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The importance of the detail complexity (symptoms) and dynamic complexity (emotional flexibility) for the description, diagnosis and therapy of mental disorders (shown by the example of phobic and schizoid personality disorders)

Abstract

A healthy mind has a very large repertoire of regulative structures and functions, patterns of action and behaviour at its disposal, all of which have a reciprocal and interactive relationship with one another and secure the equilibrium of the organism in the relationship with the environment; these include, for example, motivational, drive, emotional, thinking, value, behavioural and/or relationship patterns and structures. A healthy brain is equipped with a corresponding structural and functional potential of neurons, neuronal circuits and neuronal networks.

The abundance of regulative and mental structures and functions, active and "activate-able" neuronal networks guarantee healthy development. In contrast, a lack of regulative mental or psychological structures and the inability to activate the corresponding neurons, neuronal circuits and networks impairs the correlation between the organism and environment and causes developmental and mental disorders.

Owing to the abundance of regulative mental structures and functions it is (from the perspective of non-linear systems and neuropsychanalysis) necessary for the description, diagnosis and therapy of developmental and mental disorders to connect detail-complexity (symptoms) with dynamic-complexity (on the basis of emotional flexibility).

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Wstęp

1. Development from the Perspective of nonlinear systems and neuropsychanalysis

1.1. Basic Components of Development

From the perspective of neuropsychanalysis, the basic components of human development are the human organism (the body in the extended sense with its inner world: the self, the person), the environment (nature and culture), the mind (in the all-round functional

meaning of soul or psyche) and the brain as the organ of the mind [1].

The human organism cannot develop out of itself; it requires the material and social environment in order to secure its own survival and the survival of its species. The basic biological and social requirements of the organism, its need for food, warmth, movement, and organisation as well as its desire for affiliation, community, partnership, and reproduction drive the mind (soul, psyche) to search for and find satisfying answers and objects in the environment. The mind and brain — as its seat — have the task of communicating between the requirements of the organism and the environment, finding compromises which promote development and

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creating connecting (integrating) patterns of behaviour and action:

In a nutshell, the brain is connected to two “worlds”: the world *within* us, the internal milieu of the body; and the world *outside* us, the external environment. In a profound sense, *the principal task of the brain is to mediate this divide* — to mediate between the vital requirements of the internal milieu of the body (the vegetative functions) and the ever-changing world around us, which is the source of everything our bodies need [2].

Both the environment and the organism are composite entities (complex systems) [3] whose parts exist within a reciprocal and interacting relationship. Furthermore, through the permanent supply and removal of energy, substances and/or information, both the organism and the environment are maintained in a condition beyond equilibrium, i.e. they are permanently open to change (open systems) [4]. Regulative structures and functions, patterns of action and behaviour for structuring the correlation between the environment and organism must be in line with the laws of complex, open systems; i.e. they must be flexible and variable and take into account the correlations or interactions between the elements of the environment and the organism.

1.2. Linear and nonlinear system concepts as a basis for the description, analysis and structuring of development processes

More or less conscious or unconscious, considered or unconsidered, the description, analysis, structuring of development concepts are based on **concepts of complex, closed systems with linear dynamics** or on **concepts of open systems with non-linear dynamics**. The conservative-structural, behaviouristic-conditioning and humanistic-liberal development concept [1] is based on the concept of complex closed systems with linear dynamics; in contrast, the dialectic-critical-integrative development concept [1], is founded on the concept of complex, open systems with non-linear dynamics. Owing to the complexity and openness of the environment and organism, the *concept of complex, closed systems with linear dynamics* is not suitable for describing, investigating, analysing or structuring their correlations. Linear dynamics is indeed characterised by stable and lasting cause-and-effect relationships (if a, then b, then c...); structures and functions of the whole and the elements, as well as regulative structures, patterns of action and behaviour for regulating the relationships between the whole and the elements remain constant. Developments can therefore be reliably predicted, calculated and planned in full.

The concept of the linear dynamics of complex closed systems goes back to the research of the physicist and mathematician Isaac Newton; his research results induced the astronomer and mathematician Pierre Simon de Laplace to believe in the full calculability of nature; he and his contemporaries saw the world as clockwork whose processes can be researched individually, reduced to certain laws and subsequently generalised (reductionism) [5].

Hermann Haken and Günther Schiepek criticise the application of the concept of complex, closed systems with linear dynamics on the correlation between environment and organism in psychology and psychotherapy:

“The general model of psychological methodology, as well as the premises of superpositionability (adapt-ability, subtract-ability, linear combinability of the effects...), experimental variability and strong causality corresponds to the world view of classical mechanics. However, this issue is rarely addressed and is also inconspicuous, as this model is “beyond suspicion” due to its proximity to our perception of our everyday world, i.e. it largely corresponds to our naive everyday theories. This mechanical physicalism also dominates psychotherapy research without being criticised or “deconstructed” as such” (see [4] p. 270).

As an alternative to the concept of complex closed systems with linear dynamics, Hermann Haken and Günther Schiepek favour synergetic (*the science of complex self-organising systems; the theory of the correlation and interaction of forces*) the **concept of complex, open systems with non-linear dynamics** to describe and explain the relationships between the organism and the environment:

“Situations and changes to our environment have a permanent effect on us, possessing a special invitation character and creating approach and avoidance gradients (cf. the conception of the psychological field according to Lewin, 1951, 1963). We live in a vector gradient field, which is not however specified one-sided by the environment, but which we co-create through our perception, needs and emotions. This expresses what Kurt Lewin meant with his formula $V = f(P, U)$: behaviour is a function of the person and his or her environment — an environment as it exists in the perception and experience of this same person” (see [4] p 247).

According to Hermann Haken and Günther Schiepek, the complexity and openness of the environment and organism corresponds to the *concept of complex open systems with non-linear dynamics* for the investigation, analysis and structuring of their interrelationships.

Characteristic of the non-linear dynamics of this concept are the time and situation-dependent, variable

cause-and-effect relationships. Processes within the organism, in the environment and their relationships are not constant. Responses to input signals and stimuli are not always constant. Structures and functions in the shaping of the correlations between the environment and organism do not have the same effect; the calculability and predictability of the environment-organism relationships is therefore limited; future results can only be predicted as possibilities and probabilities.

2. The description and diagnosis of development and personality disorders as well as mental illnesses from the perspective of linear and non-linear systems

2.1. The importance of detailed complexity for describing and diagnosing mental disorders

Typical for describing and diagnosing the mental disorders — from the perspective of linear systems of detail-complexity — is therefore the description of the symptoms. The files, which describe the details in the assessment (diagnosis) of mental disorders, are listed as typical behavioural characteristics and patterns. In the case of order parameters that relate to details, typical behavioural characteristics and patterns are listed, e.g. in the assessment (diagnosis) of personality structures and disorders, as well as mental illnesses. The assessment, i.e. the allocation to a specific disorder, is then made dependent on a certain sum total of existing behavioural characteristics, e.g. according to DSM IV, five out of nine pattern of instability are required for the assignment to borderline personality disorder [6] (an extreme linear simplification) [1]; in this procedure the correlations between the behavioural characteristics and the motivational, emotional, cognitive, ethical and social structures are ignored.

Typical for describing and diagnosing the development and personality disorders — from the perspective of non-linear systems — is to take account of the dynamic-complexity, therefore the description of the elements, mechanisms and processes in the correlation between the environment and organism in the assessment (diagnosis) of mental disorders including: drives, feelings, thoughts, values as well as relationship patterns, patterns of action and behavior.

No element, no mechanism, and no part of the process is of minor significance or superfluous for the flexible, non-linear shaping of the interrelationships between the environment and organism. Situationally, every element, every mechanism and every part of the process can be primary and become secondary in the shaping of an correlation between the environment and organ-

ism which is conducive to development. The feelings determine the thoughts — and vice versa the thoughts the feelings — the drives determine the values, and the values determine the drives etc. The alternating circular (circular causal) influence of the elements and activity of the mechanisms guarantee the development of flexible drive, feeling, thought, value, relationship patterns, patterns of action and behaviour, which are conducive to development.

The essential aspect for the maintenance of the flexible influence of the elements and the activity of the mechanisms, i.e. for the flexibility of the mind and the plasticity of the brain in shaping permanently changing organism-object relationships is the introspective, exteroceptive, evaluative, activating and motivating function of the emotions, feelings, and affects. This function is guaranteed by the oscillations between positive and negative primary feelings (aggressiveness feelings, feelings of pain, feelings of closeness, feelings of pleasure) and secondary feelings (feelings of inferiority, feelings of powerlessness, feelings of dependency, feelings of self-esteem, feelings of independence, social feelings). In the terminology of Melanie Klein, it is called reaching the “depressive position” and in the understanding of Bion through the ability to oscillate from the “paranoid-schizoid to the depressive position” (see [1] p 125).

The flexible activity of the mind and the plasticity of the brain in shaping the non-linear, dynamic correlation between the organism and environment are guaranteed by the oscillations between unpleasant and pleasant feelings. Due to their flexibilising function, the emotions, feelings, affects, and their types and strengths, characterize the mental processes and provide a “fingerprint of the personality” (e.g. Penner et. al., see [4] p. 247). The negative and positive, primary and secondary emotions, feelings, affects are therefore the focus of the description of disturbed developmental processes, i.e. personality disorders and mental illnesses.

2.2. The emotional flexibility essential criterion of the dynamic complexity

The conducive circular influence of all elements, mechanisms, part-systems and processes of the non-linear dynamic model of healthy development processes on the shaping of organism-object relationships, on the selection of relationship, action and behaviour patterns is secured by the non-linear properties and functions of the positive and negative, primary and secondary emotions, feelings and affects, in particular through:

— The differentiation of the types and strengths of the positive and negative, primary and secondary emotions, feelings, affects.

- Emotional flexibility, i.e. through the mixture of feelings, through the activity and activate-ability (stand-by position) of all positive and negative, primary and secondary types and strengths of feeling, as well as through the oscillations in the individual types and strengths of primary and secondary feelings and between the types and strengths of primary and secondary feelings.
- The cathexis of the perception of signals from the environment and from the organism, of the drive, feeling, thinking, value, relationship, action, behaviour patterns with nonlinear evaluations (i. e. with “probably positive” and “probably negative” primary and secondary emotions, feelings and affects) and the non-linear, circular relationships that are possible as a result between the drive, feeling, thinking, value, relationship, action, and behaviour patterns.
- The flexible affect patterns of the attachment figures and groups, of the social, cultural and religious institutions, i.e. affect patterns which integrate positive and negative, primary and secondary types and strengths of feelings and promote the oscillations in the individual types of feelings and between the types of feelings.
- The possibility or capability — owing to the ambivalence of feelings — of becoming aware of the unconscious connection between current and previous relationship experiences, i.e. the unconscious transferences, and of recognising and feeling the unconscious parallels of the affect patterns and affective inhibitions in the relationships with previous and current attachment figures of both sexes.

The stated properties, functions of the emotions, feelings and affects are fundamental conditions of emotional flexibility and basic criteria for emotional intelligence (EQ) and social intelligence (SQ).

2.3. Basic mental disorders from the perspective of emotional flexibility

Oriented on the fundamental conditions of emotional flexibility and the basic criteria of emotional and social intelligence, the disturbances in the development of optimum relationship, action and behaviour patterns for shaping the organism-object relationships can be divided into the following disorders in the basic emotional dynamics or into basic emotional disturbances:

1. Intermittent and partial disturbances in the flexible activity of the elements, mechanisms, part-systems and processes for shaping the organism-object relationships, i.e. the drive, feeling, thinking, value, relationship, action and behaviour patterns by suppressing and repressing certain determinable

positive and negative, primary and secondary types of feelings and/or strengths of feelings.

