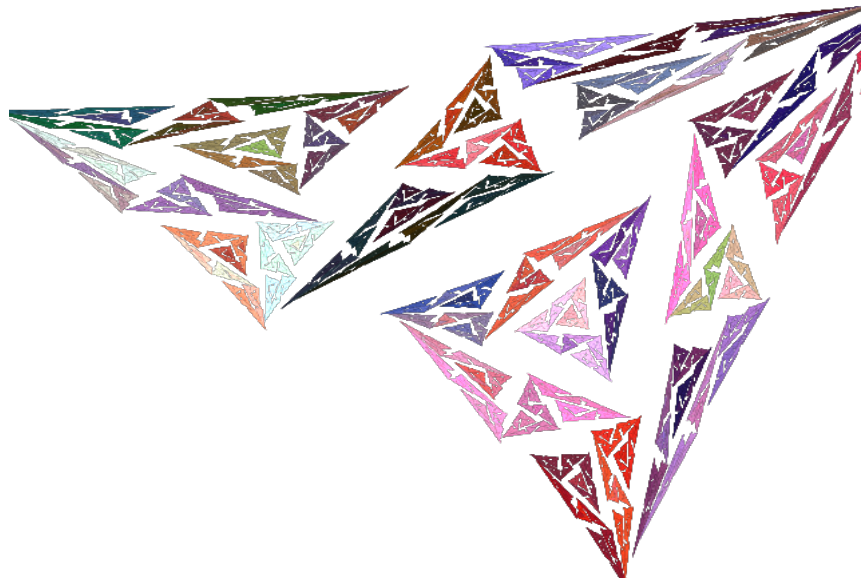


ISTDP and Psychosis: An Investigation into the Role of Unconscious Conflict and Emotions



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Abstract

This research thesis investigates how Davanloo's metapsychology of the unconscious can contribute to the current psychodynamic understanding of psychosis. It demonstrates that Davanloo's metapsychology proposes a psychodynamic theory, which is in accordance with current findings in emotion and attachment research. It is furthermore established that attachment and emotions become specifically connected with unconscious conflict through Davanloo's use of the triangle of conflict, which places unconscious conflict linked to painful emotions about early attachment trauma at the core of the unconscious conflict. It has been found that Davanloo's metapsychology of the unconscious offers a unique contribution to the current psychodynamic understanding of psychosis by equally considering the role of unconscious conflict and providing an explicit theoretical account of the role of emotions in psychosis.

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Introduction

For several decades, the biogenetic model of mental health has argued that psychosocial factors have little to do with psychotic experiences and schizophrenia (Clements & Davies, 2013). In June 2003, this was the opening of the statement of the US government agency, the National Institute for Mental Health: “Schizophrenia is a chronic, severe and disabling brain disease” (Read, Mosher & Bentall, 2013, p. 3). The understanding of psychosis, and in particular schizophrenia, as a medical illness has led to a pessimistic view of the chances of ‘recovery’ and led to destructive interventions such as lobotomizing, electroshocking and the drugging of millions of people (Read, Mosher & Bentall, 2013). A review of evidence-based psychotherapy for schizophrenia in 2011 states: “...our current understanding is that schizophrenia is a brain disorder with significant genetic and environmental risk factors.” (Dickerson & Lehman, 2012, p. 223). Karon (1990) has described this resistance in society to understand people with psychosis as a fear of understanding the reality about human functioning. “To understand schizophrenia is to perceive painful facts about the human condition that we would rather not know, or, more frightening is to be reminded of painful facts we once knew and repressed” (Karon, 1990, p. 62). Based in his extensive experience and research on people with psychosis and schizophrenia, Karon (2008, p. 130) writes: “Every therapist who has ever listened to a person with schizophrenia has heard of a life full of traumas”.

In the last decade, there has been an increasing amount of research and studies demonstrating the connection between traumatic experiences and the development of psychosis and schizophrenia (Read, 2013). Read et al. (2005) conducted a comprehensive review of research addressing the relationship of childhood trauma to psychosis and schizophrenia and reported the following results: “Symptoms considered indicative of psychosis and schizophrenia, particularly hallucinations, are at least as strongly related to childhood abuse and neglect as many other mental health problems. Recent large-scale general population studies indicate the relationship is a causal one, with a dose-effect.” (Read et al. 2005, p. 330) An example of this causal dose-effect relationship is reported by Janssen et al. (2004) who found that individuals who had experienced high severity of child abuse were 48.6 times more likely than non-abused

participants to have 'pathology level' psychosis. In 2012, a meta-analysis of 41 studies of people with psychotic symptoms found that people who had suffered childhood adversity were 2.8 times more likely to develop psychosis than those who had not. The following were listed as the odd ratios for each type of adversity: emotional abuse, 3.4; neglect, 2.9; physical abuse, 2.9; sexual abuse, 2.4; bullying, 2.4; parental death, 1.7. A great number of studies using a range of other methodologies, including qualitative interviews, confirmed the findings of the meta-analysis (Read, 2013). A second meta-analysis in 2012 aimed specifically at understanding the relationship between childhood adversity and schizophrenia. The 25 studies included in the meta-analysis found that people with the diagnosis of schizophrenia were 3.6 times more likely than the general population to have suffered childhood adversity. Contrary to the claim that schizophrenia is bio-genetically based, this disorder was found to be just as related to childhood adversity as other disorders such as depression, personality disorders and affective psychosis, and more strongly related than anxiety disorders (Read, 2013). Extensive studies demonstrating that childhood maltreatment has long-lasting effects on the brain due to early stress altering the trajectories of brain development, now also include psychosis (Teicher et al., 2012). The traumagenic neurodevelopmental model, as introduced by Read et al. (2014), similarly suggests that the brain abnormalities observed in people with schizophrenia are due to trauma in the early years of life as opposed to being evidence of a brain-disease. Another challenge to the bio-genetic model to understanding schizophrenia and psychosis, is the process called epigenesis, which suggests that rather than inheriting predispositions to psychosis or other mental health problems, our genes are turned on or off by the environment. This means that neuropsychological development from birth to adulthood is shaped by specific epigenetic mechanisms due to interactions with the environment (Read, 2013).

Theories on Psychosis

With the increasing evidence for the connection between childhood trauma and psychosis, authors have explained psychosis and the link to childhood trauma through different psychological processes such as dissociation, psychodynamic defenses and unconscious conflicts, attachment, cognitive processes, coping responses and social withdrawal (Read, 2013). For example, Bentall (2013) and Morrison (2009) focus on

cognitive processes such as source monitoring difficulties, negative beliefs and schemas, jumping to conclusions, and theory of mind impairments. In psychodynamic theories of psychosis, different aspects have been emphasized such the individual's distribution of libidinal cathexes through psychosexual development (Freud, 1911a, 1911b), a need to dissociate from the external world due to an intolerable frustration by reality of a wish Freud (1924a, 1924b), disturbances in different ego functions due to inner conflicts and anxiety (Arlow and Brenner (1964), various disturbances in ego functions (Hartman, 1953; Bak, 1954; Bellak, 1958; Kernberg, 1975), failure to overcome the paranoid-schizoid position due to excessive amounts of frustration in the early months of life (Klein, 1946, 1952) and severe impairments in the early mother-child dyad (Winnicott, 1965; Fairbairn, 1954; Rosenfeld, 1965). According to Semrad (1969) and Garfield (1995), psychosis can be described as a defense against unbearable affect. Following Karon (1990, 2008), psychosis can be described as a defence against chronic terror linked back to traumatic childhood events. Psychodynamic attachment theories have described psychosis as a result of difficulty with emotion regulation and mentalization impairments (Brent et al., 2014; Schwannauer, 2013; Brent, 2009), and the failure to translate somatopsychic affective experience into emotional awareness and deficiency in self-regulation (Robbins, 2013). In summary, all these approaches can be described as different ways to respond to or cope with traumatic childhood experiences (Read, 2013).

Treatment of Psychosis

Despite the increasing evidence for the connection between childhood trauma and psychosis, Dickson & Lehman (2013) report that most of the current treatments claiming to be evidence-based for psychosis still appear to work from the understanding of schizophrenia as a brain disorder with little possibility for full recovery. This understanding of psychosis and schizophrenia is clearly reflected in the treatment methods and goals. As an example, cognitive behavioural therapy, which claims to have the strongest evidence-base in its treatment of people with schizophrenia, works from the 'recovery model', focusing on adaptation to the illness (Dickson & Lehman, 2013). Although Morrison (2013) clearly argues for the link between childhood trauma and psychosis, the treatment goals are still modest. According to Morrison (2013), the aim

of cognitive therapy for people with psychosis is not necessarily to reduce psychotic symptoms but to experience less distress in relation to the psychotic symptoms by helping people to generate less distressing appraisals. Therefore, although evidence-based treatment models for psychosis might provide symptom relief, full recovery is uncommon and often not the aim of treatment (Dickson & Lehman, 2013). Although there is evidence supporting the effectiveness of psychodynamic interventions with psychosis (Karon, 1989; Gottdiener, 2004), the empirical evidence is often unconvincing and there are no well-designed randomised controlled trials of psychodynamic therapy for psychosis (Summers & Rosenbaum, 2013). With regards to the treatment objectives, following Kernberg (1999), traditional psychoanalysis aims not only for symptom reduction but also for fundamental structural changes by integrating repressed or dissociated conflicts into the conscious ego. Psychoanalytic psychotherapies also move beyond symptom reduction, but aim only for partial reorganisation of the psychic structure in the context of significant symptoms change (Kernberg, 1999). Therefore, although psychodynamic approaches generally have much to offer regarding the treatment of psychosis and aim further than symptoms reduction, the lack of empirical evidence is problematic as it has a negative impact on psychodynamic treatment, training and research (Summer & Rosenbaum, 2013). Based on the increasing evidence for the connection between psychosis and trauma, it appears essential to provide a theoretical understanding of psychosis, which does not view psychosis and schizophrenia as incurable brain diseases, but results of painful experiences linked to unresolved childhood trauma. Furthermore, in order to achieve full recovery, a model of treatment is needed, which does not just aim for symptom reduction but seeks to provide fundamental structural changes.

ISTDP and Psychosis

The interest for the subject matter to this thesis is based on the increasing evidence for the connection between psychosis and childhood trauma. Furthermore, the general poor treatment outcomes for people with psychosis indicate the need for further developments in the theory and treatment of psychosis. Intensive Short-Term Dynamic Psychotherapy (ISTDP) is an emotion-focused psychodynamic therapy approach, initially developed by Dr Habib Davanloo, which places unprocessed emotions in

relation to childhood trauma at the core of its model of psychopathology (Davanloo, 1990, 2000, 2005). The theory and method of ISTDP is based on Davanloo's extensive clinical research through audio-visual recordings of diagnostic interviews and full courses of psychotherapy, in which, he has clarified unconscious processes and developed what has been termed a 'New Metapsychology of the Unconscious' (Beeber, 1999a; Abbass, Town & Driessen, 2013). According to Schore (2001, 2002), problems arising from adverse childhood experiences are due to intense unprocessed emotions in connection with deficits in emotion regulation capacities. Due to the growing evidence for the connection between childhood trauma and psychosis, and, furthermore, the connection between unprocessed emotions and problems due to adverse childhood experiences, ISTDP becomes relevant to the understanding and treatment of psychosis. Furthermore, Johansson, Town and Abbass (2014), Abbass (2001), and Frederickson (2004, 2013), have explicitly extended Davanloo's metapsychology of psychosis. It has been argued that patients with psychotic disorders can benefit from a capacity-building format of ISTDP (Johansson, Town & Driessen, 2014). Abbass (2001) also states that ISTDP can be useful in describing a psychological model to understand and treat psychotic disorders including schizophrenia. Frederickson (2013) describe some aspects of psychosis through the theory and technique of ISTDP and, furthermore, describe the incorporation of ISTDP techniques in the treatment of a psychotic patient (Frederickson, 2004).

Research Question

As ISTDP is increasingly being extended to the understanding and treatment of psychosis, interest for this this particular research question is based on a wish to further explore Davanloo's metapsychology of the unconscious in relation to the possibilities and contributions it may offer with regards to improving our understanding of psychosis. Despite these emerging clinical and theoretical applications of ISTDP to psychosis, there is, to my knowledge, no theoretical work considering how the extension of Davanloo's metapsychology of the unconscious to psychosis can contribute to the current psychodynamic understanding of psychosis. The aim of this theoretical research thesis is therefore to investigate how Davanloo's metapsychology

can contribute to the current psychodynamic understanding of psychosis. This has led to the following research question:

How can Davanloo's metapsychology of the unconscious contribute to the current psychodynamic understanding of psychosis?

This thesis will seek to answer this research question by starting with a conceptual clarification of psychosis. This is followed by methodological considerations in relation to the research method chosen for this thesis, which is in the form of theoretical psychology. Next is a review of ISTDP and Davanloo's metapsychology of the unconscious in relation to its relevance for psychosis, which is followed by a review of existing psychodynamic theories of psychosis. Based on this, the main hypothesis, which will be investigated in this chapter, is that Davanloo's metapsychology of the unconscious offers a unique contribution to the understanding of psychosis by equally considering the role of the unconscious conflict and providing an explicit theoretical account of the role of emotions in psychosis. In order to explore this hypothesis, the next chapter starts by demonstrating how Davanloo's metapsychology of the unconscious places attachment and emotions at the core without neglecting the role of unconscious conflict and fantasy. The next section aims at demonstrating how other psychodynamic theories provide important contributions in terms of unconscious conflict, however, without providing an explicit theoretical account of the role of emotions in psychosis. The following section explores psychodynamic theories of psychosis, which directly place emotions at the core of their theoretical formulation of psychosis, but without clearly separating emotions from anxiety. This leads to the following section, which examines psychodynamic theories on psychosis that place emotions and attachment directly at the core, however, without providing an adequate account of the role of unconscious conflict and fantasy. In this last section, the findings of this thesis will be summarized and concluded.

