FAQ about PRIMAL REPRESSION

DISCUSSION

A variety of issues have been brought up following presentation of this paper and these can be briefly summarized. Our questioners fell into natural groups: theoreticians, clinicians puzzled by the theory, and clinicians wanting to apply the ideas. Typical questions from each group and the authors' ultra-brief replies now follow.

Theoretical Objections

Objection: Primal repression is merely one of Freud's hypotheses, a part of his metapsychology. Why mix it up with clinical material?

Reply: Our conception of theory is different to yours. Much psychoanalytic theory is sterile and dead--and attempts to link such theory to clinical material will be artificial and futile. However, theory is not an optional extra for the psychoanalyst, to be consigned to an esoteric plane. It should be a vital and useful framework based on clinical work, influencing technique, and telling analysts what to expect during treatment.

Objection: Primal repression is a concept stemming from the early days of psychoanalysis and reviving it means giving up all we have learned clinically and theoretically since then. Is that wise?

Reply: The phenomenon to which primal repression refers has not changed. And our development of the concept of primal repression is rooted in modern clinical and theoretical advances--object narcissism, for example, was not clearly conceptualized in the early days. In the absence of primal repression other concepts very similar to it have had to be rediscovered to explain what happens when the analyst reaches this area of the mind.

Objection: Your conception of primal repression is not remotely that of Freud's and you are confused, or confuse us in pursuing your argument.

Reply: Sorry, we stand by our reading of Freud, and our views are supported by other commentators on the topic in the English literature. If we have mis-read Freud, then simply use a different term for primal repression and re-read the paper: the argument should still stand.

Objection: The theory offered leaves too much unexplained in relation to matters like trauma, instincts, development of object-narcissism or neurotic states, the unconscious and psychosomatics.

Reply: Agreed--there is much more theoretical work to be done.

Problems in Applied Theory

Problem: You are explaining things that do not need explaining, because existing theory adequately covers all clinical phenomena.

Reply: Which existing theory? Classical-American? Kleinian? Kohutian? Winnicott's? Psychoanalytic theoreticians have unashamedly tended to ignore things that are not explained within their favourite theory. Our approach in this and other papers has been to confirm the validity of clinical phenomena reported by workers in the leading traditions and to integrate these deliberately.

Problem: Some of my analyses fit with your theory--but many more do not including some I would judge successful. Aren't you propounding a special case theory applicable to some patients but not to others?

Reply: It is not possible to comment on your analyses. However we would assert that we are propounding a general theory, with the only special case being that rare animal, the healthy patient. (By the way, other theories do not allow this case as a possibility!) There are a number of explanations for analyses which never leave the sphere of repressed wishes or of object-narcissism but this is too complex a topic to discuss here.

Problem: It is unnecessary or irrelevant to uncover or recover what really happened to a patient. Psychoanalysis only deals with the meaning which the analysand attributes to events.

Reply: Yes, the exact details of what really happened years ago cannot be recovered--indeed it is impossible to know exactly what happened yesterday. There is however a profound difference between attempting to obtain some objective historical perspective on events, however inaccurate in its details, and treating real significant and painful events as if they were some figment of the imagination. The latter course seems dangerous and insane.

Problem: The paper wrongly assumes that real traumatic events underlie mental illness whereas the triumph of psychoanalysis, and its technique is based on this, was to recognize that unregulated instinctual forces are the root cause.

Reply: The evidence is overwhelming that traumatic events can cause mental illness. We are puzzled as to why it is so difficult for analysts to accept this. Traumatic neurosis and post-traumatic psychoneuroses have been rediscovered by psychoanalysts, starting with Freud, after every war. Much more investigation is required about the nature of traumatization and the way families emotionally damage children--but this work must be done outside the psychoanalytic consulting room.

Clinicians' Questions

Question: Theory is so difficult! Do we really need primal repression and associated concepts as working tools in everyday clinical practice?

Reply: Yes. Without it you will have no sense of what is involved in the pursuit of emotional growth. Like those senior analysts in our paper, you will be surprised by the re-emergence of traumatic states, you will mistake deterioration for deterioration, and you may precipitate a meaningful catastrophe.

Question: Will this emphasis on real events weaken the analytic ethos of self-responsibility? Will we lose our leverage--in fact collude--if we agree with our patients that they have suffered?

Reply: The traumatic events are not usually approached till many months or more usually years have passed. In this lengthy early phase, the analyst implicitly and explicitly conveys the core value of self-responsibility and confronts invitations to collude. In the later part of the analysis, psychoanalytic values are certainly done a disservice if the analyst distorts the past or fails to help the patient allocate an appropriate portion of responsibility to the environment.

Question: But how will we know when to interpret fear of death as an anxiety rather than reflecting a real danger? Or when to see an action as growth-oriented rather than defensive?

Reply: If the ideas do not click with you, then only detailed discussion of a case or on-going supervision will help.

Question: Could you give some more detailed illustration of exactly what happens between patient and analyst in working with primal repression?

Reply: Yes, the current paper lacks any feel of how psychoanalytic work is patterned as the goal of emotional growth is pursued. In a coming paper we will assume the concepts and show them at work in depth in only one or two cases.