2. Loss of the flexible activity of the positive and negative, primary and secondary feelings and therefore the flexible activity of the elements, mechanisms, part-systems and part-processes for shaping the organism-object relationships, i.e. the drive, feeling, thinking, value, relationship, action and behaviour patterns through traumatic experiences, i.e. through extremely strong unpleasant stimuli from the environment and/or inner world, without the possibility of being able to cope with them and without protection or support from attachment figures.
3. Loss of the flexible activity of the positive and negative, primary and secondary feelings and therefore the flexible activity of the elements, mechanisms, part-systems and part-processes for shaping the organism-object relationships, i.e. the drive, feeling, thinking, value, relationship, action and behaviour patterns through the avoidance of and defence against frustrating, painful experiences and through unconditional striving for pleasure and an increase in pleasure (living according to the pleasure principle and defence against the reality principle).

The **first group of basic mental disorders** corresponds to the concept of “**neurosis**” of Sigmund Freud and the concept of the “depressive position” of Melanie Klein, which is the critical point of separation between neurosis and psychosis [7]. The characteristic aspect of neurosis and the “depressive position” is the ambivalence of feelings, the possible circular causal activity or activate-ability of ambivalent emotions, feelings and affects, i.e. of the primary and secondary, positive and negative types and strengths of feelings in the subject-object relationship [8, 9].

However, the activity or activate-ability of ambivalent feelings can be inhibited in a certain type of feeling or in certain types of feelings and in terms of their strength. Certain determinable needs, drives, drive-related wishes, which are triggered by external and/or internal stimuli and the associated feelings are suppressed due to current and remembered, conscious and unconscious experiences in the organism-object relationship (i.e. felt, but not expressed) or they are repressed (i.e. not felt, are unconscious, but capable of being called into the conscious mind).

Suppression and repression, the associated conscious and unconscious affect patterns and inhibitions, lead to substitute or symptom formations which encumber the shaping of a conducive correlation between the environment and organism, restrict the ability of the

individual to act to a greater or lesser extent and reduce the relationship to reality. Despite the existing restriction, the ego or the individual remains capable of acting. Moreover, the contact with the suppressed or repressed ambivalent feelings and affects can be restored, the emotional flexibility reactivated.

The disorders in this group differ from one another in terms of the type and strength of the suppressed or repressed needs, drives, drive-related wishes and the corresponding emotions, feelings and affects, i.e. in the type of the affect patterns and in the strength of the affective inhibitions.

The disorders in this group of the basic neurotic disorders are covered by the remarks on the influence of problematic but manageable external and internal stimuli from the genetic, epigenetic and neuronal perspective.

Neurosis is not relevant as a basic disorder for diagnostics, the promotion of development or therapy if the ambivalence of feelings is not seen or accepted as an important element in the shaping of the correlation between the environment and the organism, in the relationship with oneself, with the attachment figures and attachment groups. This applies to "conservative-structural" development concepts, to "behaviouristic-conditioning" development concepts and "humanistic-liberal" development concepts. With the increasing influence of the "behaviouristic-conditioning" and "humanistic-liberal" oriented development concepts in particular, the dynamic neurosis concept of Freud and Melanie Klein, and therefore the psychodynamic distinction between neurosis and psychosis, between primary and secondary narcissism, lost its meaning. This relationship and development is described and confirmed in the introduction to DSM-III: "At the present time, however, there is no consensus in our field as to how to define "neurosis." Some clinicians limit the term to its descriptive meaning whereas others also include the concept of a specific etiological process. To avoid ambiguity, the term *neurotic disorder* should be used only descriptively. This is consistent with the use of this term in ICD-9(ICD-10, F40-48). — The term *neurotic process*, on the other hand, should be used when the clinician wishes to indicate the concept of a specific etiological process involving the following sequence: unconscious conflicts between opposing wishes or between opposing wishes or between wishes and prohibitions, which causes unconscious perception of anticipated danger or dysphoria, which leads to use of defence mechanisms that result in either symptoms, personality disturbance, or both [...].

Although many psychodynamically-oriented clinicians believe that the neurotic process always plays a central role in the development of neurotic disorders, there are

other theories about how these disorders develop. For example, there are social learning, cognitive, behavioral, and biological models that attempt to explain the development of various neurotic disorders.

Thus, the term *neurotic disorder* is used in DSM-III without any implication of a special etiological process. Neurotic disorder, defined descriptively, is roughly equivalent to the psychoanalytic concept of "symptom neurosis." (This is distinguished from "character neurosis" which is roughly equivalent to the DSM-III concept of Personality Disorder. According to modern psychoanalytic theory, the neurotic process is involved in the development of both symptom neuroses and character neuroses)" [10]. In the index of DSM-IV-TR (even in the germane version of DSM V) the terms "neurosis" and "neurotic disorder" are no longer listed. By contrast, in DSM II under the term "neurosis" and in DSM III under the term "neurotic disorder" [11] the specific neurotic disorders (hysteria, phobia, obsessive-compulsive disorder, depressive neurosis) are still described in terms of their symptoms (detail-complexity).

With the increasing distance from the ambivalent dynamics of neurosis of Sigmund Freud and Melanie Klein, the description of mental disorders also becomes lost in the detail complexity. New combinations of symptoms or syndromes develop, e.g. dependent personality, avoidant-insecure personality, ADS, ADHD, and burn-out syndrome. In addition, those syndromes previously described are assigned to different disorder groups; for example, the "simple phobia", "social phobia" and "agoraphobia" are no longer assigned to the neurotic disorders, but to the anxiety disorders. The notion of "losing oneself in detail complexity" is reinforced by the concept of quality management and the certification processes in psychiatric, psychosocial and educational institutions.

On the basis of the results of brain research and the research into the dynamics of non-linear systems, which confirm the ambivalent dynamics of Sigmund Freud and Melanie Klein, it is important to take up their concepts, i.e. the dialectical-critical-integrative development concepts within the meaning of the term "neurotic process" used in DSM-III, and integrate or reintegrate them into the detail-complexity that has been developed. With the integration of the dynamic complexity of these concepts, the distinction between the types of neuroses and the demarcation of the basic emotional disorders becomes more precise and the practical relevance of the diagnoses, of the corresponding development and therapy concepts secured.

The **second group of basic mental disorders** corresponds to Sigmund Freud's concept of "**psychosis**"

and the concept of the “paranoid-schizoid position” of Melanie Klein and Wilfred Bion. Typical aspects of the psychosis and the paranoid-schizoid position are the loss of the ambivalence of feelings and the dominance of negative feelings [12, 16] As a result of traumas (with the lack of processing opportunities and the absence of “attachment figures offering emotional security”) the organism-object relationship is unilaterally characterised by fears and pain, by helplessness, despair and panic. Strong forms of defence are developed to protect against destabilisation and decompensation. The forms of defence induce disengagement from the objects that the ego or the individual in the “depressive position” is not able to accomplish [15].

Owing to the lack of ambivalence — i.e. the lack of cathexis of the environment and the experiences with the environment stored in the memory with both negative **and** positive feelings — the individual or the ego does not seek protection in the external world, not the comforting closeness of attachment figures and groups. In order to cope with the traumatic pain, the negative feelings are split off and/or projected to objects in the environment [11]. The important factor for Sigmund Freud for the psychosis or the “paranoid-schizoid position” — which Melanie Klein also calls the “psychotic position” [13] — is not only the loss of the ambivalence of feelings, but also the disturbance to the relationship with the external world:

“In the work I have mentioned I described the numerous dependent relationships of the ego, its intermediate position between the external world and the id and its efforts to humor all its masters at once. In connection with a train of thought raised in other quarters, which was concerned with the origin and prevention of the psychoses, a simple formula has now occurred to me which deals with what is perhaps the most important genetic difference between a neurosis and a psychosis: neurosis is the result of a conflict between the ego and its id, whereas psychosis is the analogous outcome of a similar disturbance in the relations between the ego and the external world” [14].

The lack of ambivalence and the disturbances in the relationship with the external world result in the loss of argumentation with the reality, in the loss of relationship to reality and reality control. The flexible influence of the elements and the activity of growth-promoting mechanisms in the non-linear dynamic model of healthy development processes are prevented. The part-processes and the overall process are determined linearly by strong defence mechanisms that cannot be influenced. The disturbances in this basic group have the same fundamental problem. The basic mood is very negative

as a result of the traumas. The individual or the ego requires his or her entire energy in order to ward off the basic negative mood. The basic negative mood and its defence prevent the appropriate processing of external and internal stimuli. The individual or the ego is very limited in its ability to perform the integrative function in the shaping of the correlation between the environment and organism, if it is able to perform it at all.

Basic negative moods triggered by traumas are typical of all psychoses, which differ from one another in the type of defence of the basic moods induced by traumas. The **third group of basic mental disorders** corresponds to the concept of “primary narcissism [15] of Sigmund Freud and the concept of “**sociopathy or psychopathy**” [16] of Hervey Cleckley.

The primary self and object relationships are determined by the pleasure principle, not by the reality principle. The contradictions, contrasts, ambivalences between the needs of the individual and the expectations, requirements, demands of the environment are ignored. The competition between the self-related drives (ego drive, self-preservation drive, desire for freedom, striving for esteem and power, desire for possessions, sex drive...) and object-related drives (social drive, quest for community, quest for security and protection, desire for justice, striving for harmony, desire for attachment and love drive...) is denied. The self- and object-related drives are segregated (see [1] pp 144–148) in favour of the self-related drives. The self-related needs, self-drive-related wishes, dominate relationship, action and behaviour patterns. With respect to the self-related drives, the object-related drives have only a serving (seconding) function; in fact they are — according to Hermann Roskamp — only “special forms of self-love” [17]. The primary narcissistic type loves: a) what he himself is (individuals who have the same character traits as themselves); b) what he himself was (e.g. the father the son, insofar as he has the character traits of the father and reflects his childhood); c) what one would like to be (an individual who embodies one’s own ego ideal); d) an individual who is part of one’s own self (the child through whom parents reproduce and from whom they hope to achieve the realisation of the aims which they were themselves denied) [18].

A distinction has to be made between sociopathy or psychopathy with primary narcissistic- object cathexes or relationships and sociopathies or psychopathies with secondary narcissistic object relationships. According to Freud, owing to severe insults and traumatic injuries the object cathexes are taken back in secondary narcissism and the object relationships abandoned. The object loss is associated with a loss of ego [18]. This means that in secondary narcissism according to Freud or in the

pathological, malignant narcissism in the terminology of Kernberg, the object love is not replaced by self-love: “In pathological narcissism — the most severe type of narcissism — “the usual connection of the self with the object has largely been lost and replaced by the grandiose self-self-connection that is behind its fragile object relationships — a pathological development which indeed represents a severe pathology of the object relationships, the loss of the cathexis of a normal cell structure and of the capacity for normal object relationships. The narcissistic personality has not replaced object love by self-love, but — as Van der Waals (1965) was the first to point out — it is evidence of a combination of pathological love for the self and for others” [18].

In sociopathies and psychopathies with secondary narcissistic self- and object-cathexes, anti-social or dissocial symptoms develop on the basis of traumatic experiences and the corresponding split-off, dissociated, repressed or projected self- and object representations. For this reason, in sociopathy or psychopathy with secondary narcissistic self- and object relationships, the anti-social or dissocial symptoms develop on the basis of fear, despair and panic. From the perspective of emotional flexibility, they do not belong to the sociopathy or psychopathy with primary narcissistic self- and object cathexes which develop anti-social or dissocial symptoms on the basis of enjoyment, pleasure, and self-love. This last group avoids its own grief, but causes grief in its surroundings, among the attachment figures and groups; because it is the others (socius — the companion) who have the grief (pathos), the designation “sociopathy” is more appropriate for this group than the term psychopathy. In contrast, sociopaths or psychopaths with secondary narcissistic object-cathexes have grief (pathos) in their own psyche, so that for them the term “psychopathy” is more appropriate. Owing to the original meanings of these words, the term sociopathy is used below; not least because sociopaths are successfully able to escape from any responsibility by simulating past traumas (psycho-pathos).