Conceptual Clarification

According to Stahl (2008) psychosis is a term, which is difficult to define and frequently misused. Freud initially described psychosis through states such as

hallucinatory confusion, paranoia, and hysterical psychosis. In psychoanalysis, psychosis can, according to Laplanche and Pontalis, 1973, p. 370) as “...a primary disturbance of the libidinal relation to reality; the majority of the manifest symptoms, and particularly delusional construction, are accordingly treated as secondary attempts to restore the links with the objects.” Furthermore, Freud described a ‘loss of contact with reality’ in association with psychosis, whereas he initially stated that the contact with reality in neurosis¹ remained (Laplanche & Pontalis, 1973). However, Freud (1924b) doubted the sharp distinction between neurosis and psychosis, and stated that there also in psychosis is a loss of reality testing, or turning away from reality. Due to the confusion regarding the definition and origins of psychosis within the psychodynamic literature, psychosis is here identified in terms of its descriptive qualities

Psychosis can be described as a syndrome, or set of symptoms, which can be associated with many different psychiatric disorders but is not a disorder itself (Stahl, 2008). According to DSM-5, psychotic disorders are classified under ‘Schizophrenia Spectrum and other Psychotic Disorders’ and include “...schizophrenia, other psychotic disorders, and schizotypal (personality) disorder. They are defined by abnormalities in one or more of the following domains; delusions, hallucinations, disorganized or abnormal behaviours (including catatonia), and negative symptoms.” (DSM-5, 2013, p. 87). Although psychotic disorders have psychotic symptoms as their defining features, there are other disorders where psychotic symptoms may be present without being necessary for the diagnosis (Stahl, 2008).

Psychosis is in this thesis used descriptively to define a syndrome, or set of symptoms, in which “...a person’s mental capacity, affective response, and capacity to recognize reality, communicate, and relate to others is impaired.” (Stahl, 2008, p. 2). Furthermore, “At a minimum, psychosis means delusions and hallucinations. It generally also includes symptoms such as disorganized speech, disorganized behavior, and gross distortions of reality testing.” (Stahl, 2008, p. 2). In this thesis, psychosis is specifically

¹ Neurosis in psychoanalysis can be defined as: “A psychogenic affection in which the symptoms are the symbolic expression of a psychological conflict whose origins lie in the subject’s childhood history; these symptoms constitute compromises wish and defense (Laplanche & Pontalis, 1973, p. 266).

defined as delusions and/or hallucinations co-occurring with a loss in reality testing. Furthermore, it is understood that psychosis as a syndrome can be associated with many different disorders despite their different levels of pathology.

Methodological Considerations

As there is not much theoretical research, which aims towards understanding psychosis through Davanloo's metapsychology of the unconscious, the method chosen for this thesis is theoretical research. According to Koch (1951), theoretical psychology can be defined as: "...a set of modest objectives, geared to a realistic estimate of the status of our knowledge" (p. 298). He furthermore states that it is only through this realistic estimate of our status of knowledge that we can move towards adequate theory in psychology. Koch (1951) specifically describes four major tasks, which need to be accomplished before attempting to construct new theory. These include: Education in methodology and logic of science, analysis of methodological or core problems mostly unique to psychology, internal systematization of proposed and formally defective theoretical formulations, and, finally, intertranslation and differential analysis of conflicting theoretical formulations. Therefore, the way knowledge is generated in theoretical research is by identifying gaps and weakness in the existing literature and research, clarifying meaning and concepts, and then continuously deducing knowledge by developing arguments from logical connections. This provides, as such, an overall structure for important considerations for a theoretical thesis and how to generate knowledge through theoretical psychology.

According to Robinson (2007), theoretical psychology is lacking a clear position on the contents and boundaries of what constitutes psychological reality. In other words, if there is no settled ontology, it is difficult to construct valuable theoretical knowledge. Furthermore, he states that without a clear ontological position there is no rational basis for choosing an appropriate method of inquiry. This moves into the twin-subject of epistemology, which can be defined as a branch of philosophy, which focuses on understanding how knowledge is created and on how the truth of such knowledge can be determined (Wolman, 1984). As this theoretical thesis attempts to generate knowledge within the psychodynamic discipline, it seems important to explore some of

the underlying principles in the generation of psychodynamic knowledge and understand its scientific status

According to Salonen (2006), psychodynamic theories operate between hermeneutic, interpretive models and positivistic, biological models without identifying itself with either of them. Due to these different epistemological perspectives, the criteria for scientific knowledge remain controversial and subject to debate, which is manifested in the differences between quantitative research in natural sciences and qualitative research in human or social sciences (De Robertis, 2001). According to Pumpian-Mindlin (1970), psychoanalysis views humans as a biological phenomenon with drives, energy and instincts, and, at the same time, as a product of the society he lives in. Furthermore, Freud (1940) himself stated that unconscious psychical processes also are organic processes, which are running parallel to the mental ones, thereby emphasizing the interposition of psychoanalysis between biological and social sciences. It can be said that this view of empiricism allows for the possibility of studying both observable and unobservable events. Furthermore, if each science has a specific methodology, which has been developed in order to understand its chosen objectives, then, in psychodynamic theories, it can be argued that these objectives concern the investigation of the dynamics between conscious and unconscious processes. Therefore, this research thesis is an attempt to produce knowledge through theoretical analysis and developing arguments from logical connections based on an understanding about the importance of the dynamics between conscious and unconscious processes in defining psychological reality.

Davanloo's Metapsychology of The Unconscious

This chapter aims at presenting the main elements of Intensive Short-Term Dynamic Psychotherapy (ISTDP) and Davanloo's metapsychology of the unconscious, and, furthermore, to understand its contribution in relation to the understanding of psychosis. Initially, the historical and theoretical background, Davanloo's metapsychology, and the specific techniques of ISTDP will be presented and discussed. This will create the departure point for examining ISTDP in relation to psychosis.

The Emergence of ISTDP

Davanloo's (1990, 2000, 2005) therapeutic techniques emerged from psychodynamic principles and Freud's (1926) revised theory of anxiety, which describes anxiety as a warning signal to the ego about the possibility of danger or trauma. Freud (1926) defines trauma as prolonged separation from, or loss of, a loved object or loss of its love, which is similar to Bowlby's (1969, 1973, 1980) description of attachment trauma. Based on his wish to accelerate dynamic psychotherapy, Davanloo decided to break away from the psychoanalytic tradition by using more active approaches to overcoming defences² understood as resistance³ to the experience of unconscious feelings and anxiety⁴ (Davanloo, 1980).

Davanloo started by primarily working with low to moderate resistant patients, who could access avoided unconscious feelings with a single psychotherapeutic focus and with active use of interpretation and interruption of defences (Davanloo, 1980; Allan, Town & Driessen, 2013). In his work of the latter part of the sixties and seventies, he started to work with patients suffering from severe phobic and obsessional disorders, and with those suffering from lifelong character neurosis (Davanloo, 2000). Around this time, Davanloo started to video-record his treatment sessions in order to understand the key elements leading to global and long-term positive treatment outcomes. By studying his videotapes, he identified the specific interventions leading to change and applied the

² Davanloo (2000, p. 113) defines defences as any mechanism used for the avoidance of feelings.

³ Resistance is defined as the use of defenses in the therapeutic situations (Davanloo, 2000, p. 113).

⁴ Unconscious anxiety and feelings are related anxiety, which signals underlying mixed attachment feelings, operate outside the person's awareness (Abbass, Town & Driessen, 2013, p. 15).

same interventions across other case series, which he then followed up to test the durability of changes (Davanloo, 2005; Abbass & Town, 2013). Through this systematic work, Davanloo discovered the specific techniques of ISTDP. In the early eighties, Davanloo started applying his techniques effectively to patients suffering from depressive, somatisation, functional and panic disorders, thereby demonstrating that ISTDP could be applied as effective treatment of the whole spectrum of psychoneurotic disturbances⁵. Finally, Davanloo was also able to demonstrate that his techniques could be applied to patients with fragile character structure⁶ (Davanloo, 2000). This work of the eighties and early nineties resulted in specific refinements in the techniques of ISTDP known as the graded format, which is a set of techniques aimed at gradually restructuring the ego's defensive system and bringing about multidimensional character changes (Davanloo, 1990, 2000). A systematic review and meta-analysis published in the Harvard Review of Psychiatry in 2012, reported 21 studies (10 controlled and 11 uncontrolled) reports the effectiveness of ISTDP for patients with mood, anxiety, personality and somatic disorders (Abbas, Town & Driessen, 2012).

Unlocking the Unconscious

The focus of ISTDP is the application of various technical interventions in order to help the patients experience unconscious emotions that are leading to unconscious anxiety and the use of destructive defence mechanisms, which leads to symptoms disturbances and creates problems in the patients' lives. The main technical interventions therefore aim towards the awareness and experience of emotion, while at the same time, clarifying and challenging defences in collaboration with the patient (Abbas et al., 2008; Davanloo, 1990). Davanloo's technical interventions are applied through a series of events called the central dynamic sequence of unlocking the unconscious, which can create direct access to unconscious emotions related to unresolved attachment trauma (Abbas & Town, 2013; Davanloo, 2005). The central dynamic sequence is described as a: "Typical flow of processes that enable mobilisation and dominance of the

⁵ The spectrum of psychoneurotic disturbances have an intact structure and do not experience cognitive perceptual disturbances or rely on primitive defenses (Johansson, Town & Abbas, 2014, p. 5)

⁶ Patients with fragile character manifest cognitive perceptual disruptions, projection, projective identification and other primitive defenses (Abbas, Town & Driessen, 2013, p. 15)

unconscious therapeutic alliance⁷ over the resistance.” Abbass, Town & Driessen, 2013, p. 15. The unconscious is said to be unlocked when the unconscious therapeutic alliance is dominant over the resistance (Abbass, Town & Driessen, 2013). The whole sequences was repeatedly observed in several hundred of Davanloo’s patients (Davanloo, 1990; Abbass, Town & Driessen, 2013), and have been replicated through large case series of others as presented in Abbass (2002a) and Abbass (2002b).

According to his research, Davanloo found that the onset of both neurotic disturbances and fragile character structures could be traced back to trauma in early attachment relationships. The trauma originates in ruptures in emotional attachment or longing for closeness, and can be temporary or permanent ruptures, or result from other disturbances in the relationship (Abbass, Town & Driessen, 2013). Davanloo accordingly (1990, p. 190) writes:

“All our clinical material confirms one of my most fundamental general findings, namely that the vast majority of neurosis stems from *the patient’s conflicting feelings within family relationships*, and is laid down at the time when the child is already aware of the existence of members of the family in addition to his mother, including, of course, a sibling not yet born.”

The result of this trauma is damage to the person’s ability to be close to others and experience closeness. Trauma to the attachment bond causes painful feelings of loss, and can lead to a reactive response of rage, which causes guilt due to co-existing love for the attachment figure. Davanloo found that the intensity of underlying guilt is proportional to the associated level of anxiety, the defensive need to avoid feelings, and the severity of the superego (Abbass, Town & Driessen, 2013). “The greater the magnitude of repressed rage and guilt, the greater the likelihood of developing self-destructive system serving to protect others from the rage, direct it inwards, and punish the self at the same time.” (Abbass, Town & Driessen, 2013, p. 7).

⁷ The unconscious therapeutic alliance is identified as the healing force within resistant patients manifesting as visual imagery and clear linkage to unconscious core content (Abbass, Town & Driessen, 2013, p. 15)

Unconscious Anxiety Discharge and Defense Patterns

Based on videotaped research, Davanloo was able to identify the specific three discharge pathways of unconscious anxiety, and motor conversion, and three major corresponding patterns of resistance (Abbass, Town & Driessen, 2013). The first discharge pattern of unconscious anxiety is striated (voluntary) muscle anxiety, which includes observable hand clenching and sighing respirations. The major defence typically accompanying this pathway is isolation of affect, which means intellectual awareness of emotion but without any emotional experience (Abbass & Town, 2013; Davanloo, 2005). The second level is smooth (involuntary) muscle unconscious anxiety, which affects the muscles of the gastrointestinal tract, blood vessels and airways. This can result in problems such as migraines, irritable bowel syndrome and hypertension. Davanloo's (2000, 2005) discoveries of these discharge patterns correspond with the bodily symptoms of anxiety, which are activated by the somatic and autonomic nervous system (Frederickson, 2013). The major pattern of resistance occurring with this pathway was noted to be instant repression of emotions and major depression, with emotions being channelled into the body before reaching consciousness. Clients with motor conversion, including focal and global muscle weakness, also experience repression of emotions (Abbass & Town, 2013). The third level is cognitive perceptual disruption, which causes the person to experience visual blurring, mental confusion and hallucinations. The major defences of these patients tend to be projection, projective identification and splitting (Abbass & Town, 2013; Davanloo, 2005).