3. The importance of the connection of detailed complexity and dynamic complexity and the construct of the basic emotional disorders for the description and therapy of mental disorders

The connection of detailed complexity with dynamic complexity in the process of reducing complexity guarantees — in combination with the theoretical construct of basic emotional disturbances — a relationship to reality that is as ideal as possible: in the distinguishing appraisals or assessments (diagnoses) of individuals, in the design of change, development and therapy concepts.

The connection of detail-complexity and dynamic-complexity achieves a systemic leveraging effect, i.e. regulative structures and functions are identified, created or activated which induce clear long-term, stabilising changes. In accordance with the lever principle, diagnoses and concepts for changing symptoms (detailed-complexity) are only effective if the basic emotional disturbances (dynamic complexity) are taken into consideration. In the example of the anti-social or dissocial forms of behaviour/ /symptoms described above, this means: only if it has been clarified on which basic disturbance the symptoms have developed, do the diagnoses support the selection of adequate development concepts and appropriate specific measures to change the correlations between the environment and organism.

The connection of detail-complexity with dynamic-complexity, the linking of the symptoms to the basic emotional disturbances, also allows a reality-related, more practically relevant distinction between mental disorders and the systematic classification and description of mental disorders (nosology). Owing to the leveraging effect of the dynamic complexity, the diagnosis of a specific mental disorder and classification in a group of mental disorders is not oriented primarily on certain symptoms, groups of symptoms or symptom combinations, nor on the strength or the appropriate number of symptoms. Owing to the influence of dynamic-complexity, the diagnoses of mental disorders, the classification in a specific group of mental disorders and the grouping of mental disorders are aligned to the disturbances in the emotional basis (especially emotional flexibility) and the associated disturbances in the object cathexes or relationships. From the perspective of dynamic complexity — and in accordance with the basic emotional disturbances — the mental disorders are divided up into the groups: neurotic disorders, psychotic disorders, and sociopathic disorders.

Through the connection of detail-complexity and dynamic-complexity, and the strong influence of dynamic complexity, basic emotional dynamics or basic disturbances, the boundaries within the groups of disorders and between the groups of disorders are dynamic, fluent. Strong current and/or remembered signals from the environment and/or the organism change the order parameters and functions of dynamic complexity; the activity of strong emotions, feelings, and affects induces a change in detail-complexity, a reinforcement of or change to the symptoms. As a result of very negative current and remembered signals and the triggered negative emotions, feelings, and affects (fears, despair, panic), this may result in the short, medium or long term — or forever — in regression from the depressive

to the paranoid-schizoid position or from the neurotic to the psychotic reaction and disorders [16] (especially in the case of reactive psychosis). In a similar manner, oscillation from the paranoid-schizoid to the depressive position, i.e. from the psychosis to the neurosis, is also possible (especially in the case of reactive psychosis) [19]. Moreover, strong positive feelings (joy, pleasure, euphoria) can result in the development of regression from a neurotic disorder to a sociopathic disorder that is associated with the sustained, shameless injury of attachment figures. Finally, it is possible that in the case of a disturbance at the neurotic level with increasing negative stimuli, a further neurotic reaction can develop; for example, a phobic disorder may be associated with compulsive reactions, or a hysterical disorder with depressive reactions; a “mixed neurosis” develops. In precisely the same manner, the sustained reinforcement of fears in the case of psychotic disturbances can lead to the formation of a further psychotic reaction, so that for example a schizoid disorder can reflexively result in the development of a strong paranoid reaction [11], or an affective psychosis can develop into a schizoaffective psychosis, i.e. a “mixed psychosis”.

With the connection of the detailed-complexity and dynamic complexity, i.e. the link between the symptoms and the basic emotional disturbances, the apparently clear boundaries between normal and disturbed, healthy and unhealthy also become blurred. The symptoms, symptom combinations, symptom lists and diagnostic criteria of personality disorders in ICD-10 F60-69 and in DSM IV TR 301.0-301.6, p 385 ff give the impression of a clear boundary, not only between normal or healthy personalities and personality disorders, but also between personality disorders (axis II, DSM-IV TR, p. 19) and clinical disturbances (axis I; DSM IV TR, p. 18).

From the perspective of dynamic complexity, (*i.e. specifically, the emotional flexibility, the ambivalent dynamics between positive and negative, primary and secondary feelings, the circular dynamics between the elements, mechanisms, part-systems and processes secured by cathexis with ambivalent feelings*) there are many personalities among the so-called normal or healthy with disturbed drive, feeling, thinking, value, relationship, action and behaviour patterns. The disturbances are frequently concealed behind less conspicuous, bland defensive behaviours (e.g. “social masks” of sociopathy) and/or collectively accepted or collective forms of defence: e.g. the repression of negative and positive emotions, feelings, and affects (particularly of feelings of pleasure and aggression) through the complete orientation on the conservative-structural (often religious oriented) image of humanity (see [1] pp 9–14) or the neglect and disregard

of emotion, feelings and affects through behaviouristic-conditioning image of humanity (see [1] pp 15–22) and last not least the suppression of negative emotions, feelings and affects in relationships (especially feelings of aggression, pain, anxiety, guilt) through orientation on the collectively accepted humanistic-liberal image of humanity (see [1] pp 23–38).

All forms of defence — particularly the rather subtle, bland and collectively accepted — which conceal the disturbances in the dynamic-complexity, in the basic emotional dynamic — and distract from them — frequently lead very suddenly in the case of long-term defence, suppression or repression and in the case of currently sustained severe stress, i.e. strong external and internal stimuli, to major changes in the detail-complexity; symptoms and symptom combinations develop which form part of the personality disorders in DSM-IV-TR on axis II and/or the clinical disorders on axis I.

Without the connection of the detail-complexity and dynamic-complexity, without the back-reference of the symptoms to the emotional basis and the disturbances in the emotional basis, the symptoms, symptom combinations and groups lose their relationship to reality, their diagnostic value; the disorders are trivialised, recognised too late or not at all. The back-reference of the different disorders to the disturbances in the emotional basis promotes the relationship to reality and practice; at the same time it ensures the reference to the complexity of the disorders. Specifically, this means: with the same symptoms, differences are possible in the disturbance to the emotional basis; it is therefore possible that e.g. anti-social or dissocial symptoms have developed on the basis of a neurotic, psychotic or sociopathic basis.

Through the necessary combination of detailed complexity and dynamic complexity in the description or assignment of the disturbances, through the fluid boundaries between the disturbances or groups of disturbances and through the hypothetical character of the diagnoses or their assignment to certain groups of disturbances, the designations developed and defined only at the level of the detailed complexity are problematic for the disturbances in the subject-object relationships. This applies in particular to the term “personality disorder” and its connection to certain types of disturbance, for example in DSM-IV-TR the paranoid, schizoid, schizotypal, anti-social, borderline, histrionic, narcissistic, avoidant/self-doubting, dependent, compulsive personality disorder. The symptoms and symptom combinations assigned to the different types of personality disorders are defined linearly, firmly outlined and incontrovertibly (apodictically) in DSM-IV-TR and in ICD-10; as a result, the term “personality disorder” loses — at least in the

clinical field — its possible dynamic meaning [20] and is abstracted from the dynamic complexity.

In order to avoid misunderstandings, in the following description of the disturbances and groups of disturbances, the term personality disorder is combined with the term personality structure; in this combination the term personality structure refers both to the detailed complexity (symptoms) and to the dynamic complexity (emotional dynamic). In addition, the terms personality type and personality typology are used in order to emphasise the theoretical character of the descriptions of mental disorders (axis I DS-IV-TR, p. 18), but also in particular to incorporate the “assumed normal individuals” in the description of disorders and groups of disorders.

As examples of the important connection between the detail-complexity, the dynamic-complexity and the construct of basic disorders for diagnosis and therapy following the description of the phobic personality type from the group of neurotic personality structures and disorders as well as the schizoid personality type from the group of psychotic personality structures and disorders (Further descriptions of neurotic, psychotic and sociopathic disorders see [1] pp 171–344).

4. The detail-complexity and the dynamic-complexity of the phobic personality type

“Phob” a word formation element meaning “having a fear of something and an aversion to something” [21] has Greek origins; in Greek mythology, Phobos (fear) — besides Eris (conflict) and Deimos (terror) — is the son and companion of the war god Ares. In Germanic and Indogermanic etymology, fear has the meaning of “a feeling of oppression” (Middle High German: vorhtebaere, terrible, fear, triggering a feeling of oppression) [25]. The term “anxiety”, whose etymology is not related, but whose meaning certainly is, has in its etymology (Old High German: “angust” in the sense of tightness, Latin: “angustus” modern German “eng”) the meaning of “physical and emotional constriction, oppression” [25]. The cause of the fear or anxiety, of the sense of constriction or tightness is external and/or internal dangers. Fear and anxiety on a neurotic basis, i.e. phobic neuroses and the phobic personality type with neurotic personality traits and disturbances, are — from the perspective of dynamic complexity — primarily a reaction to inner dangers and secondarily a response to external dangers. The internal danger emanates from a conflict between sub-cognitive and cognitive self-related and object-related specific drives, in the words of Freud from the “dispute within the economics of the libido”, from the competition between ego drives and object drives. The inner danger is amplified and the conflict between self-

-related and object-related drives intensified because the phobic personality is not able as a result of the inhibition of feelings of aggression and/or belligerence to impose his or her drive-related wish or find a compromise for his or her drives by means of argumentation with the attachment figures or groups; he or she develops a fear of his or her drive-related wish and represses it. Sigmund Freud describes this process of repression under the influence of fear:

“In the course on this we have learnt two new things: first, that anxiety makes repression and not, as we used to think, the other way round, and [secondly] that the instinctual (‘triebhaft’) situation which is feared goes back ultimately to an external situation of danger. The next question will be: how do we now picture the process of a repression under the influence of anxiety? The answer will, I think, be as follows. The ego notices that the satisfaction of an emerging instinctual (‘triebhaft’) demand would conjure up one of the well-remembered situations of danger. This instinctual (‘triebhaft’) cathexis must therefore be somehow suppressed, stopped, and made powerless. We know that the ego succeeds in this task if it is strong and has drawn the instinctual (‘triebhaft’) impulse concerned into its organization. But what happens in the case of repression is that the instinctual (‘triebhaft’) impulse still belongs to the id and that the ego feels weak. The ego helps itself by a technique which is at bottom identical with normal thinking. Thinking is an experimental action carried out with small amounts of energy, in the same way as a general shifts small figures about on a map before setting his large bodies of troops in motion. Thus the ego anticipates the satisfaction of the questionable instinctual (‘triebhaft’) impulse and permits it to bring about the reproduction of the unpleasurable feelings at the beginning of the feared situation of danger. With this the automatism of the pleasure-unpleasure principle is brought into operation and now carries out the repression of the dangerous instinctual (triebhaft) impulse” [22].

The fear of the ego of a self-related need, drive, drive-related wish and the perceived readiness to fight for the fulfilment of the need, drive and drive-wish (i.e. of the individual’s own aggressiveness) is replaced by the fear of the aggression of the object (the attachment figure or figures and attachment groups) [23]. The repressed fear of internal danger is transferred to an external danger, with the neurotic anxiety seemingly becoming a real fear. Through this transfer the fear is not overcome — on the contrary, the repressed fear that is not overcome weakens the ego and reinforces the fear of the current object, of the attachment figure or attachment figures. The increased anxiety leads to functional impairment, inhibition, avoidance and adaptation.

Table 1. Typical characteristics of the phobic personality type

Accessible	Attentive	Engaging	Helpful
Reliable	Fair	Compassionate	Compensatory
Placatory	Harmonising	Careful	Reserved
Frugal	Modest	Tentative	Avoidant
Undecided	Evasive	Conflictaverse	Inhibited
Unsure	Anxious	Vulnerable	Dependent

The development of the phobic reaction (*of the fear of the drive-related demand and of the willingness to commit an act of aggression triggered by the drive-related demand, or even the transfer of the fear to an object and functional impairment, inhibition, avoidance and adaptation*) is ultimately dependent on the affect regulation, on the affect patterns and affective inhibition, especially on the inhibition of the defensive and aggressive feelings and their crescendos or arousals. In the phobic personality type, the affective inhibitions interfere with the argumentation about the individual's self-related needs, drive-related wishes, specific drives and the resolution of the conflict between the self- and object-related drive-related demands in shaping the relationship with people, things and tasks (see [1] pp144–148).

From the perspective of the dynamic complexity of phobic reactions it becomes clear that they are an everyday problem and can become pathologically derailed at any time. As the following description of the affect patterns and inhibitions of the phobic personality type shows, it is strongly represented in different forms and manifestations in our society from the perspective of emotional dynamics and dynamic complexity among both sexes, among adults, adolescents and children.

5. Affect regulation, patterns and inhibitions of the phobic personality type

The type of affect regulation, affect patterns, particularly the affective inhibitions of personalities with phobic features and combinations of features which are stable over time and distinguishable from others, cannot be detected directly; they have to be derived from the behaviour. A helpful means for deciphering the affect patterns and inhibitions is therefore the **typical characteristics of the phobic personality type** [24] (Table 1).

In accordance with the characteristics, among the primary emotions, feelings and affects [29] the feelings of contact and closeness, the feelings of pleasure and joy,

the feelings of unpleasure and pain are more apparent, experience-able, admitted, or at least partly visible, experience-able, admitted; feelings which are only partly visible, experience-able, admitted, are the moderate aggressive and defensive feelings, which ward off feelings of unpleasure and pain; in contrast, the feelings that are not admitted are the strong aggressive and defensive feelings (anger, rage, hatred), which protect against strong feelings of unpleasure and pain. Feelings that are only partly admitted among the feelings of contact and closeness are the stronger feelings requiring strength (shared pain, comfort, stability, loyalty, love); similarly, among the feelings of pleasure and joy, the feelings which signal strength are only partly visible, experience-able, admitted (vivacity, enthusiasm, zest, happiness, high spirits, euphoria, satisfaction, balance, unselfconsciousness). Even stronger feelings of pain (offence, injury, sorrow, mourning, pain, painful crying) are only likely to be partly admitted, visible, and experience-able; out of fear of not being understood and attacked, the phobic personality type evades stronger feelings of pain; he or she protects himself/herself by striving for harmony, quick compromises and adaptation and the avoidance of possible attacks, injuries and pain. Instead of crying and allowing himself/herself to be comforted and relax, the phobic personality type reinforces the fear; the fear becomes the covering affect for his or her aggressions and pain.

The active and/or activate-able and suppressed and/or repressed primary emotions, feelings, and affects influence the activity and/or activate-ability and the suppression or repression of the self-related and object-related secondary emotions, feelings, and affects.

Feelings that tend to be admitted, visible, and experience-able among the secondary feelings owing to the fear and the high protection requirements are the social feelings; the phobic personality type subordinates his or her own needs and interests and maintains the

relationships with the attachment figures and groups; he or she worries about the cohesion (sociability, sense of community, attachment, gratitude, humility, sense of duty and justice) and becomes active, and the sense of togetherness is violated (shame, guilt, regret, reparation, reconciliation). In contrast to the social feelings, the anti-social feelings are scarcely or not admitted, visible, and experience-able. For as long as the phobic personality type feels the protection and support of his or her attachment figures and groups against his or her fear, he or she develops feelings of power and self-esteem (these tend to be partly admitted, visible, and experience-able). The feelings of powerlessness and inferiority tend to be active at times and partly admitted, visible, and experience-able, only when the protection of the attachment figures and attachment groups is not assured. Finally, owing to the fear of the repressed self- and drive-related demands and the fear of the individual's own aggression, and as a result of the transfer of the fear to real objects and the functional impairment or avoidance, the feelings of independence are scarcely or not admitted, visible, and experience-able, while the feelings of dependence — at least on closer examination of the relationships (coalitions and cliques) and the behaviour in attachment groups — tend to be clearly admitted, visible and experience-able. The primary and secondary affective patterns and inhibitions influence and characterize the phobic reactions or symptoms. The type and strength of the phobic reactions or symptoms depends, on the one hand, on the intensity of the current and remembered neurotic conflicts and neurotic fears, i.e. on the fear of the suppressed and repressed needs, drives and drive-related wishes, as well as on the fear of the individual's own suppressed and repressed feelings, especially the defensive and aggressive feelings, but also the feelings of pain. From the perspective of the dynamic complexity of phobic reactions (fear of repressed drive-related wishes and a fear of one's own aggression and pain, the transfer of the fear to a real object and functional impairment, avoidance or adaptation), it is possible to differentiate anxiety syndromes on a neurotic basis in their detailed complexity and/or symptoms according to syndromes with manifest fears and syndromes with latent fears.

Disorders with manifest fears include "agoraphobia" (ICD-F40.0; DSM-IV-TR, 300.01), the "specific and/or simple phobia" (ICD 10 F40.2; DSM-IV-TR, 300.29) and "social phobia" (ICD-10 F40.1; DSM-IV-TR, 300.23), while the disorders with latent fears include "Anxious (avoidant) personality disorder" and "Avoidant insecure personality disorder" (ICD-10, F60.6; DSM-IV-TR,

301.82), and the "Asthenic personality disorder" or "Dependent personality disorder" (ICD-10, F60.7; DSM-IV-TR, 301.6).

In the **syndromes with manifest fears** ("agoraphobia", "specific phobia" and "social phobia"), a specific object or a specific situation to which the neurotic anxiety (*the fear of needs, specific drives, drive-related wishes and the fear of one's own aggression and pain*) has been transferred results in the development of anxiety and — under certain circumstances — "panic disorder" (ICD-0, 40.0) or "generalized anxiety disorder" (ICD-10, F41.1). **Agoraphobia:** "Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed panic attack or panic-like symptoms. Agora-phobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile [...]. The situations are avoided (e.g., travel is restricted) or else are endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion".

Specific phobia: "Marked and persistent fear that is excessive or unreasonable cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood). Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack".

Social phobia: "A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing. Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of a situationally bound or situationally predisposed Panic Attack".

In contrast to the syndromes with manifest fears, it is possible in the case of the **syndromes with latent fears** (the "avoidant insecure personality disorder" and the "Dependent personality disorder") to avoid — through functional impairment, through inhibition and avoidance, through adaptation and dependency — the neurotic fears, the development of anxiety and "panic disorder" and "generalized anxiety disorder".

Avoidant personality disorder — their relationship, action and behaviour patterns are characterized according to the criteria in DSM-IV-TR 301.82 through a persu-

asive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation [...]:

- avoids occupational activities that involve significant interpersonal contact because of fears of criticism, disapproval, or rejection
- is unwilling to get involved with people unless certain of being liked
- shows restraint within intimate relationships because of the fear of being shamed or ridiculed
- is preoccupied with being criticized or rejected in social situations
- is inhibited in new interpersonal situations because of feelings of inadequacy
- views self as socially inept, personally unappealing, or inferior to others
- is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

Dependent personality disorder — their relationship, action and behaviour patterns are characterized according to the criteria in DSM-IV-TR 301.6 — diagnostic criteria:

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation:

- has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- needs others to assume responsibility for most major areas of his or her life
- has difficulty expressing disagreement with others because of fear of loss of support or approval
- has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- goes to excessive lengths to obtain nurturance and support from others, which is to the point of volunteering to do things that are unpleasant
- feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- urgently seeks another relationship as a source of care and support when a close relationship ends
- is unrealistically preoccupied with fears of being left to take care of himself or herself.

Whether anxiety disorders are manifest or latent, they differ from one another only in their defence dynamics, their symptoms and in their detailed-complexity. The common features of both are the emotional dynamics, the affective patterns and inhibitions, i.e. the suppression and/or repression of the feelings of aggression and pain

associated with the repressed needs, drives, drive-related wishes, specific drives and their impacts on the dynamic-complexity of healthy development processes, i.e. on the elements and mechanisms involved in shaping the relationship between the environment and organism, person and community, with attachment figures and groups.

The influence of the emotional dynamics, the affective patterns and inhibitions of the phobic personality type on the elements and mechanisms in the process of the primary and secondary reality testing and metallization (see [1] pp 153, 165), on the drive, feeling, thought, value, as well as relationship, action and behaviour patterns.

The suppression or repression of the fear of a self-related needs, specific drive, drive-related wishes and of the fear of the perceived willingness to commit an act of aggression in order to enforce self- and drive-related demands, as well as the transfer of the fear to objects in the environment, leads to distortions in perception. All signals from the body are deprived of their cathected energy and the attention energy is extracted. The phobic personality type resorts to the infantile defense mechanism of the denial of inner reality; a drive-related demand and the perceived willingness to fight for it are repressed. Because a drive-related demand can have unpleasant consequences, the phobic personality type simply ignores it; the excitability of the perception willingness of the ego facing the inner world is cancelled out or restricted.

In the following key experience, the excitability of the conscious perception willingness that is turned towards the individual's own needs, drives and drives related wishes is restricted. The fear of protecting the self-related need, the individual's own dignity and the pride of the daughter with an attack, is repressed. The repressed inner fear is displaced to the authoritarian older brother and leads to avoidance, inhibition and adaptation; the opportunity to become liberated from the phobic dependence on the brother has been missed.

My big brother hurts my daughter: "Family celebrations have long been anathema to me, especially when my older brother Peter turns up. My father was often travelling; my brother Peter became the replacement head of the family and tacitly received the assignment from our mother to bring up his siblings, to reprimand and criticize them. This applied in particular to my brother Frank and me. My brother Peter had an arrogant way of dealing with us and enjoyed putting us down and treating us like idiots. — What was shocking for me was the fact that my brother Peter believed that he could transfer the behaviour which he displayed towards me to my daughter. But what was even more shocking to me was the fact

that I did not consider this to be bad and did not stand up to his behaviour. This is very clearly reflected by an experience with my daughter Kathrin and my brother Peter. — When Kathrin was proudly telling my brother Peter about school, he had nothing better to do than to show her up by asking difficult questions and embarrassing her in front of the others. In the situation I played down his behaviour as a bit of silly fun. But, in reality, I abandoned my daughter at that moment and left her to his mercy; he was then able to treat her as I had often had to painfully endure such treatment. Today it makes me very sad that I did not protect my daughter and allowed her to be so meanly treated by my brother Peter.

Only much later did I realize that my brother was only the long arm of my mother; she gave him the right to ignore my needs and wishes. This realization hurt me deeply and made me very angry. Grippled by these feelings, I went to my mother and was able for the first time to show and express to her my disappointment and anger at the inconsiderate lack of respect for my needs, wishes and interests by her and my brother. My fear of not being understood by her had vanished and I was able to leave her on an equal footing, even if I had not been understood. After that I was also able to show my brother my disappointment and anger at how he had passed over my needs and feelings and those of my daughter; he was not able to understand my feelings of hurt either. Like my mother, I also had to leave him without being understood. Somehow I felt sorry for him; although older, he had still remained her son. In the confrontation with him and my mother, I myself had felt what it meant no longer to be a son, but a man and father" [25].

Maps, representations and images built up and remembered or reactivated on the perception of the fear of certain drive-related demands and the fear of one's own aggression relative to the drive-related demands induce in the phobic personality type and its manifest and latent subtypes an avoidant, adaptive and dependent proximity to the attachment figures and groups. The proximity and distance to persons, things, tasks, i.e. the focusing on specific organism-object relationships is determined by the risk and by the fear of being attacked. In the case of more or less unconscious signals of being attacked, the phobic personality type withdraws the emotional cathexis, particularly with aggressive feelings, from his or her needs, drive-related wishes, interest. The simultaneous and balanced (circular causal) activity and/or activate-ability and competition of the self- and object-related specific drives and drive phenomena which ensure the relationship to reality, i.e. the shaping of the relationships with respect to the environment and the organism, to oneself and the attachment figures and groups, is cancelled out.