In terms of treatment, if the patient has access to striated muscle tension and isolation of affect, a direct mobilization of the unconscious is recommended. If, on the other hand, the patient goes flat with repression, projective defences or cognitive disruption, including hallucinatory experiences, then the graded format is needed in order to build capacity to tolerate the experience of unconscious anxiety and emotions before attempting to access the unconscious (Abbass & Town, 2013; Davanloo, 1990). The graded format is specifically identified as: "A procedure to build anxiety tolerance through cycles of mobilization of complex feelings and intellectual recapitulation of the process." (Abbass, Arthey & Nowoweiski, 2013, p. 15). Once this process has brought about sufficient unconscious structural changes, the discharge pattern of anxiety shifts

from cognitive perceptual functions to anxiety in form of tension in the striated muscles, and the therapist can then proceed with repeated, initially partial and then major unlocking of the unconscious (Davanloo, 2000).

The Two Spectra of Psychopathology

Based on his clinical research data, Davanloo (2000, 2005) describes two spectra of patients, namely the spectrum of psychoneurotic disturbances and the spectrum of fragile character structure. These spectra are the expression of psychopathology existing on a continuum, with guilt-laden rage, due to the connection between attachment trauma and the perpetrator of the unconscious, as the drive factor in the development of psychopathology. Patients are located on these spectra based on their level of resistance, level of disturbance in symptoms and character pathology, severity and age of trauma with corresponding intensity of unconscious rage, guilt and grief. Patients furthermore are placed on the spectrum depending on their capacity to withstand the impact of their unconscious as demonstrated by their specific anxiety discharge patterns and maturity of defence mechanisms, again corresponding to the severity and specific age of the attachment trauma, and indicating the likely length of treatment (Davanloo, 2000, 2005). The level of psychopathology on the two spectra are defined as following:

“Psychoneurotic patients are patients with an intact psychic structure with formal defenses they use in session. These patients do not experience cognitive perceptual disruption and do not rely on primitive defenses such a projective identification. *Fragile* patients, on the other hand, have unconscious anxiety manifested as cognitive perceptual disruption (e.g. dissociation) and have access to primitive defenses at either low, moderate or high level of emotional activation.” (Johansson, Town & Abbass, 2014, p. 5).

Patients on the spectrum of fragile character structures have experienced severe, early trauma (Abbass et al., 2013), with research data demonstrating “the presence of an extremely high degree of primitive murderous rage within the unconscious.” (Davanloo, 2000, p. 5). Abbass (2001) furthermore states:

“Fragile character structure is a product of weak or absent attachments to care providers coupled with massive covert and overt traumatization. The end product is intense feelings, rage and guilt about the rage, which are poorly regulated through non-developed defensive operations. Specifically, these patients have little capacity to isolate affect and tolerate the associated anxiety. Hence, they have little capacity to intellectualize and become tense when under stressful situations and instead go to projection, depression and cognitive disruption.”

Patients on the fragile spectrum are divided into three major groups, depending on the level of fragility (Davanloo, 2000) Patients with mild fragility have moderate anxiety tolerance, but will have a threshold of cognitive perceptual disruption, dissociation and various neurological symptoms, and can experience loss of consciousness. At moderate level of rise in anxiety, they tend to use projection and repression. Moderate fragile character structures experience cognitive perceptual disruption at low to moderate level of rise in unconscious anxiety. Patients with severe fragile character structure have a very low anxiety tolerance, which means they will experience cognitive perceptual disruption at a very low rise in anxiety (Abbass, Town & Driessen, 2013). In terms of treatment considerations, both Davanloo (2000, 2005) and Abbass, Arthey & Nowoweiski (2013) describe how fragile patients generally need multistructural change in unconscious anxiety and defensive structure before it is warranted to attempt to access the unconscious.

Fragile Character Structure and Psychosis

The purpose of this section is to argue for the connection between the theoretical concept of fragile character structure and psychosis. As previously clarified, psychosis is in this thesis defined as a syndrome with delusions and hallucinations with co-occurring loss of reality testing. The argument, which will be developed here, is that Davanloo’s (2000, 2005) account of anxiety discharged into cognitive perceptual disruptions and primitive defenses implicitly connect psychosis with the fragile character structures.

Abbass (2001) appears to be the first ISTDP author to explicitly suggest the possibility of a connection between people with psychotic disorders and people with fragile character structures. Abbass' article from 2001, which is presented as material for a workshop, suggests using Davanloo's metapsychology of fragile character structures to understand some of the phenomenon seen in schizophrenia, and, furthermore, the practical application of a graded format of ISTDP for schizophrenia. Abbass (2001) describes how short-term dynamic psychotherapy has become relevant for psychotic disorders since Davanloo in the 1980s started modifying his techniques to treat fragile character structures. On fragile character structure, Abbass (2001, p. 143) writes: "They can have dissociation, loss of vision and well as transient or prolonged psychotic states." To further illustrate the connection between fragile character structure and psychotic disorders, research data from Abbass (2001) will briefly be presented.

In a sample of 65 patients from a tertiary mental hospital with psychotic disorders, Abbass (2001) describes three groups of patterns, which were observed through psychodiagnostic assessment. In the first group, which was observed in over half of the sample, the patients had a pattern of fragile character structure with an absence of isolation of affect and unconscious anxiety uniquely manifesting as cognitive-perceptual disruption. The patients with this pattern were found to have experienced more sexual and physical abuse. Despite treatment, their capacity to isolate affect did not increase. However, according to Abbass (2001), this group of patients might respond to a graded format of ISTDP where the capacity to isolate affect is gradually developed by increasing the capacity to tolerate emotions without exceeding certain thresholds. In fragile patients, it is above these thresholds to tolerate emotions that anxiety is discharged into cognitive-perceptual disruptions and projective defenses are used. By operating just below these thresholds, the capacity to be aware of and speak of emotions can gradually be improved, thereby increasing the capacity to isolate affect. The second group consisted of a smaller sample of patients diagnosed with schizophrenia, which did not have fragile character structures but instead had a psychodiagnosis consistent with character neurosis with a co-existing biological process inducing psychosis. Patients with this pattern appeared to have more brain injury and family history of psychosis. Finally, in the third group, the patients appeared to have a biologically

induced fragile state, which improved when treated with medication, where they then were able to isolate affect and had access to unconscious striated muscle anxiety (Abbass, 2001).

As such, the findings from Abbass (2001) explicitly suggest that some people with psychotic disorders can be placed on the spectrum of fragile character structure. If a diagnosis of psychosis is co-occurring with a psychodiagnosis of fragile character structure, it is proposed that a graded format of ISTDP could be considered in the treatment. If people with psychotic disorders do not have underlying fragile character structures, Abbass (2001) describes other factors such as a character neurosis with co-existing biological processes including psychosis, linked with brain injury and a family history of psychosis, and biologically induced fragile states. More recently, Johansson, Town and Abbass (2014) also suggest that patients with psychotic disorders can benefit from the capacity-building format of ISTDP, which is specifically developed for people on the fragile spectrum. Furthermore, Frederickson (2013) describes some aspects of psychosis through the theory and technique of ISTDP, and also describes the incorporation of ISTDP techniques in the treatment of a psychotic patient (Frederickson, 2004).

Davanloo (2000, 2005) himself does not explicitly include psychotic disorders on the spectrum of fragile character structures, but does put forward that: "...there is a sizeable number of patients with psychoneurotic disorders who have fragile character structure." Davanloo (2005) does not further clarify his use of the term 'psychoneurotic', however, if one follows Freud's traditional definition, it excludes actual neuroses and includes the narcissistic neuroses, which Freud also called psychosis (Laplanche & Pontalis, 1973, p. 369). Furthermore, on the fragile spectrum, Davanloo (2000, 2005) does describe many of the defence mechanisms and symptoms typically identified in the psychodynamic literature of people with both borderline structures and psychotic structures. Therefore, it can be argued that Davanloo (2000, 2005) implicitly appears to place psychotic structures on the fragile character spectrum. This is supported by his specific description of anxiety discharge patterns and defenses, which are also present in psychosis. On the specific anxiety discharge patterns of fragile patients, he writes:

“...no access to the striated muscle discharge pattern of anxiety (anxiety in the form of tension in the striated muscles) and the discharge pattern of anxiety is in the form of disruption of the cognitive and perceptual functions; easily have perceptual disruption in the form of hallucinatory experiences (particularly auditory), thought blocking, visual disturbances, such as blurring of vision or, under anxiety, their visual field becomes snowy...” (Davanloo, 2005, p. 2651).

He furthermore identifies the specific defense mechanisms on the spectrum of fragile character structure as follows:

“...heavy access to a spectrum of primitive defenses, such as temper tantrum, explosive discharge of affect, poor impulse control, projection, projective identification, double or multiple projective identifications, dissociation, splitting...” (Davanloo, 2005, p.2651).

Therefore it can be argued that Davanloo's (2000, 2005) account of anxiety discharged into cognitive perceptual disruptions and primitive defenses explicitly connects psychosis with the fragile character structures. Following Davanloo's (2000, 2005), Abbas' (2001) and Frederickson's (2013) formulations, people with psychotic disorders and co-existing fragile character structure have the following characteristics: Little or no capacity for striated muscle anxiety, unconscious anxiety often discharged into cognitive and perceptual disruptions, little or no access to isolation of affect, use of primitive defence mechanisms such as projection and splitting, and severe superego pathology. As such, Davanloo's metapsychology of the unconscious suggests that psychosis with an underlying fragile character structure is a result of poor capacity for striated anxiety discharge combined with poorly developed defensive operations. If we furthermore follow Davanloo's (2000) descriptions on fragile character structures, these individuals have an extremely high degree of primitive murderous rage and guilt within the unconscious due to early and severe attachment trauma. “the primitive organization of the unconscious is very extensive. The pathogenic structure of the unconscious contains a highly primitive, murderous, torturous rage and intense guilt.” (Davanloo, 2005, p. 2651). At one level, the fragility of the structure is therefore linked to the intensity of the painful feelings and severe superego pathology. At the same time, due to the weak or absent attachments, these people have not been provided with the stability

to develop more advanced defensive mechanisms such as isolation of affect and intellectualisation, which create the capacity for keeping feelings outside somatic awareness and for striated muscle anxiety (Abbass, 2001).

Regarding the symptoms of hallucinations and delusions in psychosis combined with a loss of reality testing, the propositions are as follows. As projective defenses and splitting prevent the experience of contradicting emotional states, there may be no unconscious anxiety at all (Abbass, Arthey & Nowoweiski, 2013). If there is a strong stimulus, which triggers mixed emotions and overwhelms these primitive defenses, unconscious anxiety in fragile psychotic people is discharged into cognitive perceptual disruptions. As anxiety is discharged into cognitive perceptual disruptions, delusion and hallucination with loss of reality testing can occur (Frederickson, 2013). As not all people on the fragile spectrum have psychotic symptoms and disorders, people with psychotic disorders can be argued to exist at the most severe end of the fragile spectrum where cognitive perceptual disruptions are triggered at a very low rise in anxiety.

In summary, it can be argued that Davanloo's (1990, 2000, 2005) metapsychology of the unconscious, with its extension to psychosis by Abbass (2001), Frederickson (2004, 2013), and Johansson, Town and Abbass (2014) describes important aspects of psychosis. In essence, it is suggested that psychosis with underlying fragile character structure is the result of early and severe attachment trauma, which causes primitive torturous murderous rage with equally primitive superego pathology as the drive for psychopathology, little or no capacity for unconscious anxiety often discharged into cognitive and perceptual disruptions, and little or no access to isolation of affect with use of primitive defence mechanisms such as projection and splitting. It can therefore be argued that anxiety related to unconscious emotions with murderous impulses and fantasies in relation to primary caregivers are central in the understanding of psychosis. The hypothesis of this thesis is that Davanloo's metapsychology of the unconscious provides an important contribution to the understanding of psychosis by proposing a theoretical account of emotions without neglecting the role of unconscious conflict and fantasy. To start exploring this hypothesis, next chapter explores the existing understanding of psychosis in the psychodynamic literature.

Psychodynamic Theories on Psychosis

In order to explore how Davanloo's metapsychology of the unconscious can contribute to a psychodynamic understanding of psychosis, other psychodynamic theories on psychosis are briefly presented. Due to the vast amount of psychodynamic theories on psychosis, it is beyond the scope of this thesis to review all of these in detail. Instead, the aim is to present an overview of general tendencies and theoretical views in the psychodynamic understanding of psychosis.

Freud on Psychosis

In Freud's (1911a) initial theoretical formulations, he considers the patients' break with reality the most characteristic feature of psychosis, which he states is explained by a complete withdrawal, or decathexis, of emotional investment from the objects in the outside world. Although Freud (1911b) had already recognised that also neurotics turn away from some fragments of reality, he considered the psychotic break with reality more severe due to an unconscious fixation to an earlier phase than neurotics, leading psychotic patients to regress more deeply and severely than neurotic patients. Freud's early theoretical formulations on psychosis appear to be specifically focused on the role of economics and sexual conflict, which in essence is concerned with the psychotic individual's distribution of libidinal cathexes through psychosexual development.

After Freud's (1923) proposal of a differentiation in the mental apparatus, which became the cornerstone of the structural model, Freud (1924b) recognises that ego disturbances occur both in neurosis and psychosis. Thus, in accordance with the structural model, he attempts to further clarify his theory on psychosis and its differentiation from neurosis, and states: "Transference neuroses correspond to a conflict between the ego and the id; narcissistic neuroses, to a conflict between the ego and the super-ego; and psychoses, to one between the ego and the external world." (Freud, 1924a, p. 152). . Freud (1924a, 1924b) further explains that the psychotic break with reality as a need to dissociate from the external world due to an intolerable frustration by reality of a wish. This leads the ego to be overcome by the id, thereby dissociating from the external world, and recreating an internal and external world in accordance with the id's impulses. The frustration of a wish in both neurosis and

psychosis is a result of conflict between the ego, id, and superego within the ego, which reflects a failure in the functioning of the ego as it is struggling to reconcile the various demands made on it (Freud, 1924a).

Structural Conflict in Psychosis

According to Arlow and Brenner (1964), the problem of Freud's formulations on psychosis is that they have never been properly integrated into his later structural theory and second theory of anxiety. Although Freud (1924b) does recognise that ego disturbances occur both in neurosis and psychosis, Arlow and Brenner (1964) state that it was not until Freud in 1926 recognised the role of anxiety in mental conflict, that he also became able to understand the defensive functions of the ego. Arlow and Brenner (1964) therefore attempt to revise Freud's theory of psychosis by applying to psychosis what Freud demonstrated in relation to anxiety and defenses in neurosis. Following Arlow and Brenner (1964), the alterations in ego and superego functions, which are observed in psychosis, are, as in normal and neurotic individuals, due to defenses in response to inner conflict, and motivated by the need to prevent the emergence of anxiety. The differences observed between psychosis and neurosis are, according to Arlow and Brenner (1964), explained by the degree of the defensive alterations of ego functions, which can be so extensive that it disrupts the psychotic individual's relationship with the outside world. Pao (1979) similarly states that people with psychosis suffer from the same conflicts as other people, but differ in their capacity to respond to such conflicts.

Freud's (1911a) description of the psychotic break with reality is therefore explained by Arlow and Brenner (1964) as extensive disruption of ego functions due to inner conflict as opposed to decathexis of object representations as proposed by Freud (1911a). Arlow and Brenner (1964) argue that although many psychotic people early in their illness show severe emotional withdrawal from the people and objects in the outside world, there is still a significant minority who does not show such disturbances. However, according to Arlow and Brenner (1964) all people with psychosis show significant disturbance in ego functions. Arlow and Brenner (1964, p. 158) summarise the psychopathological characteristics as follows:

“(1) a greater degree of instinctual regression or infantilism; (2) a greater prominence of manifestations of the instinctual drive of aggression and over conflicts of such manifestations; and (3) more severe and more widespread abnormalities in various ego and superego functions. These last are generally motivated by a need to prevent the emergency of anxiety in a situation of inner conflict, i.e. they serve a defensive function primarily.”

Inner conflict in psychosis is therefore understood in terms of conflicts over manifestations of the instinctual drive of aggression, which lead to instinctual regression and severe disturbance of ego and superego functions. Following Arlow and Brenner (1964) delusions and hallucinations are explained within the conceptual framework of the structural theory, and are understood as a fantasy resulting from a patient's inner conflict. Although other defenses such as projection and splitting may be involved in the formation of the fantasy, the ego regresses defensively in its ability to distinguish between internal and external reality in order to prevent the emergence of anxiety.

“The ego's ability to distinguish between external reality and the particular fantasy in question is impaired in order to avoid or minimize the development of anxiety. Thus the fantasy appears real to the patient. Instead of being experienced as a daydream, it is experienced as a delusion or a hallucination. What determines whether it is one or the other is the presence or absence of sensory elements in the fantasy. If there are such elements, the result is hallucinations. If there are none, it is a delusion.” (Arlow & Brenner, 1964, p. 175).

Therefore, it is not the delusions or hallucinations themselves, which are responsible for the psychotic break with reality. Instead, the psychotic break with reality occurs as the ego defensively regresses in its ability to distinguish between internal and external reality in order to decrease anxiety related to inner conflict. In summary, in their understanding of psychosis, Arlow and Brenner (1964) emphasize inner conflicts, anxiety and defensive disturbances in various ego functions.

Disturbances in Ego Functions

In their understanding of psychosis, psychodynamic authors such as Hartman (1953), Bak (1954), Bellak (1958) and Kernberg (1975) have emphasized various disturbances or deficits in ego functions. Bellak (1958) listed seven ego functions including: the relation to reality divided into three parts, which concern adaptation to reality, reality testing, and a sense of reality; regulations and control of drives and impulses; object relations; thought processes; defensive functioning; autonomous functions and synthetic functions. Bellak's (1958) research demonstrates that schizophrenic patients scored low on all functions. According to Hartman (1953), it is the defects in primary autonomous factors of the ego, which contributes to vulnerable defensive functioning and difficulty neutralising libido and aggression. In Hartman's (1953) view, the failure of neutralisation leads to deficiencies in the formation of the ego and superego. Building on Hartman's (1953) theory, Bak (1954) describes psychosis as an ego disorder, which is the result of conflict between ego and aggression due to excessive aggression and/or the ego's incapacity to neutralise the aggressive drives. Bak (1954) furthermore specifically considered decathexis of object representations as the defense against aggression, which is defective in psychosis.

According to Kernberg (1975), the origin of ego disturbances in psychosis is linked to the failure of the two developmental tasks for the early ego. "Two essential tasks that the early ego has to accomplish in rapid succession are: 1) the differentiation of self-images from object-images, and 2) integrating libidinally determined and aggressively determined self- and object-images." (Kernberg, 1975, p. 162). The first task in psychosis has failed due to a pathological fusion between self and object images, which prevents the establishment of integrated ego boundaries, and therefore lack of clear differentiation between self and others. Kernberg (1975) furthermore states that people with borderline and narcissistic personality functions usually are able to use the first but not the second function, and that people with neurotic personality organisation are able to use both functions.

Common for Hartman (1953), Bak (1954), Bellak (1958) and Kernberg (1975), is their focus on impairments in ego functions such as loss of ego boundaries, difficulty with

self-object differentiation or the ego's failure in capacity to neutralise aggression due to early trauma in the mother-infant dyad when ego structures were being built up. Due to these ego impairments, the ego regresses under internal conflict to the very early stages of normal functioning. As an example, Kernberg (1975) states that these traumatic disturbances arose within the first year of life, and according to Greenberg (1953) they occurred around six months of age. Although there is an understanding of psychosis as a result of disturbances in ego functioning due to early trauma and conflict, the specific ego disturbances appear to be viewed as more important in the understanding of psychosis than the specific type of dynamic conflict

The Paranoid-Schizoid Position

Following the British object relations theories, psychosis can be understood as failure to overcome the paranoid-schizoid position due to excessive amounts of frustration in the early months of life (Klein, 1946, 1952), and severe impairments in the early mother-child dyad (Winnicott, 1965; Fairbairn, 1954; Rosenfeld, 1965). According to Klein (1946), the paranoid-schizoid position is part of normal infant development and describes the first six months of life during which the immature ego experiences anxiety due to the death instinct.

“I hold that anxiety arises from the operations of the Death Instinct within the organism, is felt as fear of annihilation (death) and takes the form of fear of persecution. The fear of the destructive impulse seems to attach itself to an object – or rather it is experienced as fear of an uncontrollable overpowering object.” (Klein, 1946, p. 100).

Due to this early need to deal with primitive anxiety, which is felt as fear of annihilation, the early ego starts to develop primary mechanisms and defenses including splitting, projection, projective identification, introjection, idealization and denial. According to Klein (1946), the destructive impulse is split off and projected outwards and attached to an external object as a way to decrease anxiety and get rid of a sense of danger and badness. Another defense against anxiety is the introjection of the good object. Following Klein (1946), the first internal good object is essential in building up the ego and counteracts the process of splitting and dispersal. In normal development,

the states of persecutory fears and disintegration are transitory. With the introjection of the complete object, the loved and hated aspects of the mother are no longer clearly separated, and aggression is now directed towards the loved object, which triggers feelings of guilt, grief and fear of loss (Klein, 1946). As this process triggers depressive feelings within the infant, it is said to have moved into the depressive position, which is an essential phase to create synthesis and integration within the ego. The depressive position extends over the first few years of life, and during this process there is a growing perception and adaption to reality as anxieties decrease in strength, the ego becomes more unified and objects become less idealised and terrifying (Klein, 1946).

According to Klein (1946), psychosis results from regression to the paranoid-schizoid position when the ego has not been able to adequately work through the depressive position due to excessive aggression and persecutory fears.

“For if persecutory fear, and correspondingly schizoid mechanisms, are too strong, the ego is not capable of working through the depressive position. This in turn forces the ego to regress to the schizoid position and reinforces the earlier persecutory fears and schizoid phenomena. Thus the basis is established for various forms of schizophrenia later in life...” (Klein, 1946, p. 105).

Therefore, psychosis can be described as a regression to the paranoid-schizoid position. This position can be described as a state of primitive anxiety, experienced by the psychotic person as fear of annihilation, which essentially is the dominance of the death drive due to excessive experiences of frustration. As the psychotic person attempts to get rid of this fear of annihilation through primitive defenses, the fear of annihilation transforms into a fear of persecution. Furthermore, these primitive defenses significantly interfere with the perception and adaptation to reality and create a sense of disintegration (Klein, 1946).

In terms of severe impairments in the mother-infant dyad, Winnicott (1965) emphasize the importance of the early dyad with his concept of the ‘good-enough mother’.

Winnicott (1965) states that people with psychotic disturbances such as schizophrenia

never had good enough mothering, and that this deprivation occurred before the infant was able to perceive this deprivation. According to Fairbairn (1954), the development of psychotic disturbances is a result of severe early maternal withdrawal, which leads the psychotic individual to withdraw from emotional contact with the outer world. Following Rosenfeld (1965), the mothers of children who develop schizophrenia do not tolerate the projections of their infant and therefore withdraw their feelings from the child, which leads to a profound sense of deprivation in the infant. In summary, these impairments in the early mother-infant dyad lead to failures in adequately overcoming the paranoid-schizoid position.

Psychosis as a Defense against Emotions

According to Semrad (1969) and Garfield (1995), psychosis can be understood as a defense against unbearable affect or emotions. Semrad (1969) places affects at the centre of his understanding psychosis by focusing on the intolerable affects, which have driven a patient into psychosis. Garfield (1995) bases his theory on psychosis on the work of Semrad and similarly understands psychosis as a result of emotions, which have become unbearable. Semrad (1969) describes the royal road of affect in psychosis, which focuses on the idea that affect in psychosis has been transformed into a perceptual form through hallucinations, delusions and distorted thoughts. The aim in psychotherapy is to facilitate the transformation from the perceptual form of affect into a somatic bodily form and then to cognition (Semrad, 1969). McDougall (1989) similarly states that emotions in psychosis are not thought about in the mind but are instead transmitted by the mind to the body in a primitive nonverbal way. Karon (1990, 2008) does not provide an explicit theoretical account of emotions in psychosis, but describes in a more general manner psychosis as a defence against chronic terror linked back to traumatic childhood events.

Attachment and Psychosis

According to Robbins (2013), a central characteristic of psychosis is “the failure to translate somatopsychic affective experience into emotional awareness and the deficiency in self-regulation that follows from it.” (Robbins, 2013, p. 149). Robbins (2013) defines affect as the primordial somatopsychic expressive core of the mind, and

emotions as thoughtful awareness and mental representations of feeling states. Following Robbins (2013), the difficulty to translate somatopsychic affect into emotional awareness stems from maladaptive manifestations of primordial mental activity (PMA), which under normal circumstances occur in infancy, dreaming and certain forms of creativity and spirituality. Following findings from neuroscience, the immature brain in early life and psychosis are both driven by the limbic system responsible for diffuse psychosomatic affect instead of the prefrontal cortex, which can identify and process specific emotions. According to Robbins (2013), the manifestations of PMA in psychosis are due to maladaptive and traumatic family interactions, which lead to disorganised attachment patterns and maladaptive implicit knowledge. Robbins (2013) therefore defines psychosis as the maladaptive expression of primordial mental activity (PMA) unregulated by thought. PMA is defined as “the somatic-psychic expression of mind, in contrast to thought, which is reflective and representational. Unprocessed somatic sensations, perception and affect is experienced and enacted.” (Robbins, 2013, p. 155).

In his description of the primordial mind, Robbins (2013) draws on findings from infant research, attachment theory, relational theorists and emotion research, and describes how the primordial mind is affected by unformulated experience, sub-symbolic process, primary affective memory or primary affective unconscious, unconscious implicit or procedural knowledge and internalized models of disorganised attachment involving interpersonal rather than internal conflict. However, Robbins (2013) states that these concepts do not provide a sufficient description of the primordial mind. Robbins (2013) adds that primordial mental activity builds on the specific attachment configuration or implicit knowledge, which has been assimilated since the beginning of life. According to Robbins (2013), in psychosis, external reality is undifferentiated from intrapsychic reality as self-experience is undifferentiated from object perception. Therefore, affect is experienced and enacted as a sensory-perceptual event, as apposed to be something to think about by and integrated and differentiated self. In Robbins’ (2013) view, as there are no integration and differentiation, there is in psychosis no experience of contrast, conflict between contradicting states, reflection or ambivalence. According to Robbins (2013), Klein’s phenomenon of projective identification cannot be considered a defense,

but is instead a literal quality of the mind, which, along with lack of differentiation from self and others, leads the person to feel persecuted by externally misperceived aspects of own mind. Therefore, in summary, Robbins (2013) appears to be understanding psychosis as a primordial state of mind in which there are no unconscious conflicts or primitive defense mechanisms. The main characteristic of this primordial state is the lack of capacity to think about and regulate emotions, which then turns into affective sensory-perceptual experiences and enactments.