In order to protect against potential fear-laden attacks, as well as those which have already been experienced, the more object-oriented, specific drives and drive phenomena (social drive, striving to belong, willingness to adapt, search for protection, striving for harmony etc.) dominate the shaping of the subject-object relationships; the more self-related specific drives and drive phenomena (the survival drive, the will to self-determination, the desire for independence, the need for admiration, the ambition for power etc.) become secondary.

This shift in the emphasis of the self- and object-related specific drives and drive phenomena in favour of the object-related is due to the loss of the balanced (circular causal) activity of the primary types and strengths of feeling. The pleasure, unpleasure and contact feelings which tend to be admitted by the phobic personality type are reflexively active in the interoceptive, exteroceptive, evaluative, activating and motivational function of the emotions, feelings and affects, whereas the feelings of aggression, which tend to be only partly admitted, if at all, are only active secondarily and after a delay. Through this secondary functional significance of the defensive and aggressive feelings, which signal and force through the dependence on the environment, the attachment figures and groups, the specific self-related needs, drives and drive-related wishes remain secondary in the phobic personality type. This means: with the suppression and/or repression of the defensive and aggressive feelings, the specific object-related needs, drive-related wishes and drives are also suppressed and repressed.

The loss — caused by the suppression or repression of the feelings of aggression — of simultaneous activity and competition, i.e. of the mixed, oscillating activate-ability of the primary emotions, feelings, affects, can — in the phobic personality type — result in the short, medium or long term in the separation of the drives and the primacy of the object-oriented drives. The drive compromises required in the shaping of the relationship with the environment, with attachment figures and attachment groups and prevented. The phobic personality type insists, for example, on his or her wish for affiliation, protection and security, even if he or she harms himself / herself as a result and loses his or her independence, self-determination, freedom.

Through the suppression and repression of the feelings of aggression (aggressiveness) — triggered by the needs, specific drives and drive-related wishes in the phobic personality type the interoceptive, exteroceptive, evaluative, activating and motivational function of the primary emotions is weakened. Accordingly, the primary metallization of the emotions, feelings and affects and therefore the reality testing is restricted. The primary me-

tallization, the process of evaluating the current signals from the environment and the organism is marked in the phobic personality type by the feelings of pleasure and joy, the feelings of unpleasure and pain and the feelings of contact and closeness. The defensive and aggressive feelings, feelings of unpleasure and pain are not included at all — or not in the triggered strength — in the process of primary metallization. This means: current signals from the organism and the environment which signal “danger” are blocked out, not identified at all, or not in the triggered strength, and not included in the argumentation with individuals, things, tasks or in the shaping of the relationship with the environment, with attachment figures and groups.

Through the lack of integration of the defensive and aggressive feelings in the process of evaluating the signals from the organism and the environment, the core consciousness, i.e. the wordless, feeling cognition (“I feel this about that and I feel it is good or bad for me.”) is restricted; consequently, the core self with the characteristic feeling of being the owner and originator of the representations and ideas, wishes and actions (“I’m the one who sees, hears, feels, wishes, touches, moves, acts.”), is weakened in the short, medium or long term. The restricted core consciousness and the weakened core-self reduce the relationship to reality in the selection of the subject-object relationships which are conducive to development, the relationship, action- and behaviour patterns.

The lack of integration of the aggression-triggering signals from the environment and the organism, as well as the resulting restriction of the core consciousness and weakening of the core self, explains symptoms 3 and 6 listed in DSM-IV-TR 301.6 for the “Dependent personality disorder”: (3) “has difficulty expressing a different opinion to other people out of fear of losing support and approval,” (6) feels uncomfortable or helpless when alone due to an excessive fear of not being able to take care of himself/herself”.

The missing or weakened activity of the defensive and aggressive feelings in the phobic personality type influences the inhibited development and activity of the secondary emotions, feelings and affects which correspond to the primary defensive and aggressive feelings or correlate with them; these include: the feelings of power, self-esteem and independence. In the phobic personality type and its manifest and latent subtypes, the suppression or repression of the primary defensive and aggressive feelings and the missing or very delayed activity or activate-ability of the corresponding or correlating secondary feelings makes the process of secondary reality testing and metallization more difficult; in specific

terms this means: the ability to inhibit direct, reflexive, accepting or defensive reactions to current organism-object relationships, to reconcile the current signals from the environment and the organism with corresponding stored experiences and then examine the effects on the future is weakened.

Elements of the secondary reality testing and metallization are: the extended consciousness (contains many organism-object relationships which are cathected with positive and negative, primary and secondary emotions, feelings and affects, the autobiographical self (which lives from the constant reactivation and presentation of selected groups of autobiographical memories), the autobiographical memory (conscious, pre-conscious and unconscious experiences evaluated positively and negatively with emotions, feelings and affects) the mixed and oscillating activity of the positive and negative, primary and secondary emotions, feelings and affects.

In the phobic personality type, the pro-developmental activity of these elements is restricted in the process of secondary reality testing and metallization as a result of the following conditions and factors:

- a) through the suppression and repression of the primary aggressive and defensive feelings and secondary feelings of power, self-esteem and independence associated with current needs, specific drives; drive-related wishes,
- b) through the suppression and/or repression of the experiences stored in the memory which are cathected with primary defensive and aggressive feelings and secondary feelings of power, self-esteem and independence,
- c) through the unconscious transfer of the inhibitions of the primary defensive and aggressive feelings and the secondary feelings of power, self-esteem and independence — which have never become conscious, or have been conscious and repressed,
- d) through a self-view derived from the experiences or a representation of the objective self (conceptual self, categorical self, ideal self), which only partly, if at all, integrates or repels the self-related needs, specific drives, drive-related wishes and the associated unpleasant emotions, feelings, affects (in particular the aggressive and defensive feelings) of the subjective self (the existential self-based on experience).

The limiting influence of these factors on the elements of the secondary reality testing and metallization and their effect on the integrative competence or the defensive behaviour depends on the one hand on the strength of the fear of the self-related needs, specific drives, drive-related wishes and the intensity of the fear of the feelings of aggression activated with the drive-related demands. On

the other hand, the influence of conditions a) to d) on the process of secondary reality testing and metallization is also reinforced or weakened by the affect patterns and affective inhibitions of the attachment figures and groups. Through the phobic affect patterns and affective inhibitions of an attachment group (a family, a team), the effect of factors a) to d) on the individual members is clearly reinforced and the secondary reality testing and metallization significantly encumbered or prevented. This is clearly shown by the description of the “phobic family” by Horst-Eberhard Richter:

“The phobic patient feels cured after the considerate, caring members of the family have saved him or her from most of the frightening events. He or she has set himself/herself up comfortably in this sanatorium atmosphere, which he/she now takes for granted. However, the family members register the continuing existence of his or her illness for as long as they continue to feel something of the self-discipline which they have to maintain in order to create the unnatural protective climate required by the patient. Only when this tense sensation has completely disappeared and the family members have painlessly resigned themselves to the constricted radius within which they live will they also assess the patient as being healthy. Then the regressive change to the character of the family is complete. Everyone now considers the new, hospital-like lifestyle of the family to be normal” [26].

Affective patterns and inhibitions of the attachment figures and attachment groups, of the social, cultural and religious institutions which — as in the example of Richter — repress the unpleasant primary and secondary emotions, feelings, and affects (especially the feelings of aggression and pain) encumber or prevent the argumentation about the self-, object-related and drive-related demands, as well as the process of primary and secondary reality testing and metallization. The phobic drive, feeling, thought, relationship, action and behaviour patterns are stabilized and/or strengthened. If the suppression or repression of the internal fear (*i.e. in the terminology of Freud the neurotic fear triggered by the conflict between the ego and id*) of self-related needs, drive-related wishes, drives and the fear of the perceived willingness to fight for their enforcement fails, as well as the attempt to repress the fear through its transfer to objects and/or situations in the environment and through functional impairment, avoidance, adaptation and phobic personality type. He or she tries to resist the inner and/or neurotic fears through disciplined, rule- and structure-based behaviour. The behaviour structures do not so much protect healthy developments, but serve the purpose of protecting against the fear. It is also possible in the phobic personality type that the

individual compulsive and/or structure-related reaction are reinforced by the orientation on collective structural principles, norms and rules. With the orientation on the accepted and internalized norms and systems of rules, the fear that has been transferred to real objects and situations can then develop into moral anxiety.

In the same manner as **compulsive reactions** and/or structure-related actions, **depressive reactions** can also develop on the basis of the emotional dynamics of a phobic personality structure and disorder. The unsuccessful attempt to deal with the fear by transferring it to objects or situations, as well as the failed attempt to distract from the fear by means of functional impairment, avoidance, and adaptation, awakens the fear of not being able to cope with one’s own problems, thereby inducing in the phobic personality type a feeling of self-doubt, feelings of inferiority, resignation, pessimism, hopelessness, and suicidal tendencies. — ICD-10 highlights the coexistence of anxiety and depression (F 41.2: fear and depressive disorder, mixed).

In the phobic personality type, the neurotic fears, the fears transferred to real objects and the functional restrictions, the avoidances, adaptations, dependencies can — in the short, medium, and long term or even permanently — cause an interruption to the oscillations between positive and negative, primary and secondary feelings. Due to the current and previously experienced suppression or repression of the fear of self-related needs, drive-related wishes, and drives as well as the fear of the perceived aggressiveness to fight for the fulfilment of the drive-related demands, and due to the displacement of the fear to real objects and the functional impairment, the avoidance and inhibition, the adaptation and dependence, in the terminology of Sigmund Freud the “ambivalence of feelings,” the pro-developmental ambivalent, circular causal and oscillating emotional dynamics are dissolved. According to the concept of Melanie Klein, the result is regression from the “depressive position” (with ambivalent neurotic object cathexes) to the “paranoid-schizoid position” (with psychotic object cathexes). This regression becomes apparent after severe emotional shocks (traumas) with the simultaneous lack of opportunities to process the events and the lack of attachment figures who offer security (bonding).

Due to the loss of the simultaneous and balanced cathexis of the self- and object-related needs, and drives and through the fixation on object-related specific drives, in the phobic personality type and its subtypes, there is the possibility of short, medium, long-term and permanent regression to the level of primary narcissism (with sociopathic object cathexes) are possible. This regression becomes apparent through the persistent avoidance

(including mute defiance) to confront one's own needs, drives, drive-related wishes and the needs, demands of the environment, the attachment figures and groups, with a simultaneous clear appeal (frequently in the role of the victim) to be protected and cared for.

The possibility of short, medium, long-term or permanent regression from the "depressive position" (with ambivalent, neurotic object cathexes) to the "paranoid-schizoid position" (with psychotic object cathexes) and to the primary narcissistic stage (with sociopathic object cathexes) requires in diagnostic terms — as a prerequisite for the selection of the development concept and the specific personalized design of the concept — clarification of the current and former state of the emotional dynamics and dynamic complexity. The following options have to be considered in the diagnostic clarification process:

In the case of individuals with current and previous ambivalent emotional dynamics, the neurotic level of the phobic personality type is retained in spite of the fear of self-related needs, drive-related wishes, drives and the fear of one's own willingness to commit an act of aggression in order to enforce the drive-related demands. In individuals with current regression to the "paranoid-schizoid position" or to the level of "primary narcissism" and with previous stable ambivalent emotional dynamics, the ambivalent emotional dynamics of the depressive position is again reactivated.

In individuals with trauma-induced, weakly pronounced ambivalent emotional dynamics, the regression to the "paranoid-schizoid position" is scarcely revisable, if at all, in the case of strong current fears of the self-related needs, drive-related wishes, drives and the fear of one's own willingness to commit an act of aggression to enforce the drive-related demands.

In individuals with weakly pronounced ambivalent emotional dynamics resulting from pampering and a corresponding low level of frustration tolerance, the regression to primary narcissism is scarcely revisable, if at all, in the case of current long-lasting highly frustrating requirements to confront self-related needs, drives and drive-related wishes.