Difficulty thinking about and regulating emotions in psychosis has similarly been emphasised by attachment theories on psychosis (Brent et al., 2014; Schwannauer, 2013; Brent, 2009). The capacity to regulate feelings depends, according to Fonagy et al. (2002), on the development of mentalization, which is defined as the capacity to think about and understand mental states in self and others and acquired in the context of the child's early relationships. Fonagy et al. (2002) emphasize the importance of developing the capacity to mentalise affects as an essential regulatory function in order to understand the intentional structure or meaning of emotional experiences. Affect is central to attachment theory as attachment styles or mental states develop from attempts to regulate emotions within the context of the infant-caregiver relationship (Schwannauer, 2013). "It is within the early infant-caregiver interactions that these regulatory capacities develop through the emotional representation of physiological states and in the caregiver's sensitive reflection of their own emotional states and reactions to the infant." (Schwannauer, 2013, p. 75).

Brent et al. (2014) specifically consider how failure of impaired mentalization due to attachment dysfunctions plays a role in the development of psychosis. "Because psychotic symptoms frequently involve misunderstanding of social situations (e.g. persecutory delusions and hallucinations), or of the person's self-appraisal with respect to other people (e.g. grandiose or religious delusions), it has been proposed that the disruption of the capacity for social understanding may constitute a key vulnerability to psychosis." (Brent et al., 2014, p.17). As psychotic symptoms are understood as misunderstandings of social situations or self-appraisal, this is linked with impaired mentalization. In accordance with contemporary diathesis-stress models, Brent et al.

(2014) state that impairments in mentalization arise from insecure attachment relationships, which can interact with dysregulation of the stress-response system and of mesolimbic dopamine, and increase the risk of psychosis in genetically vulnerable people. When there is chronic exposure to stress through dysfunctional attachment relationships, this can increase the risk of psychosis by disrupting the biological system (the hypothalamic-pituitary- adrenal [HPA] axis) responsible for regulating stress. This may result in HPA-overactivity and contribute to dysregulation of prefrontal and corticolimbic dopamine circuits, which have been associated with delusions and hallucinations in psychosis. This dysregulation can then affect the capacity mentalise and contribute to abnormal explanations of social experiences during high periods of stress (Brent et al., 2013).

Summary

Common for the psychodynamic theories on psychosis presented here is that they understand the onset of psychosis as a result of early childhood trauma. In the understanding of psychosis, different aspects have been emphasized such the individual's distribution of libidinal cathexes through psychosexual development, disturbances in different ego functions due to inner conflicts and anxiety, and various disturbances in ego functions, failure to overcome the paranoid-schizoid position due to excessive amounts of frustration in the early months of life and severe impairments in the early mother-child dyad. Whereas these theories emphasize important aspects of unconscious conflicts and deficits in psychosis, there does not appear to be an explicit theoretical account of emotions in psychosis. Other theories explicitly focus on emotions in their understanding of psychosis, however, do not appear to differentiate between the functions of anxiety in relation to other emotions. More recent psychodynamic theories on psychosis, including attachment theories on psychosis, have been able to explore the central role of emotions through the recent findings from attachment and infant research. However, these theories do not appear to account for the role of unconscious conflict in psychosis.

Emotions and Unconscious Conflict in Psychosis

So far, Davanloo's metapsychology of the unconscious (1990, 2000, 2005) has been presented, and, furthermore, through writings by Johansson, Town and Abbass (2014), Abbass (2001), and Frederickson (2004, 2013), it has been described how this metapsychology can be applied to an understanding of psychosis. This has been followed by a brief literature review on psychodynamic writings on psychosis. Based on this, the main hypothesis, which will be investigated in this chapter, is that Davanloo's metapsychology of the unconscious offers a unique contribution to the understanding of psychosis by equally considering the role of the unconscious conflict and providing an explicit theoretical account of the role of emotions in psychosis. In order to explore this hypothesis, this chapter starts by demonstrating how Davanloo's metapsychology of the unconscious places attachment and emotions at the core without neglecting the role of unconscious conflict and fantasy. The next section aims at demonstrating how other psychodynamic theories provide important contributions in terms of unconscious conflict, however, without providing an explicit theoretical account of the role of emotions in psychosis. The following section explores psychodynamic theories of psychosis, which directly place emotions at the core of their theoretical formulation of psychosis, but without clearly separating emotions from anxiety. This leads to the following section, which examines psychodynamic theories on psychosis that place emotions and attachment directly at the core, however, without providing an adequate account of the role of unconscious conflict and fantasy. In this last section, the findings of this thesis will be summarized and concluded.

Attachment and Emotions in Psychosis

The aim of this section is to demonstrate how Davanloo's metapsychology of the unconscious places emotions and attachment at the core of the understanding of psychosis. Davanloo's (1990, 2000, 2005) focus on emotions is linked to his clinical data, which consistently demonstrate the emergence of an unconscious conflict with a pattern of rage, guilt and grief in response to pain, abuse and neglect, which constitute trauma to the attachment bond, or to the desire to have an attachment bond. As it has been argued, people with psychosis and underlying fragile character structures can be described as people with: "...insecure attachments and repeated interruption of efforts

to bond causing primitive rage with intense guilt and grief, leading to primitive defences and cognitive perceptual disruption when anxious.” (Abbass, Arthey & Nowoweiski, 2013, p. 6). The shift from a focus on drives to emotions can according to Coughlin Della Selva (1993) be linked with Davanloo’s intuitive clinical shift towards attachment theory, where feelings are the engine to the system. In his model of psychopathology, Davanloo (2000, p. 102) explicitly places the attachment bond at the very core, indicating that attachment is the driving force of development. Coughlin Della Selva (1993) therefore argues that conflict theory in Davanloo’s metapsychology needs to explicitly include attachment theory in order to match his clinical data. In Bowlby’s (1969, 1973, 1980) attachment research, it is demonstrated that attachment is the primary motivating force behind human behaviour due to the infant’s helplessness and dependency on primary caregivers in order to survive. Therefore, the primary drive is towards attachment (Coughlin Della Selva, 1993), and, as such, it can be argued that affects are the primary motivations of behaviour, as they include a fundamental communicative function in the infant/carer relationship (Kernberg, 2001). Affect as a form of drive theory has been extensively argued by Tomkins (1962).

Attachment theory, as initially formulated by Bowlby (1973), demonstrated that when babies experience pain, separation or loss in the relationship with their attachment figure, there is a pattern of anger and protests, which in essence communicates that secure attachment is desired. When painful experiences are repeated, this can give way to despair, and, furthermore, when relentlessly repeated, the desire to create or preserve an attachment bond can according to Bowlby (1980) eventually turn into hate and murderous feelings towards the primary caregiver. Withdrawal, or detachment, becomes a defence against the unbearable pain, rage and anxiety (Bowlby, 1980), which according to Coughlin Della Selva (1993) fits Davanloo’s (1990) description of the layers of feeling and defence against emotional closeness. The central role of emotions is similarly supported by modern attachment theory as attachment styles or mental states develop from attempts to regulate emotions within the context of the infant-caregiver relationship (Schore & Schore, 2007; Fonagy et al., 2002; Schore, 2001, 2002). Therefore, it can be argued that attachment research supports the central role of emotions in Davanloo’s metapsychology of the unconscious.

As such, Davanloo's metapsychology integrates a psychodynamic theory with current findings in emotions and attachment research, which demonstrates that attachment and emotions are primary motivating forces behind human behavior. In the following section, it will be demonstrated how attachment theory and emotions become specifically connected with intrapsychic conflict through the triangle of conflict. The specific type of intrapsychic conflict in psychosis will then be described.

The Triangle of Conflict

In order to conceptualise intrapsychic conflict and assess structural pathology, Davanloo (1990, 2000, 2005) uses Malan's (1979) combination of the triangle of conflict and triangle of person. The triangle of conflict, which initially was conceptualised by Menninger (1958), proposes a theory of intrapsychic conflict, which states that when core emotions have negative interpersonal consequences, this triggers anxiety as a signal to the ego about the possibility of danger, which activates defences (Frederickson, 2013; Malan & Coughlin Della Selva, 2006). This conceptualisation of intrapsychic conflict builds on Freud's (1926) revised theory of anxiety, which describes anxiety as a warning signal to the ego about the possibility of danger or trauma. Freud (1926) defines trauma as prolonged separation from, or loss of, a loved object or loss of its love, which is similar to Bowlby's (1969, 1973, 1980) description of attachment trauma. Emotions are at the bottom of the triangle, which indicates that emotions are the driving force of the intrapsychic system (Coughlin Della Selva, 2001). Emotion researchers have similarly supported the motivational aspects of emotions. For example, Izard (1994), Damasio (1994) and Ekman (2003) have identified six primary or universal emotions, which are happiness, sadness, fear, anger, surprise and disgust, which are essential organizers for human behaviour. Davis and Panksepp (2011) have identified six of the primary-process subcortical brain emotion systems, that is, seeking, rage, fear, care, grief and play, as foundational for human personality development. Despite the different classifications of emotions, which will not be further explored here, they all describe core emotions or primitive affects as inborn psychophysiological structures, which are essential organizers and motivators for human behaviours (Kernberg, 2001), and therefore supports Davanloo's metapsychology.

The triangle of person represents the people who are important in the person's life and are classified into three categories of people from the person's past, current or recent past and the therapist (Coughlin Della Selva, 2001, Malan & Coughlin Della Selva, 2006). Malan (1979) links the triangle of conflict with the triangle of person in order to "...depict the interpersonal nature of human experience and emotional expression. What begins as an interpersonal interaction becomes internalised in the form of intrapsychic conflict over time." (Malan & Coughlin Della Selva, 2006, p. 11). Therefore, as the person experiences problems and symptoms, this is caused by a specific triangle of conflict within the unconscious (Frederickson, 2013). In essence, the emotional interactions with important others, as presented through the two triangles, become essential in understanding the capacity to tolerate emotions and anxiety, and manage intrapsychic conflict.

According to Davanloo (1990), the triangle of intrapsychic conflict between feelings, anxiety and defenses is closely related to Freud's (1923) description of the overall structure of the psyche, which consists of instincts, ego and conscience. Following Davanloo (1990), feelings and impulses, which are kept out of awareness, belongs to the instinctual part of the overall structure. As the ego mediates between drives and consciousness, it can be said to be responsible for the defenses, therefore specifically linking defenses and ego. Finally, feelings and impulses are kept out of awareness, as they are loaded with pain, anxiety or guilt. According to Davanloo (1990), it is difficult to decide which part of the psyche is responsible for anxiety and pain, although, following Freud, this can be attributed to the ego. Guilt can, according to Davanloo (1990) be specifically linked to the part of the psyche called conscience. Finally, it is emphasised that all three parts of the structure can have unconscious components (Davanloo, 1990; Freud, 1923). The triangle of conflict, which implicitly occurs in connection with the triangle of person, can therefore be said to explain the complex relationship between the three elements of the psyche, and therefore describe the specific internal structure.

Instead of using id, ego and superego to describe structural pathology, Davanloo (1990, 2000, 2005) uses the triangle of conflict, which means he assesses character pathology by noticing the patient's capacity to tolerate emotions through the discharge patterns of unconscious anxiety and the defenses used. Davanloo (1990) appears to argue for this shift as he states that, although Freud's concepts of id, ego, and superego attempt to capture complexities of the three divisions of the psyche, they create theoretical difficulties and contradictions. According to Davanloo (1990), many of these problems arise as the id, ego and superego are confused with actual entities instead of being only an analogy. This will not be further elaborated on here. Instead, the main aim is to demonstrate that by using the three corners of the triangle, which are feelings, anxiety and defences, Davanloo (1990, 2000, 2005) manages to use structural elements, which have the possibility to be observed or identified within the psyche. As Davanloo (2000, p. 102) in his model of psychopathological forces places the attachment bond at the very core, the inborn drive is for attachment, and emotions become the primary motivators for behaviour due to the primary communicative function between infants and caregivers. In the next section, the aim is to demonstrate how this specifically relates to psychosis.

Unconscious Conflict in Psychosis

The argument, which will be developed here, is that Davanloo's (2000, 2005) use of the triangle of conflict to assess structural pathology provides a theoretical account of psychosis with underlying fragile character structure, which places unconscious conflict linked to painful emotions about early attachment trauma at the core of the unconscious conflict. Instead of just describing psychotic symptoms, psychodiagnosis assesses the patient's moment-to-moment responses of emotions, anxiety discharge patterns and defenses in order to understand what causes the symptoms and how to treat them (Frederickson, 2013; Coughlin Della Selva, 2001). Therefore, as anxiety and defenses are shifting in response to pressure to emotions, it can be argued that the psychotic symptoms are due to painful emotions linked to underlying attachment trauma. This is conceptualized through the triangle of conflict, which, in connection with the triangle of person, indicates that this pattern of intrapsychic conflict is a result of the interactions

with important others from the persons past, affecting the relationships in the current life.

Therefore, the use of primitive defenses and cognitive perceptual disruptions in psychosis demonstrates that the interactions with important others have created a traumatic intrapsychic conflict, which the psychotic person has not been provided with the structure to bear internally. This is made explicit by Abbass (2001) and Davanloo (2000), who state that the interactions with important others has not provided the fragile person with the capacity for more mature defenses such as isolation of affect and intellectualisation, which give access to striated muscle anxiety. The defensive component signifies that there is an underlying intrapsychic conflict concerning contradicting emotions towards primary caregivers, and, furthermore, developmental deficits, which are demonstrated through the person's capacity to respond to conflict through the primitive defenses used. As such, it can be argued that the pattern of primitive defenses with extensive use of splitting and projection has "...both a defensive component and is due to a lack of development." (Abbas, Arthey & Nowoweiski, 2013, p. 13). Therefore, despite structural deficits, psychosis is still motivated by unconscious conflict related to early attachment trauma. The various deficits, which include cognitive perceptual disruptions, primitive defensive operations and poor self-observing capacity, demonstrate that the psychotic person has not developed a solid structure to carry the emotions linked to traumatic conflict internally.

In summary, through the triangle of conflict, it becomes possible to demonstrate that emotions and attachment are at the core of the intrapsychic conflict in psychosis. The next section seeks to demonstrate how unconscious conflict becomes connected to the role of unconscious fantasy through superego pathology.

The Role of Unconscious Fantasy

This section aims towards demonstrating the role of the connection between unconscious conflict and fantasies, described through the concept of the superego. Davanloo's (1990) empirical evidence suggests the presence of a self-punitive mechanism as a drive factor for psychopathology, which is similar to Freud's concept of

the superego. Four specific characteristics of this self-punitive mechanism include: self-destructive behaviours, violent and murderous underlying impulses, intense guilt and grief and impoverished personality (Davanloo, 1990). However, contrary to Freud's theory of superego pathology, but similar to Klein's findings (1933, 1948), Davanloo's (1990) direct observation of patients suggested that the superego could arise from non-oedipal conflicts, at least as early as the beginning of the second year of life. "In all these patients we find all the same set of phenomena, namely *violent and murderous impulses towards close members of the family*, which are laden with intense guilt, remorse and grief. The inference that it is these impulses that lead toward the need for self-punishment then becomes almost inescapable." (Davanloo, 1990, p. 187). Furthermore, Davanloo (1990) found that the superego also arises out of a desire for love and an attempt to protect primary caregivers. Therefore, without neglecting the finding that Oedipal conflicts also can be major sources of guilt, Davanloo (1990) suggests that the core of psychopathology derives from the need for self-punishment due to guilt about rage towards early attachment figures.

According to Frederickson (2013), as the superego is a concept, and not an entity that can act, it can be defined as a collection of pathological identifications, enacted by the patient as defenses. Kernberg (1975, 2014) similarly describes superego pathology as a collection of identifications. These identifications are formed to keep the primary caregiver close and protect him or her from the reactive rage caused by trauma to the attachment bond, (Frederickson, 2013). Davanloo (2000) describes the development of pathological identifications, or superego pathology through his model of psychopathology. In Davanloo's (2000) model, at the very core of the infant is the strong and biological desire for attachment. When there is experienced constant and severe pain in association with the infants striving to attach, reactive murderous rage with torturous fantasies emerges out of that pain. According to Davanloo's (2000, 2005) metapsychology of the unconscious, the earlier and more severe the trauma, the more intense, primitive and torturous is the nature of unconscious rage. Due to the co-existing desire for attachment, painful guilt and severe superego pathology develops. In a recent book interview, Abbass stated: "For fragile patients, their unconscious rage actually has a torturing quality; it's intense to the point that they not only want to punish somebody,

they want to make the person suffer a torturing experience, for which they feel very guilty.” (Kenney, 2014, p. 239). The primitive and torturous intensity of the murderous rage, which triggers equally violent and murderous fantasies within the unconscious, is what creates the basis for intense guilt and the correspondingly severe and punishing superego pathology (Abbass, Arthey & Nowoweiski, 2013).

In relation to the understanding of superego pathology in psychosis, it can be argued that the rage, murderous fantasies, guilt and superego pathology is so extreme and painful that it cannot be tolerated within, and is therefore projected out to other people. According to Frederickson (2013, p. 320), psychotic people “...project an extremely severe superego onto others and fear it there, unable to differentiate their projections from reality.” As psychotic people do not have capacity to tolerate guilt internally, the superego is projected out and feared as an external punishment. According to Frederickson (2013), this type of superego pathology is experienced in the form of hallucinated voices and delusions of persecutions, which severely affect reality testing.

In this section, the connection between unconscious conflict, fantasy and superego pathology has been examined. It has been argued that Davanloo’s metapsychology accounts for the role of unconscious fantasy through his understanding of superego pathology. Furthermore, the superego has been described as a collection of identifications. These identifications are emotional memories, organized as unconscious fantasies with the structure of an object relation (a representation of the other person, a representation of oneself, and the affect that links the two). Thus, every emotion is a memory expressed both bodily and as an unconscious fantasy. In this way, Davanloo’s theory allows us to understand the links between unconscious conflict, emotions, and the unconscious fantasies linked to these emotions. The above sections of this chapter have demonstrated that the extension of Davanloo’s metapsychology of the unconscious to psychosis offers an understanding of psychosis, which equally considers the role of unconscious conflict and provides an explicit theoretical account of the role of emotions in psychosis, which is in accordance with current research on attachment and emotions. In order to understand how Davanloo’s metapsychology of the unconscious can contribute to the current psychodynamic understanding of psychosis, the role of

emotions and unconscious conflict in other psychodynamic theories on psychosis will be investigated in the following sections of this chapter.

The Lack of Explicit Focus on Emotions

In this section, the aim is to demonstrate the lack of explicit focus on emotions in psychodynamic theories on psychosis, and therefore attempt to argue that Davanloo's metapsychology provides an important contribution to the understanding of psychosis by proving an explicit theoretical account of the role of emotions. Although affect or emotions has a central place in psychoanalytic theories, there has traditionally been a lack of explicit theoretical accounts of emotions and affect in psychoanalytic theories (Stein, 1991; Boag, 2012). Specifically for psychosis, Garfield (1995) similarly states that most psychodynamic theories on psychosis do not focus on emotions as central to their understanding of psychosis, and if they do, a theoretical account is often not made explicit. Gumley et al. (2013, p. 2) furthermore state that emotions and affect initially were at the core of understanding psychosis but that "Over the years this emphasis on emotions and affect as an essential aspect of the disorder has been replaced with increasingly biological and neurophysiological paradigms and a disproportionate focus on positive symptoms of psychosis."

When Freud (1911a, 1911b) proposed his initial theoretical formulations of psychosis through his decathexis-recathexis formulation, psychosis was understood as a process of shift in libidinal energies through the mechanism of repression. Around that time, "Freud still treated affects as approximately equivalent to drives, and described the function of such unconscious affects or drives as central in the development of unconscious intrapsychic conflict." (Kernberg, 2006, p. 107). However, after the emergence of the structural model, Freud (1924a, 1924b) specifies in his formulations on psychosis that the psychotic break with reality occurs out of a need to dissociate from the external world due to an intolerable frustration by reality of a wish. Freud (1924a) furthermore states that neurosis is distinct from psychosis with regards to the outcome of conflictual tension, but emphasizes that the nature of their aetiology is the same: "The aetiology common to the onset of a psychoneurosis and of a psychosis always remains the same. It consists in a frustration, a non-fulfilment, of one of those

childhood wishes which are forever undefeated and which are so deeply rooted in our phylogenetically determined organisation.” (Freud, 1924a, p. 151). Freud (1940) states that this wish concerns a loving relationship with parents as their sense of security depends on protection and love from their parents. It can thereby be argued that the feeling of frustration and the wish for love, as a result of a conflict in the ego between the wish for love and the frustration by reality, support the hypothesis of this thesis, which is that conflicting emotions towards primary caregivers is the core conflict in psychosis.

However, despite the important understanding about emotions through the frustrations to the wish for love, Freud does not propose an explicit theoretical account of the role of emotions or affect in psychosis. Instead, psychosis is either understood in relation to a shift in libidinal energies and psychosexual conflict (Freud, 1911a, 1911b), or, with the emergence of the structural model, as frustration of a wish, which creates a conflict within the ego between its various ruling agencies and, in psychosis, leads the ego to be overcome by the id (Freud, 1924a, 1924b). Therefore, the conflict is described as conflict between the structures of the psyche instead of conflict between contradicting emotions. With the emergence of Freud’s (1926) revised theory of anxiety, it can be argued that an explicit theory of affect is proposed, however, it only includes an explicit theoretical account of anxiety. Stein (1991) similarly states that, although Freud’s (1926) revised theory of anxiety proposes important theoretical considerations regarding the role of anxiety in mental conflict, this is “...only another instance of the fact that in Freud’s writings there is no affect theory that is not a theory of anxiety.” (Stein, 1991, p. 28). Furthermore, Freud’s (1926) revised theory of conflict emerged after his essential theoretical propositions about psychosis.

Arlow and Brenner (1964) revised Freud’s theoretical formulations of psychosis by integrating them into his later structural theory and revised theory of anxiety. In their theoretical formulations, Arlow and Brenner (1964) describe psychosis as defensive alterations of ego functions in response to inner conflict, and motivated by the need to prevent the emergence of anxiety. However, although this revision of Freud’s theories allows for an improved understanding of the connection between conflict, anxiety and

defence in psychosis, there is still no explicit theoretical account of emotions in psychosis. Instead of considering the role of core emotions, the conflict within the ego, which triggers anxiety, is linked to the instinctual drive of aggression. Therefore, the conflict is between drives and ego, instead of being between conflicting emotions.

This leads into a consideration of the general problem with many psychodynamic theories on affect, which is the relationship between affects and the theory of drives. According to Rosenblatt (1985), psychoanalytic theory has failed in "...developing an encompassing theory of affects. Since Freud, theoretical formulations of affect have been shackled by the untenable concept of psychic energy. Affects have thus been viewed as the result of "discharge to the interior" (Rapaport, 1953), of quantities of psychic energy, derived from instinctual drive." (Rosenblatt, 1985, p. 86). Kernberg (2006) similarly describes how Freud's formulation of drive theory in 1915 implies that affects are the discharge process of drives by stating that drives only could be known by their expression through representations and affects. Drives are described as the fundamental motivational system, which is highly individualized and subject to postponement and modification, and can be differentiated from instincts, which are viewed as discontinuous biological functions, species specific and requiring instant gratification. A further change in the theory between affect and drives occurred in 1923, as Freud considered affects, with particular reference to anxiety, as ego dispositions that reflect channels for affect expression and thresholds of affect activation (Kernberg, 2006). According to Stein (1991), affects are now placed in a system and regarded not only as emerging out of the drives but as being activated and controlled by the ego. Feelings are further separated from the drives as Freud in 1920 and 1926 proposed the idea that pleasure was depending of feelings quality and patterns of excitation over time as opposed to being proportional to instinctual, energy quantity (Stein, 1991). Therefore, it can be argued that feelings became increasingly differentiated from the drives. Furthermore, with the emergence of Freud's (1926) revised theory of anxiety, signal affect implied that anxiety could signal the emotional significance of a specific situation for a person. However, as mentioned above, the explicit theoretical formulations concern the affect of anxiety without proposing an explicit theoretical account of other emotions.

The lack of explicit theoretical account of emotions can also be extended to other psychodynamic theories of psychosis. Although Hartman (1953), Bak (1954), and Bellak (1958) have an understanding of psychosis as a result of disturbances in ego functioning due to early trauma and conflict, their theoretical accounts concern the specific ego disturbances without including an explicit theoretical account of the painful emotions in relation to the trauma and conflict. Hartman (1953) includes the importance of aggression as he specifically describes psychosis as the ego's failure in capacity to neutralise aggression, however, does not describe aggression in terms of a theoretical account of affect. According to Stein (1991), Hartman actually did not believe that affects as experiences had a place in theory, and stated that concepts such as energies and cathexes, defined as the positive load attributed to an object or an idea, were better tools for his theory making. Furthermore, similar to Arlow and Brenner (1964), conflict is between the ego and the aggressive drives as opposed to being between conflicting emotions.

An understanding of the role of conflicting mixed emotions in psychosis can be found in Klein's (1946, 1952) understanding of psychosis as a failure to overcome the paranoid-schizoid position. According to Klein (1946), psychosis results from regression to the paranoid-schizoid position when the ego has not been able to adequately work through the depressive position. Due to excessive aggression and persecutory fears, the ego is not able to integrate and synthesize loved and hated aspects of the primary object. Instead it regresses to as position of primitive anxiety, experienced as fear of annihilation, which the psychotic person attempts to get rid of through primitive projective and splitting defenses. This turns the fear of annihilation into a fear of persecution, which significantly affects the capacity to perceive and adapt to reality as often observed in psychosis. Therefore, it can be argued that the psychotic regression is an expression of the difficulty integrating mixed emotions due to excessive frustration, which places the difficulty with mixed emotions at the core of Klein theoretical account of psychosis. Stein (1991) similarly states that Klein throughout her writings emphasized the conflict between love and hate towards primary objects, which triggers an unconscious sense of guilt. Stein (1991) furthermore argues that Klein's

paranoid-schizoid position and depressive position can be viewed as two emotional positions of anxiety and guilt. In the paranoid-schizoid position anxiety is related to the fear of the survival of the self and guilt is aggression and destruction projected out into fear of revenge from the object. In the depressive position, anxiety concerns the fear of loss of, or injury to, the object, and guilt concerns the sense of one's own responsibility for destructive impulses accompanied by reparative urges (Stein, 1991). Emotions and anxiety therefore take an essential place in the development of psychosis.