The question of whether in the specific situation (*from the perspective of the detail complexity and the dynamic complexity, of the symptoms and emotional dynamics*) a phobic personality type is involved can therefore be answered with the following "questions on the dynamic complexity of the phobic personality type" (page 23 below) and with the analysis of the emotional dynamics of "phobic key experiences" (cf. example p 17 above). The question of whether neurotic or reactivate-able neurotic basic dynamics (*ambivalent emotional dynamics or the "depressive position"*) applies can be hypothetically

clarified with the "questions on the dynamic complexity of neurotic personality structures and disorders" (see [1] pages 186) and through the analysis of the emotional dynamics of "neurotic key experiences".

Possible results after the answering (if necessary by several attachment figures) and evaluation of the projective questions:

1. If the questions on the dynamic complexity of the phobic personality type are mainly answered with "applies somewhat", less often with "applies somewhat in part", very rarely with "hardly ever applies/ does not apply", it can be assumed that out of fear of the self-related needs, drives, drive-related wishes, the person being assessed suppresses and/or represses the aggressive and defensive feelings and is more of a "hysterical personality type". If the current and previous "questions on the dynamic complexity of neurotic personality structures and disorders" are mostly answered with "applies somewhat" or "applies somewhat in part", very rarely with "hardly ever applies/ does not apply", this is a "phobic personality type with basic neurotic emotional dynamics", in the terminology of Melanie Klein a "phobic personality with a depressive position".
2. If the predominant reaction is "hardly ever applies/ does not apply", less often "applies somewhat in part", very rarely "applies somewhat" to the questions on current neurotic dynamic complexity, but the predominant reaction is "applies somewhat", "applies in part", very rarely with "hardly ever applies/ does not apply" to questions on previous neurotic dynamic complexity, then the basic dynamics currently present are not neurotic, but psychotic (paranoid-schizoid position) or sociopathic (primary narcissistic position), but are also revisable, i.e., reactivation of the neurotic basis is possible.
3. If the questions on the current and previous dynamic complexity of neurotic personality structures and disorders are mostly answered with "hardly ever applies/does not apply", less often with "applies somewhat in part", does not apply", very rarely with "applies somewhat", these are hysterical symptoms with basic psychotic or sociopathic dynamics.

The hypotheses developed from the questions on the dynamic complexity of the phobic personality type and the dynamic complexity of the neurotic personality structures and disorders can be differentiated and qualified by a) the MMPI-2 (the basic scales, additional scales, content scales and content component scales) and the "Item analyses of the MMPI-2" [27]; the process for "assessing emotional flexibility" [28] and the "Emotional Grid" [29] (Table 2).

Table 2. Questions for assessing the dynamic complexity of the phobic personality type applies: somewhat = 1; applies somewhat, in part = 2; hardly ever applies/does not apply

1.	Does he/she prefer the role of the observer?	1	2	3
2.	Does he/she only take up a position if he/she is asked to do so?	1	2	3
3.	Is it difficult for him/her to start a conversation?	1	2	3
4.	Does he/she avoid competitive situations?	1	2	3
5.	Is it something of a problem for him/her to meet unknown people?	1	2	3
6.	Does he/she remain silent when he/she is interrupted?	1	2	3
7.	Is it difficult for him/her to take the easiest route?	1	2	3
8.	Is it difficult for him/her to stand up for his/her decision in the case of contradiction?	1	2	3
9.	Does he/she allow ideas and concepts to be "stolen" without any significant resistance?	1	2	3
10.	Does he/she like to remain in the background?	1	2	3
11.	Does he/she withdraw if his/her views, interests and wishes are not confirmed or supported?	1	2	3
12.	Is it difficult for him/her to tell someone his/her opinion?	1	2	3
13.	Does he/she avoid conflicts and disputes?	1	2	3
14.	Does he/she quickly reach a compromise in the case of disputes?	1	2	3
15.	Does he/she have a pronounced need for harmony?	1	2	3
16.	Does he/she hold back with his/her opinion in groups?	1	2	3
17.	Does he/she tend to hide his/her "light under a bushel"?	1	2	3
18.	Does he/she become more reserved and quieter in large groups?	1	2	3
19.	Is it difficult for him/her to stand up for his/her interests?	1	2	3
20.	Does he/she withdraw his/her wishes if they are not supported?	1	2	3
21.	Does he/she need a familiar setting in order to feel safe?	1	2	3
23.	Do others speak on his/her behalf and does he/she permit this?	1	2	3
24.	Does he/she tend to consider others as being more capable than he/she is?	1	2	3
25.	Does he/she seek protection from stronger individuals in critical situations?	1	2	3
26.	Does he/she hardly ever dare to contradict authority?	1	2	3
27.	Does he/she let others fight for his/her rights?	1	2	3
28.	Does he/she not enjoy being the focus of attention?	1	2	3
29.	Is it difficult for him/her to defend himself/herself when he/she is attacked?	1	2	3
30.	Is it a problem for him/her to meet with unknown people?	1	2	3

The dynamic complexity of the schizoid personality type

The combining form "schizo" is derived from the Greek verb "schizein" and means: "separate, split". Among the disorders with the prefix "schizo", i.e. the schizoid, schizotypal and schizophrenic disorders, the split relates, on the one hand — as in all psychotic disorders — to the rigid barrier between the conscious and unconscious, which guarantees the primal repressions and repressions. On the other hand, the term "split" in the schizoid,

schizotypal and schizophrenic disorders indicates that the feelings are cut off from the thought processes and relationships and signals, in the terminology of Melanie Klein, the difficulty and/or inability to oscillate from the paranoid-schizoid to the depressive position. The common aspect of the schizoid, schizotypal and schizophrenic disorders is the organically/genetically and/or psychosocially/epigenetically-induced out-of-the-blue violent traumas (e.g.: separation, illness, accident, death, physical abuse, sexual abuse, violence...) and/or cumulative traumas (e.g.: rejection, withdrawal of

love, disregard, deprecation, humiliation, contempt, exclusion...), as well as the traumatic feelings (fears, pain, mental torment and feelings of powerlessness). Furthermore, individuals with schizoid, schizotypal and schizophrenic disorders use introjection and splitting as primary forms of defence to maintain the primal repression and/or repression of the traumas and traumatic feelings.

The three types of disorder differ from one another in their secondary forms of defence and the corresponding symptoms. The schizoid disorder has only minus symptoms: flattening of affect, indifference, listlessness, social withdrawal, and attention disorders (cf. the rating scales of Andreasen: the schizotypal personality displays minus symptoms and preliminary stages of the plus symptoms (ideas of reference, strange convictions, magical thought content, unusual perceptual experiences, paranoid ideation, cf. DSM-IV-TR 301.20); the schizophrenic personality develops minus and plus symptoms (hallucinations, delusions, disorganised speech, grossly disorganised or catatonic behaviour, and formal thought disorders, cf. DSM-IV-TR).

The minus symptoms and/or diagnostic criteria for schizoid personality disorder in DSM-IV-TR and ICD-10 F60.1 relate — as the minus symptoms in the rating scales for schizophrenic disorder of Andreasen — above all to the flattening of affect, anaesthesia and anhedonia, as well as to social withdrawal and autistic traits.

Diagnostic criteria of schizoid personality disorder according to DSM-IV-TR 301.20

A pervasive pattern of detachment from social relationship and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

1. neither desires nor enjoys close relationships, including being part of a family
2. almost always chooses solitary activities
3. has little, if any, interest in having sexual experiences with another person
4. takes pleasure in few, if any, activities
5. lacks close friends or confidants other than first-degree relatives
6. appears indifferent to the praise or criticism of others
7. shows emotional coldness, detachment, or flattened affectivity

Does not occur exclusively during the course of Schizophrenia, a mood disorder with psychotic features, another psychotic disorder, or a pervasive developmental disorder and is not due to the direct physiological effects of a general medical condition.

Description of schizoid personality disorder in ICD-10 F60.1

"Personality disorder characterized by withdrawal from affectional, social and other contacts, with preference for fantasies, solitary activities and introspection: there is a limited capacity to express feelings and experience of pleasure."

Anaesthesia, autism as typical features of schizoid personality disorder

Ernst Kretschmer describes the flattening of affect and/or restricted affectivity of schizoid personalities in ICD-10 and DSM-IV-TR with the term "affective rigidity" and the terms "dull" and "cold". The term "dull" designates the "passive lack of feeling" of the schizoid personality, i.e. the loss of reflexive emotional reactions to stimuli from other people; it is not possible to read in his or her face what the emotions, feelings and affects of other people trigger in him/her. In contrast to the term "dull", the term "cold" refers to the "active lack of feeling", i.e. to the anaesthesia in the case of undisturbed ability to act: "In many cases it appears in schizoid personalities to be only a question of the constitutional "alloy" as to whether they give an impression of being colder or duller or — as is very often the case — both equally. Furthermore, we can sometimes observe within the course of the same schizoid life that with processual shifts in the psych-asthenic proportion, dullness is transformed into coldness or coldness into dullness" [30].

The "avoidance of close relationships" and "introverted aloofness" of the schizoid personality in DSM-IV-TR and ICD-10 are designated by Eugen Bleuler and Ernst Kretschmer with the term "autism". Bleuler characterises autism as "detachment from reality actions with an increase in subjective tendencies, associated with restraint and self-isolation. For Kretschmer the image of the "house with closed windows" is typical of the autistic traits of the schizoid personality:

"Hypersensitive schizoid individuals find all of the loud, strong colours and sounds of life, which for the average person and the cycloid personality represent a welcome and indispensable, stimulating element of life, as being garish, ugly, brutal, and loveless — indeed downright mentally painful. Their reserve follows from tensing up inside themselves, which makes reality testing more difficult. They attempt to avoid and deaden external stimuli if possible and close the shutters of their house in order to lead — in the tender twilight inside them — a fantastic life of dreams that is 'scant in deed and full of thought' (Hölderlin). They strive, as Strindberg so beautifully says of himself, to spin the loneliness around them 'into the silk of their own soul'. They have a fondness for certain

forms of milieu which do not hurt or injure: the aristocratic, cool world of the salon, mechanical filing work in the office, lonely beautiful scenery, antiquity, far-off times and the scholar's study" (see [33] page 220).

With the image of the "house with closed windows", Kretschmer and Bleuler refer to the hypersensitivity and vulnerability of schizoid personalities. Hypersensitivity associated with irritability and a lack of feeling paired with autism are mutually dependent; the lack of feeling, dullness, coldness and autistic reactions have the function of protecting the schizoid individual from the "painful tensing up" through current and/or remembered intense stimuli from the environment. The schizoid symbol of this autistic withdrawal from the environment, its autistic narrowing, is the feeling of the pane: *"The schizoid individual is not absorbed by his or her milieu; the glass pane is always there."* — *"It is a glass pane between myself and the other people, said a schizoid individual with inimitable conciseness"* (see [33] pages 223, 271). The following story of a key experience describes this "glass pane effect" as a schizoid reaction to a death trauma with the image of the "glass cocoon". It was possible to break down the schizoid reaction and the glass pane effect because the ability to oscillate from negative to positive feelings was not completely destroyed by the trauma.

How my glass cocoon came into being and smashed: "I grew up with my grandparents as if they were my mother and father. When I was nine years old, my grandmother died suddenly without being ill.

As part of a group psychotherapy session, in which I found myself at a loss, another female patient asked about the death of my grandmother. After this question I had the feeling that all life was flowing out of me. My throat tightened, I became short of breath and could no longer move properly. I felt like a rag doll. I grabbed myself by the throat, the therapist asked if I was in pain, came up to me, held me tight and spoke to me. The memory of the death of my grandmother was very clear and close. I felt as if I were being drawn into the death situation, even though in reality it was already 47 years ago.