Although Klein (1946) initially understood the conflict between mixed emotions as manifestations of the conflict between life and death instincts, Klein (1952) progressively shifted towards viewing this conflict as manifestations of feelings of love and hate towards the object. Furthermore, according to Stein (1991), Klein argues that it is ambivalence, which causes guilt, rather than the libidinal or death instinct by itself. Therefore, following Stein (1991), Klein increasingly moved away from Freud's cathectic explanations to the concepts of objects and the feelings attached to them. Furthermore, according to Stein (1991), although Klein's entire motivational system rests on drives, the concepts of drives and emotions are different from Freud's definitions of these concepts. Stein (1991) argues that, in Klein's view, drives constitute complex emotions and are inherently directed towards objects, thereby indicating that libido and aggression are personal, directional emotions as opposed to groups of component instincts. Another important contribution from Klein and her followers, is the understanding of primitive infantile fantasies. According to Stein (1991), Klein describes the content of feelings as being expressed by fantasy, thereby suggesting that fantasy springs from feelings. Furthermore, Klein eventually came to the realisation that intrapsychic conflict is between feelings, rather than between structures, impulses, or psychic reality (Stein, 1991). However, due to her description of primary drive through the inborn libido and death drives, it can be argued that Klein only proposes an implicit theoretical account of emotions in psychosis.

In summary, it can be argued that the above theoretical accounts on psychosis, to varying degrees, place painful emotions or affect linked to early trauma at the core of their understanding of the onset of psychosis. These theories, however, do not provide

an explicit theoretical account of emotions in psychosis. Instead there is often a focus on libido or death drives as the motivational force or an understanding of affects as discharge of energy. Furthermore, these theoretical accounts were created without having access to the current understanding of emotions through the current extensive research on neurobiology and attachment, which has similarly been argued by Robbins (2013). However, it can be argued that they provide important contributions to understanding of some aspects of affects and mixed emotions in psychosis, which support the argument of thesis that unconscious conflict of mixed emotions towards primary caregivers are at the core of psychosis. Amongst some of these important contributions are an understanding of unconscious conflict in relation to severe frustration to the wish for love (Freud, 1924a, 1924b), the role of anxiety in unconscious conflict (Freud, 1926; Arlow and Brenner, 1964), and Klein's (1946, 1952) emphasis on the conflict between love and hate, primitive unconscious fantasies, and the emphasis on guilt due to conflicting emotions. In contrast to these theories, Davanloo's metapsychology offers not only an understanding of unconscious conflict, but provides also an explicit theoretical account of the role of emotions in psychosis, which is in line with current research on neurobiology and attachment. It can be argued that this allows for a more precise understanding of the role of emotions in psychosis as primary motivators for behaviours. The next section explores psychodynamic theories of psychosis that explicitly place emotions at the core of their theoretical formulation of psychosis, but without clearly separating emotions from anxiety. The argument, which will be developed here, is that Davanloo's explicit theoretical account of emotions also includes an explicit theoretical account of anxiety, which provides an important contribution to a theory of psychosis.

The Lack of Differentiation between Anxiety and Emotions

As it has been previously argued, authors such as Searles (1965, 1979), Semrad (1969), Garfield (1995), and McDougall (1989) describe psychosis as a defense against unbearable emotions. Therefore, it can be argued that they place emotions explicitly at the core of their theoretical account of psychosis. Following Semrad (1969) and Garfield (1995), unbearable emotions in psychosis are transformed into perceptual disturbances. Semrad (1969) furthermore states that the aim in psychotherapy is to

facilitate the transformation from the perceptual form of affect into a somatic bodily form and then to cognition. This appears similar to the propositions in Davanloo's metapsychology, which also links intolerable emotions with perceptual disruption, and aims towards increasing the patient's capacity to think about and somatically experience feelings. As emotions are unbearable, and the psychotic person does not have the defensive mechanism of isolation of affect, emotions cannot be noticed and thought about in the mind, and anxiety is discharged into the cognitive perceptual functions (Davanloo, 2000, 2005; Abbass & Town, 2013; Abbass, Arthey & Nowoweiski, 2013). However, instead of viewing emotions as transformed into different forms there is in Davanloo's metapsychology a clear separation between anxiety and emotions. Anxiety has a different function than other feelings, which is to signal and prepare the body to respond to danger. Therefore, as described by the triangle of conflict, when core emotions become associated with danger, these feelings trigger anxiety, which in turn triggers defenses (Frederickson, 2013). As such, it is the anxiety about the unbearable emotions, which causes the cognitive perceptual disruptions, instead of being the emotions themselves in transformation. Furthermore, it should be noted that in the psychotic person, there might not be unconscious anxiety at all as projection and splitting prevent the experience of mixed feelings (Abbas, Arthey & Nowoweiski, 2013). In this case, due to projection, the psychotic person will experience fear of the external environment, which does not allow anxiety to function as a signal of emerging internal feelings. If primitive defenses reduce or are overwhelmed, thereby allowing mixed emotions to come closer to awareness, unconscious anxiety is then manifested as cognitive perceptual disruptions (Abbas, Arthey & Abbas, 2013), which are essentially a brain malfunctioning due to excessive anxiety (Frederickson, 2013).

As there is not clear conceptual separation between anxiety and emotions in these other psychodynamic theories focusing on psychosis as a defense against unbearable affect, it can be argued that they do not provide a clear understanding of structural pathology in relation to unbearable affect. Following Davanloo's metapsychology of the unconscious, it is important to build self-observing capacity by learning to notice the difference between feelings and anxiety, which includes noticing and experiencing the different physiological patterns of emotions and anxiety, and defenses (Frederickson,

2013). As the psychotic person does not have access to more adaptive defenses such as isolation of affect (Abbass, 2001), there is no capacity for cognitive inhibition of amygdala and the fear response, and emotions trigger anxiety discharged into cognitive perceptual disturbances (Frederickson, 2013).

Further evidence for the lack of inhibition to emotions and fear memories can be found by considering the role of the primitive defenses and findings from developmental physiology and neuroscience. For example, Yung and Jackson (1999) and Yung and McGorry (1996) state that the experience of anxiety triggers the development of perceptual changes. In accordance with research on developmental physiology, Frederickson (2013) states that anxiety causes cognitive perceptual disruptions as: “The autonomic nervous system impairs cognitive functioning by decreasing blood flow to the brain while increasing the release of neurohormones.” (Frederickson, 2013). As the parasympathetic nervous system causes a rapid drop in blood flow to the brain stem, the prefrontal cortex becomes less capable of executive functioning as it is not able to inhibit the amygdala and the fear response. Therefore, anxiety, in order to function as a sign of emerging internal feelings, needs to work together with a reflective functioning represented by the prefrontal cortex. Furthermore, due to the neuroendocrine discharge, stress hormones divert blood glucose away from the hippocampus, which is then not able to function properly, which has a negative effect on executive functioning and self-regulation. Therefore, it can be argued that hallucinations and delusions emerge due to anxiety discharged into cognitive perceptual disruptions, which signifies the extent to which there is a lack of inhibition of emotions and fear memories.

There are a number of findings supporting the role of lack of inhibition of emotions and fear memories in the formation of hallucinations and delusions. Following research made by Jacobs and Nadel (1985, 1999) and Nadel and Jacobs (1996) on anxiety disorders, Moskowitz et al. (2008), also argue that delusions could be the result of the emergence of early traumatic memories, which they specify as “the reinstatement of early life episodes lacking a spatiotemporal context.” (p. 73). Memories lacking spatiotemporal context occur, as the hippocampus has not been functioning properly and therefore not been able to integrate emotional memories into autobiographical

memory. The hippocampus is disabled under experiences of extreme stress, and, furthermore, during the first few years of life where it is not properly developed yet. Therefore, as emotional events or trauma have been experienced before genuine autobiographical memories could be laid down, these memories may emerge into awareness as decontextualized affective memories (Moskowitz et al., 2008). Hence, Moskowitz et al. (2008, p. 76) conclude that the affective state before the emergence of delusions could represent a “re-emergence of childhood or infantile emotional experiences (or childhood trauma experiences), released through the impact of intense stress and in the context of cognitive and brain changes that would make it more difficult to inhibit, or to understand the nature of, such bizarre experiences.” The theoretical propositions by Moskowitz et al. (2008) confirm the argument of this thesis, which state that in response to emotions, which have links to emotional trauma, the psychotic individual becomes overwhelmed with anxiety discharged into cognitive perceptual disruptions. As there are no defenses such as isolation of affect to inhibit the fear memories, anxiety is discharged into cognitive perceptual disruptions and may result in delusions and hallucinations. At the same time, the content of hallucinations and delusions would be affected by primitive projective defenses and splitting

In summary, due to the malfunctioning of the hippocampus and the lack of mature defenses to inhibit amygdala and the fear response, the psychotic person is overwhelmed with emotions linked to fear memories in the amygdala, which trigger anxiety discharged into cognitive perceptual disruptions and hallucinations and delusions may emerge. In this section it has been argued that it is important to separate anxiety from other feelings in order to help patients build self-observing capacity and learn to think about feelings through isolation of affect. The next section explores other psychodynamic theories, which do focus on attachment and emotions in their understanding of psychosis, but appear to undermine or ignore the importance of unconscious conflict and fantasies resulting from such conflicts.

The Neglect of Unconscious Conflict and Fantasy

It can be argued that psychodynamic theories on psychosis, based on current emotion and attachment research (Brent et al., 2014; Schwannauer, 2013; Robbins, 2013; Brent,

2009), support Davanloo's theory that emotions and attachment are the primary motivational systems for infant development. However, attachment theories of psychosis do not provide an explicit theoretical account for unconscious conflict and fantasy in psychosis. Thus, it can be argued that Davanloo's model contributes with a deeper understanding of psychosis by emphasising the role of emotions, attachment, and unconscious conflict and fantasy.

According to Brent et al. (2014), Schwannauer (2013), and Brent (2009), attachment research indicates that psychosis can be understood in terms of impaired capacity for mentalization. Their theoretical accounts of psychosis are based on Fonagy et al.'s (2002) concept of mentalization, which is defined as the capacity to think about and understand mental states in self and others, and is acquired in the context of the child's early emotional interactions with attachment figures. Based on the theory of mentalization, psychotic symptoms are understood as misunderstandings of social situations or self-appraisal. Although the failure of development of mentalization is linked with attachment trauma, there is no explicit theoretical account of the unconscious conflict in relation to the trauma. Robbins (2013), who similarly considers attachment and emotions in psychosis, directly states that since primordial activity in psychosis contains no integration and differentiation, there is in psychosis no experience of contrast, conflict between contradicting states, reflection or ambivalence. Robbins (2013) furthermore criticizes Klein's (1946, 1952) description of primitive fantasies in infants as they are described in a conceptual language suggesting that infants are able to think about self and others, complex motives, and body parts, and, furthermore execute defence mechanisms to avoid intrapsychic conflict. Klein's understanding of primitive unconscious fantasies in infant has often been the target for criticism, which has similarly been noted by Stein (1991). As Davanloo's metapsychology similarly emphasizes the role of primitive fantasies and guilt as drives for psychopathology, the aim is here to demonstrate the importance of including unconscious conflict and fantasy in the understanding of psychopathology, and specifically for psychosis.

As argued by Kernberg (2001), unconscious fantasy has its origin in earliest infancy, and can be evidenced as "...contemporary psychoanalytic infant observation has

confirmed the connectedness of the human infant, the high degree of differentiation of his perceptive capacity – including cross-modal sensorial transfer – from the very beginning.” (Kernberg, 2001, p. 612). Following recent findings in infant observation, Kernberg (2014) further specifies that the capacity for an early cognitive differentiation between self and other emerges during the first six to eight weeks of life and continues to develop throughout the first years of life into a private self around three to five years of age. Due to the evidence of the infants’ early ability to make differentiation during alert states of low-level affect activation, Kernberg (2001, p. 613) argues that: “It is interactions in peak affect states of euphoria and rage that dissolve differentiation into “symbiotic fantasies” of merger.” Therefore, since symbiotic and differentiated modes of relationship alternate from the beginning of life, unconscious fantasies can also be argued to develop during these alterations. Furthermore, if the infant has the basic cognitive capacity to differentiate between self and others from early on, there is nothing suggesting that the infant is not also capable to have emerging fantasies concerning self and others. As cognitive capacities increase, so do the complexities of the unconscious fantasies. Thus, the infant’s capacity to differentiate between self and others suggests that Robbins’ (2013) argument against unconscious conflict, defence mechanisms and primitive fantasies in psychosis is not valid as it rests on an idea of a completely undifferentiated primordial state in psychosis. Instead of being a constant primordial state of no differentiation between self and other, free of inner conflict and ambivalence (Robbins, 2013), the early developing capacity for differentiation between self and other indicates that there is room for some level of conflict and ambivalence, even if operating on a very primitive level. Therefore, fusion can be argued to be a primitive defense against feelings and anxiety experienced in the process of differentiation between self and others, even if the psychotic person does not get very far in this developmental process due to early and severe trauma, which creates the basis for unconscious fantasies.