On that evening, 47 years ago at around 11 p.m., my grandparents were sitting together in front of the television. When my grandfather tried to wake my grandmother to take her to bed, he noticed that — contrary to what he thought — she had not fallen asleep in the armchair. When his attempts to wake her failed, he ran in desperation to the neighbours. In excitement he was shouting loudly and smashed the glass when he knocked on the door in the hallway. This noise must have woken me. I went into the living room and found my grandmother "asleep" in the armchair. Her face was

grey and waxy, so that I "knew" that she was dead. This realisation was a terrible shock. I was very fond of my grandmother and knew that from now on I was alone and that everything would now be different for me. — After I had been standing next to my dead grandmother for a short time, I returned to my bed as if in a trance, lay on my back and froze inside. In this state, lying on my back, staring at the dark ceiling, I felt numb, as if I were in a glass cocoon. I no longer felt anything and only wished that someone would come and release me from this terrible, unreal feeling of rigidity. At first I felt very sure that someone would come soon. Then my biological mother and my stepfather arrived and other people were running around the house, but nobody came to me. I was not able to get up alone and make myself noticed. I don't know how long it lasted, but at some time or other I had the feeling that something was breaking. When my mother (with whom I did not have a very close relationship) eventually fetched me from my bed, my inner feeling of rigidity did not disappear. Even a few days later at the funeral, I had a very bad conscience because I was not able to cry. Everything appeared to me somehow unreal at the funeral. From that day on until the middle/end of the fortieth year of my life I was no longer able to cry. Today I am 56.

In the therapeutic situation I had the acoustic and physical notion of a shattering, crunching glass. I was certainly able to feel how my therapist was holding me. But in addition, the scene in front of my mind's eye was like a film, although at the beginning I felt nothing other than this feeling of being a "doll". It was almost as if I was very deep under the water, where there is no noise and no light, and had to pull myself slowly back up to the surface on a rope. The "higher" I got, the more feelings gradually appeared: the feeling of loneliness, the feeling of being closed off from the others, the feeling of waiting hopefully — and lastly the feeling of painful grief. Then I was able to cry. Later at home, when I told my friend about it, I was able to cry again. I have also been crying a lot while writing this text. The glass cocoon has been smashed [29].

Not only the *anaesthesia*, but also the *hyperaesthesia* described in the story of these key experiences is an important feature of the schizoid personality and indispensable for an understanding of the dynamic complexity of the schizoid personality type. Diagnostic criteria for schizoid personality disorder which only deal with the anaesthetic and autistic symptoms and ignore the hyperaesthetic symptoms — such as in DSM-IV-TR and ICD-10, for example — lead to false diagnoses. Particularly in the case of primarily anaesthetic, and intelligent schizoid individuals, the repelled hyperaes-

Table 3. Characteristics of schizoid personality structures and disorders [28]

Silent	Uncommunicative	Absent	Introverted
Passive	Lacking in energy	Dispassionate	Anaesthetic
Unaffected	Aloof	Cold	Apathetic
Unsociable	Isolated	Without emotional bonds	Lonely
Hypersensitive	Irritated	Cantankerous	Disallowing
Erratic	Hostil	Aggressive	Hot-tempered

thesia is not recognised as such and confronted in spite of severe intrapsychic tensions — just as Kretschmer describes the primarily anaesthetic (“affectively rigid”) schizoid individual in terms of appearance: *“At school, and then definitely when on parade in the army, he is the white raven that everyone pecks at. If he is sensitive and talented, this is his tragedy”* (see [33] page 73).

According to Kretschmer, the only person who has the key to the schizoid temperament is *“the one who clearly recognises that most schizoid individuals are not either hypersensitive or cold, but that they are hypersensitive and cold at the same time”*. For this reason, the following characteristics are typical of schizoid personality disorder from the perspective of the research carried out by both Kretschmer and Eugen Bleuler (Table 3).

Consideration of the hyperaesthetic characteristics and/or symptoms is a very important step towards understanding the dynamic complexity of schizoid personalities.

Erratic affective dynamics as an important feature of schizoid personality disorder

Neurotic personalities can also have schizoid, i.e. anaesthetic and/or hyperaesthetic characteristics, but to a lesser degree and extent. In contrast to neurotic personality disorder, the important aspect for the dynamic complexity of schizoid personality disorder is the erratic alternation between anaesthetic and hyperaesthetic characteristics, symptoms, emotions, feelings and affects. The cycloid and/or cyclothymic personalities (i.e. the manic-depressive personalities on a neurotic basis) and/or the syntonic personalities in the terminology of Bleuler have the ability to oscillate from positive to negative and vice versa from negative to positive emotions, feelings and affects. Their affectivity responds at all times in soft,

full, rounded curves to current and/or remembered stimuli, oscillates up and down in deep wavy lines of an endogenous and reactive nature between cheerful and sad. In contrast to the cycloid personalities, the schizoids frequently have a “jumping type of temperament”, “an abruptly changing affectivity”, and an “abrupt jagged affect curve”. Moreover in the case of sensitive and restrained schizoid personalities, “repeated small but unpleasant everyday stimuli can add up and result in spasmodic tension, which continues to act for a long time under a smokescreen and is suddenly discharged as an intense affective reaction” (see [33] page 79).

However, the cumulative current everyday stimuli are only a secondary reason, i.e. the triggers for the violent affective reactions of schizoid personalities. The erratic affective outbursts are primarily induced by repressed out-of-the-blue violent traumas and long-term cumulative traumas and the traumatic feelings associated with them (fears, pain, mental torment and feelings of powerlessness). Current and/or remembered out-of-the-blue violent and/or long-term negative stimuli from the environment and the organism jeopardise the repression of the traumas that have been conscious and the primal repression of the traumas that have never been conscious, as well as the traumatic emotions, feelings, and affects associated with them. If the anaesthetic forms of defence are no longer sufficient to prevent the “repressing and/or “crowding” of the primal repressions and/or repressions and inhibit the reactivation of the pain, mental torment and feelings of powerlessness associated with them, hyperaesthetic reactions occur. Weaker past traumas and current traumatic stimuli result in the development of hypersensitive, irritated, aggressive reactions; in the case of violent past traumas and current traumatic stimuli, the result is hot-tempered, violent, and

brutal outbursts. Ernst Kretschmer describes the process from the anaesthetic defence against the trauma and the traumatic feelings to the hyperaesthetic reactions and the severe affective paranoid defence response in residual schizophrenias and schizoid personalities:

“If one observes such natures for a short time in protected surroundings outside their own milieus, they sometimes have an enviable peace of mind; they appear to be somewhat dull upright citizens who never do anyone any harm. If one analyses their domestic milieu, it is correspondingly neglected. There they do not display peace of mind; instead, under the smokescreen of sullen silence a spark of nervous inner irritability continuously glows which is maintained in a complex way by the accumulation of all of the small insurmountable and expressible unpleasurable stimuli of everyday life at home and at work. Now, if a delicate topic is only lightly touched upon, this can be recklessly discharged at an unsuspected point in the most brutal of hot-tempered outbursts” (see [33] page 228).

From the experience, internalisation (introjection) and anaesthesia of a repressed loveless, hostile, injurious and bleak environment, the current and/or remembered out-of-the-blue intense and/or long-term painful subtle stimuli and reinforced fears of persecution give rise to extremely violent projective defence responses (projections). The intensity of the projective responses, the attacks on the environment, on attachment figures and groups is nourished by the unconsciously activated early traumas and traumatic feelings: fears, pain, mental torment and feelings of powerlessness.

Deficits in affect attunement and affect regulation of schizoid personality disorders

The early traumas and traumatic feelings are caused by the introjection of negative experiences with the environment, with primary attachment figures and groups, and reinforced by deficits in affect atonement and affect regulation, i.e. through the non-atonement of negative feelings and affects and the lack of circular causal activity between positive and negative, primary and secondary emotions, feelings and affects. Furthermore, the traumas and traumatic feelings are intensified by the lack of experience of warmth, consolation, support in contact with attachment figures who promise to provide security (the lack of “containing”) and ultimately due to the many negative experiences resulting from the lack of trust in attachment figures and attachment groups which are willing and able to establish contacts.

The pain — triggered by the environment and the organism — remains unanswered; moreover, the cry of pain is not heard and falls silent; or it is rendered “dull” by

the absence of emotional responses (closeness, warmth, consolation and support) in the attachment figures. The far-reaching and serious consequences for infants and children are described by the “cold-face procedure” and the “development of micro-depression”. In the child, the “coldness of the attachment figure” and the “rigid, non-reactive and emotionless face” of the depressed mother experienced over a prolonged period result in a “flight from a state of animation” to the “freezing of motion, the loss of the positive affects the expression of mimicry and the loss of activity”; as a consequence, according to Marianne Leutzinger-Bohleber, a state of “micro-depression” is triggered in the child [31]. The cold, non-reactive, rigid, emotionless behaviour that is experienced over a long time can equally cause schizoid disorders, i.e. anaesthesia and autism, hyper-aesthesia and irritability (see [33] page 190).

“Johnson assumes that during early infancy schizoid personalities were exposed to distinct disorders of affect regulation. According to the current state of knowledge (overview of Moser and Zeppelin 1996), affects can be described even just after birth as a central component of an interpersonal regulatory system. Since the satisfaction of the needs of the infant essentially depends on functioning interactions with the primary attachment figure, the former has fundamental encoded subcortical affects and the corresponding behavioural correlates, whose primary function is the coordination of the reciprocal exchange with the attachment figure. The permanent negation of the affectively controlled signals of “interest and arousal” by the attachment figure initially triggers — as shown by research into infants — the signal of “desperation” as an indication of the impending collapse from the interaction. Subsequently, the communicative behaviour of the infant is reduced to a minimum. Johnson assumes that this protective behaviour, might result in insufficiently developed subjective affect perception and communication. During further development, the denial of the infant’s need for closeness and vital contact, as well as the denial of its desperate anger at not receiving this, results in the splitting-off of those emotions which would develop in interpersonal contact. In addition, the feeling for the body also appears to be largely underdeveloped; many schizoid patients appear to be strangely stiff, awkward, almost machine-like (mechanical and/or marionette-like, A.H.)” [32].

Damasio calls the feelings of the body the “original feelings” and the “archetypes of all feelings” (“all feelings are complex variants of the original feelings”, cf. above p. 136). The original feelings and body sensations include the feelings of thirst, hunger, satiety, feelings of cold and warmth, and feelings of pain and pleasure,

which, as a response generate feelings of contact and closeness, feelings of aggression and defensiveness. These body sensations and all their complex primary and secondary variations of feeling motivate the mind and brain to trigger organic and psychosocial processes which correct any imbalance in the organism in the correlation between the environment and the organism. The extensive underdevelopment of body sensations and their complex primary and secondary variants results even in the first few months of life of schizoid personalities in the loss of the relationship to reality (the orientation on the organism, the environment and their correlations) and in disorders with respect to reality control and/or reality testing.