Another argument for the connection between early emotional trauma and unconscious fantasies is linked to the Freudian concept of “*Nachträglichkeit*”, which indicates that the present moment obtains its psychological significance only afterwards when it becomes possible to make sense of it (Zeuthen, Pedersen & Gammelgaard, 2010)

“Thus, the psyche is put to work at a task that consists of a constant translation of impressions made early in life, whose enigmatic significance can only subsequently be wrenched away.” (Zeuthen, Pedersen & Gammelgaard, 2010, p. 233) This means that trauma only acquires its psychological traumatic effect afterwards when the person is able to make sense of it. Kernberg (2001, p. 613) describes this as “...the infant’s gradually ever more complex perception of the interactions between him and his mother, in which unconscious messages from the mother are stored, to be retrospectively activated by later traumatic experiences and reinterpreted in connection with the ongoing development of unconscious fantasy.” Therefore, the complexities of the unconscious fantasies do not signify that they cannot be linked to very early emotional pain and trauma, experienced before the capacity for such complexity was developed. Instead, the intensity of the emotions linked to the trauma are stored in emotional memories, which are then reinterpreted through unconscious fantasies. Thus, Robbins (2013) argument against primitive unconscious fantasies due to their complex nature does not appear to be a valid argument either.

Furthermore, the scepticism regarding early unconscious conflict and fantasies can also be argued to reflect an increasing movement away from aspects of intrapsychic life, which cannot be directly observed. As there is an increasing explicit focus on attachment theory and emotion, there appears to be an increasing neglect of the importance of unconscious fantasies, which has similarly been argued by Zeuthen, Pedersen and Gammelgaard (2010) and Zepf (2006). Zepf (2006) states that modern attachment theory, as presented by Fonagy and Bohlebler, argues that it has progressed from description of behavioural systems to the level of mental representation of attachment. Zepf (2006) describes how the representation of the self with the attachment figure supposedly now also includes fantasies and wishes about the relations, which leads to an understanding of representations as a combination of both internal and external fantasies and affects. Furthermore, attachment theorists now also use the term ‘unconscious’ more extensively. However, Zepf (2006) criticizes this by stating that: “Apart from the fact that it cannot be established how far the dynamic unconscious is understood as a biological or psychical entity, neither in Bohleber’s (2002) paper nor the articles of authors in the move to the level of representation is there any reference to

fantasies and wishes being unconscious in a dynamical sense.” (Zepf, 2006, p.1540). A similar observation can be made when reading attachment theories on mentalization and psychosis as neither Brent et al. (2014), Schwannauer (2013), nor Brent (2009) make reference to the meaning of unconscious conflict or fantasies. According to Zepf (2006), conflict behaviours are believed to result from simultaneous activation of incompatible systems, which further indicates that attachment theory with its main focus on interpersonal relations instead intrapsychic conflict has lost the depth and complexity provided by a theory of unconscious conflict.

According to Zeuthen, Pedersen and Gammelgaard (2010), attachment theory and infant research have provided important contributions in terms of our knowledge of the psychological functions of infants. However, in accordance with Zepf (2006), they question whether this research has improved our knowledge in terms of understanding internal psychic life. As this research is based on a scientific method based on observation and empirical experiments, there is also an assumption that “that which is simple and which can be observed is most *real*.” (Zeuthen, Pedersen and Gammelgaard, 2010, p. 237). This then stands in contradiction with the objective of psychoanalysis, which is the study of unconscious processes. Therefore, a science that bases its criteria of truth on that which can be observed, neglects important aspects of infant psychic life including the concept of drives, which produces unconscious fantasies. This can, according to Zeuthen, Pedersen and Gammelgaard (2010), be observed in Fonagy et al.’s (2002) theory of mentalization, where drives are replaced by the concept of intentionality as it is easier to operationalize. According to Fonagy et al. (2002), intentionality is innate and can be described as the child’s drive to understand itself and others as intentional beings, which is developed when the child experiences its own emotional processes being reflected and categorized with the caregiver. Zeuthen, Pedersen and Gammelgaard (2010) criticizes intentionality as an alternative to drive as it describes the child as an intentional being who only tries to understand its mother’s intentions through rational and reality-orientated reflections.

“When the theory of drive is replaced with the concept of intentionality as the motor of development, the interaction between mother and child is reminiscent of a game of table

tennis, where the mother merely reflects the child's input without adding anything for the child to understand and make sense of via fantasizing. From a psychoanalytic angle, the *intrasubjective* aspect of intersubjectivity disappears in the theory of mentalization.” (Zeuthen, Pedersen & Gammelgaard, 2010, pp. 235-236).

As such, it is suggested that the theory of mentalization provides important contributions in terms of the role of attachment and emotions, but neglects important aspects of psychic life, which concerns attempts to make sense of the meaning of interactions through fantasies due to unconscious conflict. To this argument, in relation to psychosis, it can further be added that mentalization, although it might describe a deficit in psychosis, does not sufficiently account for the reason for this difficulty understanding self and others. As demonstrated through Davanloo's research on fragile people, psychotic people with underlying fragile character structure have experienced early attachment trauma linked to the emotions, and therefore these emotions trigger anxiety and defences. Due to the intensity of rage and murderous fantasies, guilt cannot be tolerated within and is defensively projected out (Frederickson, 2013). The primitive and torturous intensity of the murderous rage, which triggers equally violent and murderous fantasies within the unconscious, is what creates the basis for intense guilt and the correspondingly severe and punishing superego pathology, which creates a drive towards psychopathology, enacted as defenses. Thus, the difficulty with mentalization in psychotic people needs to be considered in connection with the difficulty tolerating emotions, primitive defenses of splitting and projection and the enactment of self-destructive defenses. It can be argued that psychodynamic attachment theories make a valuable contribution in terms of descriptive elements of reflective functioning and a current understanding of the role of attachment and emotion regulation. However, it neglects important considerations of intrapsychic life through dynamic explanations. Through infant research on the development of infant's early cognitive capacities to differentiate self from others, and the concept of *Nachträglichkeit*, it has been possible to account for such dynamic explanations including unconscious conflict and fantasy.

It can be argued that if there is only focus on deficits in psychosis, such as deficits in emotion regulation or mentalization capacities (Brent et al., 2014; Schwannauer, 2013; Brent, 2009), an understanding of psychosis due to a primordial mental state without capacity for differentiation, ambivalence or conflict (Robbins, 2013) or disturbance in the capacity to organise memory traces into mental object representation and to sustain mental object representations (London, 1988a, 1988b), there might be an idea that the understanding and treatment of people with psychosis only is a question of improving cognitive and emotional regulation capacities. While this is certainly important in order to understand deficits in psychotic disorders and to establish the initial treatment focus for people with underlying fragile character structures, as also argued by Abbass, Arthey and Nowoweiski (2013), improving cognitive and emotion regulation capacities is not enough to overcome the unconscious drive towards self-destruction as a punishment for primitive rage and murderous fantasies which, in psychosis, often is defensively projected out as fear of others' destructive intentions. On the other hand, if there is a focus on unconscious conflict without an explicit theoretical account of emotions based on current neurobiology and emotion research (Freud, 1911a, 1911b, 1924a, 1924b; Arlow and Brenner, 1964; Klein, 1946, 1952), it becomes difficult to understand the role of emotions and anxiety in psychosis, and, furthermore, provide adequate treatment in order to improve capacity to tolerate emotions and improve anxiety regulation. Through Davanloo's metapsychology, there is an understanding of psychosis, which accounts for both deficits and unconscious conflict in psychosis, which suggests promising clinical possibilities in the treatment of psychosis.

In summary, it can be argued that Davanloo's metapsychology proposes a unique contribution to the understanding of psychosis due to the focus on attachment and emotions without neglecting the role of unconscious conflict and fantasy. The next chapter will summarize and conclude the findings of this thesis.

Conclusion

In this last section, the findings of this thesis will be summarized and concluded. The aim of this research thesis has been to demonstrate how Davanloo's metapsychology of the unconscious can contribute to the current psychodynamic understanding of psychosis. Based on a review of psychodynamic writings on psychosis and Davanloo's metapsychology of the unconscious with its extension to psychosis, it has been hypothesized that Davanloo's metapsychology of the unconscious offers a unique contribution to the current psychodynamic understanding of psychosis by equally considering the role of unconscious conflict and providing an explicit theoretical account of the role of emotions in psychosis.

In order to explore this hypothesis, the role of attachment, emotions and unconscious conflict in Davanloo's metapsychology has been investigated. It has been established that Davanloo's metapsychology proposes a psychodynamic theory, which is in accordance with current findings in emotion and attachment research. It has then been demonstrated that attachment and emotions become specifically connected with unconscious conflict through Davanloo's use of the triangle of conflict, which places unconscious conflict linked to painful emotions about early attachment trauma at the core of the unconscious conflict. Finally, it has been demonstrated that unconscious fantasies are important in Davanloo's metapsychology as it is the guilt about rage and torturous and murderous fantasies towards primary caregivers, which can develop into a self-destructive drive, enacted as defenses, towards suffering and psychopathology. Therefore, following Davanloo's metapsychology, psychosis can be described as the result of traumatic interactions with primary caregivers, creating a conflict within the unconscious, which the psychotic person has not been provided with the structure to bear internally and creates self-destructive defenses. As such, the extension of Davanloo's metapsychology of the unconscious to psychosis offers an understanding of psychosis, which equally considers the role of unconscious conflict and provides an explicit theoretical account of the role of emotions in psychosis, which is in accordance with current research on attachment and emotions.

In order to understand how Davanloo's metapsychology of the unconscious can contribute to the current psychodynamic understanding of psychosis, the role of emotions and unconscious conflict in other psychodynamic theories on psychosis has been investigated. It has been found that these theories either focus on the role of unconscious conflict but without providing an explicit theoretical account of emotions, specifically focus on emotions but without separating emotions and anxiety, or place emotions and attachment at the core of their theoretical understanding but neglecting the role of unconscious conflict and fantasy.

It has been demonstrated that the psychodynamic theories, which focus on the role of unconscious conflict without providing an explicit theoretical account of psychosis, still provide important contributions to understanding of some aspects of anxiety and mixed emotions in psychosis, which support the argument of this thesis that unconscious conflict of mixed emotions towards primary caregivers are at the core of psychosis. However, in contrast to these theories, Davanloo's metapsychology offers not only an understanding of unconscious conflict, but provides also an explicit theoretical account of the role of emotions in psychosis, which is in line with current research on neurobiology and attachment. It can be argued that this allows for a more precise understanding of the role of emotions in psychosis as primary motivators for behaviours, as it has been demonstrated through Davanloo's use of the triangle of conflict.

Psychodynamic theories, which specifically focus on psychosis as a defense against emotions, also provide support for Davanloo's metapsychology. However, as these theories do not clearly separate emotions and anxiety it is demonstrated they do not provide a clear understanding of structural pathology in relation to unbearable emotions. Following Davanloo's metapsychology, it has been argued that it is important to separate anxiety from other feelings in order to help the psychotic patient build self-observing capacity and learn to think about feelings through isolation of affect. Therefore, by clearly separating anxiety and emotions, it has been demonstrated that Davanloo's metapsychology offers an important contribution to the understanding of psychosis.

Finally, it has been demonstrated that psychodynamic theories, which directly place emotions and attachment at the core of their theoretical understanding of psychosis, neglect the role of unconscious conflict and fantasy. It has been argued that attachment theory and infant research provide important contributions in terms of our knowledge of the psychological functions of infants, which furthermore provide direct support of Davanloo's metapsychology as they place emotions and attachment as the core motivational aspects of human behaviours. At the same time, it has been argued that this research neglects important aspects of psychic life, which concerns the role of unconscious fantasies due to unconscious conflicts. Through findings from infant research on the development of infant's early cognitive capacities to differentiate self from others, and the concept of *Nachträglichkeit*, it has been possible to argue for the existence of unconscious conflict and fantasy in the understanding of unconscious conflict in psychosis.

Specifically for psychosis, it has been demonstrated that the concept of mentalization describes deficits in reflective functioning, however, without providing sufficient dynamic explanations for these deficits. It has been argued that Davanloo's metapsychology of the unconscious accounts for the understanding of deficits in psychosis, which is described as structural pathology through the use of primitive defenses and anxiety discharged into cognitive perceptual disruptions in response to unconscious emotional activation, thereby affecting reflective functioning and the capacity for emotion regulation. Therefore, Davanloo's metapsychology of the unconscious provides an understanding of psychosis, which accounts for both deficits and unconscious conflict in psychosis, which suggests promising clinical possibilities in the treatment of psychosis.

In direct answer to the main research question, it has been found that Davanloo's metapsychology of the unconscious offers a unique contribution to the understanding of psychosis as it provides an explicit theoretical account of the role of emotions in psychosis, which is in accordance with current attachment and emotion research, without neglecting the role of unconscious conflict and fantasy.

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