Disorders of primary and secondary reality testing and the mentalisation of emotions, feelings and affects in schizoid personality disorders

The essential aspect for reality testing (*i.e. for checking the relationship to reality and the reality content of the relationship, action and behaviour patterns in the shaping of the correlations between the environment and the organism, cf. above p. 242 ff*) is the interoceptive, exteroceptive and evaluative function of the positive and negative, primary and secondary emotions, feelings and affects. The important factor in metallization (*i.e. the ability to stop the direct reactions, maintain the triggered emotions and — with the help of the oscillating ambivalent emotional dynamics — determine their significance for the shaping of the subject-object relationships*) as an affective regulatory mechanism for checking the relationship to reality and the reality content of the current structures of the organism-object relationships and the possible order-order transitions, disorder-order transitions, is the oscillating ambivalent dynamics of positive and negative, primary and secondary emotions, feelings and affects. However, in the schizoid personality type, the emotions, feelings and affects do not have any interoceptive, exteroceptive, evaluative, activating or motivating function, but rather a repressive and defensive function; they serve the purpose of protecting against the reactivation of the traumas and the affects associated with the traumas (fears, pain, mental torment and feelings of powerlessness) and against current traumatising stimuli. Furthermore, the emotions, feelings and affects do not have any oscillating, integrative, ambivalent dynamics which reinforce the relationship to reality, but instead erratic, defensive, polarising, ambivalent dynamics which increase the loss of the relationship to reality. Owing to the absence of the interoceptive, exteroceptive, evaluative, activating and motivating function of the emotions, feelings and affects and the lack of oscillating,

ambivalent, and emotional dynamics, the development of the core consciousness (*i.e. the wordless, sentient recognition in the organism-object relationship: "I feel this about that and I feel: it is good or bad for me"*) is extremely weakened in the schizoid personality. There are no positively evaluated experiences of the core consciousness which stabilise the core self (*with the characteristic feeling of being the owner and creator of the representations, ideas, feelings, wishes, actions: "I am the one who sees, hears, feels, wishes, touches, moves, and acts"*); instead, the negative experiences which weaken the core consciousness and core self of the schizoid personality dominate. Accordingly, the essential characteristics of a core self that are conducive to development, *i.e. creatorship, self-congruence, self-affectivity and self-continuity* are weak, or have not developed at all, depending on the strength of the traumas and traumatising feelings. This means that the schizoid personality type has: losses with respect to his or her self-awareness and feeling of self, disorders in terms of his or her experience of the body, self and/or ego, no experience of alternating positive and negative emotions, feelings and affects, a loss of the sense of being the same person through changing events.

In the schizoid personality type, the many negative experiences of the core self — *i.e. the dominance of negative core self-pulses* — prevent the development of positive secondary feelings (feelings of power, self-esteem, social feelings, and feelings of independence) and lead to the dominance of negative secondary feelings (feelings of powerlessness, feelings of inferiority, anti-social feelings, and feelings of dependence), which, on the basis of the negative primary feelings, place a great strain or even suspend the process of secondary reality testing and metallization. The repressed and/or split-off unconscious previous experiences cathected with negative emotions, feelings and affects cannot be included in the reflection, evaluation and shaping of the current and future relationship between the environment and organism. For this reason, the transfer of the split-off affect patterns of unconscious past experiences to current experiences in the schizoid personality type cannot be decoded and used for secondary reality testing and metallization, for changes to the shaping of the current correlations between the environment and organism, individual and community. The expanded consciousness and autobiographical self, the connection of the past, present and future in current thinking, feelings and actions are greatly restricted in the schizoid personality type. His or her inner world is emotionally impoverished; the drive, feeling, thought, value, relationship, action and behaviour patterns are not cathected with mixed, non-linear emotional assessments

(rather good or bad), but with segregated linear assessments (definitively good or bad) and are therefore inflexible and rigid. Owing to the lack of opportunity to distance himself/herself from immediate reactions with the help of memories of experiences cathected with mixed emotions, the individual experiences erratic drive-related, emotional, and ethical aberrations.

As a result of the traumatically-induced emotional impoverishment and the loss of flexibility (i.e. the circular causal dynamics, the reciprocal influence) of the drive, feeling, thought, value, relationship, action and behaviour patterns, the schizoid personality type is dependent on environments, attachment figures and groups that accept his or her anaesthesia and recognise and observe his or her hyperaesthesia, i.e. in the words of Kretschmer, that support his or her "fondness for certain forms of milieu which do not hurt or injure." However, in the case of normally gifted and very intelligent schizoid personalities, it is often very difficult for the attachment figures and groups to accept the anaesthesia and the social withdrawal (the autistic traits) as necessary protection and understand aesthetic reactions as a signal that the load limit has been exceeded. In particular, attachment figures and groups, social, cultural and religious institutions oriented on the humanistic-liberal or the dialectical-critical image of humanity ignore the problems of the schizoid personality with respect to living, learning and working in relationships, in private and professional groups.

Representatives of the humanistic-liberal concept tend to assume that the schizoid personality type has a "reasonable inner nature", i.e. the ability to integrate positive and negative impulses as well as the possibility of feeling in the "contact with its inner nature" its "biologically based brotherhood", i.e. living with itself and others in growing harmony. Followers of the dialectical-critical development concept tend to attribute to the schizoid personality type the ability to develop in the argumentation with the environment and itself, its rational, affective and drive-related aspects, as well as its conscious and unconscious experiences; accordingly, in this process of argumentation they also consider it capable of coping with negative circumstances, dealing with resistance and enduring frustrations until solutions have been found.

The application of both development concepts is only conducive to development in the case of emotional disorders on a neurotic basis, i.e. in the terminology of Melanie Klein: in the "depressive position", including the ability to oscillate from the paranoid-schizoid to the depressive position. In the case of schizoid symptoms on a psychotic basis, i.e. the inability to oscillate from negative to positive feelings and from the paranoid-schizoid

to the depressive position, the application of the two development concepts leads to secondary traumatisation, the activation and reinforcement of the primary traumas and traumatised feelings, or even extreme paranoid outbursts (see [33] pages 228, 231). Furthermore, the vicious circle of "introjection — projection — re-introjection" can arise: "the introjection of a distorted and hostile external world reinforces the projection of a hostile inner world" (see [11] page 100), with the fear of persecution/paranoia that arises as a result of the projection leading to the re-introjection of the hostile external world.

The sustained secondary traumatisation can also lead to the development of a schizotypal personality disorder or the onset of schizophrenia. In order to avoid such processes through the application of inappropriate promotional concepts it is necessary to clarify diagnostically whether schizoid symptoms on a neurotic basis are involved (i.e. integrative dynamics in the depressive position) or whether these are schizoid symptoms on a psychotic basis (i.e. defence dynamics in the paranoid-schizoid position).

First of all, the question of whether in the specific situation (*from the perspective of detail complexity*) the patient is a schizoid personality type can be answered with the following "Questions on the dynamic complexity of the schizoid personality type" (Table 5).

A helpful tool for determining and proving the loss of integrative dynamics (and/or the depressive position), on the one hand, is the "Questions on the dynamic complexity of neurotic personality structures" (see [1] page 186); if the questions for "currently" and "in the past" are answered throughout with "hardly ever applies/does not apply", the hypothetical conclusion is that this is a schizoid personality structure and/or disorder. On the other hand it is possible to analyse the loss of integrative dynamics and the typical defence dynamics, i.e. defence against the compromise-forming argumentation with oneself and the environment with the following "Questions on the dynamic complexity of psychotic personality structures and disorders" (see [1] page 280); if these questions for "currently" and "in the past" are answered throughout with "agree somewhat", this confirms the hypothesis that a psychotic personality structure and disorder is involved.

In addition to the questions on the dynamic complexity for the neurotic and psychotic personality type, the following methods can also support the determination of the dynamic complexity and/or defence dynamics of psychotic disorders:

- a) the MMPI-2 (the basic scales, additional scales, content scales and content component scales) and the "Item analyses for the MMPI-2" [30].

Table 5. Questions for the assessment of the dynamic complexity of the schizoid personality type
agree somewhat = 1; agree somewhat in part = 2; hardly ever applies/does not apply = 3

1.	Does he/she live in his/her own world?	1	2	3
2.	Is it difficult to involve him/her in collective actions?	1	2	3
3.	Does he/she impart the feeling in his/her contacts that he/she is unreachable?	1	2	3
4.	Is there hardly any vibrancy in his/her language?	1	2	3
5.	Does he/she carry out his/her tasks in a steady manner, but without any particular enthusiasm?	1	2	3
6.	Do others have the impression that he or she does not perceive any feelings?	1	2	3
7.	Are attempts to reach him/her emotionally and fill him/her with enthusiasm doomed to failure?	1	2	3
8.	Does he/she alternate erratically from being withdrawn to aggressive reactions?	1	2	3
9.	Does he/she report with emotional detachment on personal experiences?	1	2	3
10.	Does he/she react neither to positive nor to negative feelings?	1	2	3
11.	Does he/she establish hardly any contacts of his/her own accord?	1	2	3
12.	Does he/she give the impression that he/she is only concerned with him/herself?	1	2	3
13.	Is he/she considered to be an eccentric by others?	1	2	3
14.	Is he/she more of an onlooker than a "man/woman of action"?	1	2	3
15.	Does he/she enter into commitments externally, but not internally?	1	2	3
16.	Does he/she like to take on work which requires little contact or communication?	1	2	3
17.	Does he/she not react if people make fun of him/her?	1	2	3
18.	Does he/she appear not to feel any pain or shed any tears?	1	2	3
19.	Does he/she prefer to spend his/her time alone rather than in the company of other people?	1	2	3
20.	Is it difficult to get to know him/her?	1	2	3
21.	Is it not possible to cheer him/her up when he/she is sad?	1	2	3
22.	Does he/she pass acquaintances by if they do not speak to him/her?	1	2	3
23.	Does he/she not speak about his/her problems?	1	2	3
24.	Does he/she avoid physical contact with people who are well-disposed towards him/her?	1	2	3
25.	Does he/she appear to show little interest in what others think of him/her?	1	2	3
26.	Does he/she appear to have little interest in erotic contacts?	1	2	3
27.	Does he/she suddenly become unexpectedly very cantankerous and aggressive in the case of small inconsistencies?	1	2	3
28.	Does he/she not perceive the intricacies of social contacts?	1	2	3
29.	Does he/she usually spend his/her free time alone?	1	2	3
30.	Is he/she somehow mysterious, unpredictable even if one has known him/her for a long time?	1	2	3

b) the process for the "Assessment of emotional flexibility" [31] and the "Emotional Grid" [32]. An example of the "Assessment of emotional flexibility, see Table 41 Working Guideline [33].

Owing to their structural orientation, the following are suitable for use as basic concepts for the promotion and development of the relationship of the schizoid personality type with the environment and him/herself, attachment

figures and groups: the conservative-structural and the behaviouristic-conditioning development concept. The dialectical-critical-integrative development concept is not suitable because, for shaping the relationship between the environment and organism, individual and community, it uses the compromise-forming argumentation with pleasant and unpleasant emotions, feelings and affects (including those which are very strong) and therefore

reinforces the defence dynamics and the loss of the relationship to reality of the psychotic personality. The same applies to the humanistic-liberal development concept. The lost contact of the individual with his/her inner nature as a precondition for self-realisation, self-determination and social responsibility is achieved according to this concept by allowing strong negative feelings.

Conclusion

Taking into account detail-complexity and dynamic-complexity in combination with the theoretical construct of basic emotional disorders allow a more differentiated and more reality-related diagnosis of personality structures and personality disorders. The consideration of emotional flexibility, the circular causal oscillating ambivalent emotional dynamics makes the diagnoses more realistic and relativizes the risk of misdiagnoses.

The increase in the accuracy of the diagnoses from the perspective of detailed and dynamic complexity, the oscillating dynamics between feelings experienced as being good and bad makes it possible:

- to distinguish between personality structures and disorders on a neurotic, psychotic and primary narcissistic basis and select appropriate development concepts,
- to identify personality structures and disorders with or without slight negative symptoms in children, adolescents and adults and influence them therapeutically at an early stage,
- to select and apply appropriate forms of therapy in the case of pseudo-neurotic personality structures and disorders, i.e. personality disorders on a psychotic basis which display only negative symptoms,
- to see in acute psychotic disorders or diseases the possibility of reactivating the circular causal ambivalent emotional dynamics (according to Melanie Klein, the oscillation from the “paranoid-schizoid to the depressive position”) and develop therapeutic concepts accordingly,
- to distinguish between anti-social personality structures and disorders on a traumatic and primary narcissistic basis and take different measures accordingly.

Furthermore the consideration of the detail-complexity in combination with dynamic-complexity and the theoretical construct of basic emotional disorders allow a differentiated description and analysis of the influences of the attachment figures and groups, of the social, cultural and religious institutions. The analysis of these affect patterns makes it possible to select affect patterns in the contact to the attachment figures, groups and communities which promote or protect the development processes (Table 5).

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