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REPRESSION THEORY: A NEW LOOK AT THE CORNERSTONE

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Repression is 'the cornerstone on which the whole structure of psychoanalysis rests' (Freud, 1914, p. 16). Repression theory is not only intimately interwoven with other fundamental psychoanalytic concepts, but is considered central to clinical work. Yet many clinical phenomena of neurosis, as well as more severe conditions such as narcissistic and borderline states, seem to challenge commonly held concepts of repression. Mental functioning in such states is usually considered to be too primitive to be understood in terms of repression, either clinically or theoretically, by leading psychoanalysts of all persuasions (Alexander, 1946; Balint, 1968; Ferenczi & Rank, 1925; Freud, 1920; Gedo, 1979; Gedo & Goldberg, 1973; Klein, 1946; Kohut, 1977; Kubie, 1953; Marmor, 1968; Winnicott, 1960b). Given such an accumulated and richly documented vein of clinical inquiry, we believe that a review of the theory of repression is obligatory. What does it say about the nature and mechanisms of repression? To what sort of phenomena does it apply, and which does it exclude? How consistent and well-developed a theory is it? Is it a universal statement about the working of the mind? The purpose of this paper is to examine the theory and link it to clinical experience. We will propose modifications which increase its generality, restore its centrality in psychoanalytic theorising, and enhance its clinical usefulness.

A Theory of Universal or Limited Applicability?

It is unclear from Freud's writings whether the propositions of repression theory were intended to be statements about the working of the mind applicable to everyone at all phases of life or limited to some category of persons or developmental period.

Madison (1961) has documented the numerous statements which indicate that Freud's concept of repression was synonymous with that of defence, and therefore a universal aspect of normal and pathological functioning. In the *Outline*, for example, Freud stated that 'the maintenance of certain internal resistances [to unconscious material] is a *sine qua non* of normality' (1940, p. 161); and in describing normal development he wrote that 'in consideration of its origin we speak of this latter portion of the id as *the repressed*' (1940, p. 163). However, by contrast, Freud also wrote that 'repression certainly does not arise in cases where the tension produced by lack of satisfaction of an instinctual impulse is raised to an unbearable degree'. As to the period of life when repression begins to operate, many of Freud's formulations describe its onset in early childhood at points of inevitable instinctual frustration or danger (1900, p. 604; 1915b, p. 182). On the other hand, Freud stated that 'repression . . . cannot arise until a sharp cleavage has occurred between conscious and unconscious mental activity' (1915a, p. 147); and went on in a companion paper to suggest that a 'sharp and final division between the two systems does not, as a rule, take place till puberty' (1915b, p. 195). These various provisos raise questions as to whether Freud wished to confine repression to some delimited phase of the life cycle, and whether he wished to exclude conditions which are not characterized by a 'sharp cleavage' (possibly referring to psychoses).

Restricting the applicability of repression theory has fostered creation of supplementary theory to cover clinical observations, especially those noted in work with borderline, narcissistic and psychotic patients. This is the path chosen in the major reworkings of psychoanalytic theory offered by authors like Klein (1946, 1948), Kohut (1971, 1977) and Gedo & Goldberg (1973).

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However, this path is unparsimonious, and seems to conflict with the spirit of Freud's views on repression. Despite occasional statements to the contrary, he appeared to regard it as a universal mechanism, as a 'universal mental process . . . at the root of the constitution of the unconscious' (Laplanche & Pontalis, 1973, p. 390). In reviewing the details of Freud's theory of repression, and testing them in our daily analytic work, we found ourselves opting for the development of a universally applicable theory.

Repression theory: a review

Repression Since Freud

Examination of the Chicago Psychoanalytic Index revealed several hundred papers dealing with repression and a handful discussing primal repression. A striking characteristic of this literature is the way that one aspect or another of Freud's views on repression are uncritically endorsed while the rich theoretical problems and contradictory formulations which he bequeathed are side-stepped. For example, neither Fenichel (1946) nor Anna Freud (1936, 1966) nor Nagera (1969–70) examine Freud's concept of primal repression which is a crucial component of the theory; and others, like Brenner (1957), dispense with this concept summarily.

Psychoanalytic authors from all schools, including many who reject substantial portions of Freud's work, seem to accept the idea of repression as useful, necessary or proven, or even as a fact of observation. Marmor, for example, rejects as cumbersome and obsolete the theory of instincts, the id-ego-superego model and psychic energy but regards repression together with conflict and transference as the foundation of any theory of psychopathology (1968). Only one author has drawn attention to this extraordinary attitude to repression (Madison, 1956).

Freud's work remains the most complete, searching and self-critical statement of the theory in the literature; and so we deal primarily with it in the review which follows.

The Nature of Repression

The nature of repression is defined by Freud in the opening paragraphs of two 1915 papers. It is a state of an impulse (1915a, p. 146) and it is the outcome of a process by which 'the idea which represents an instinct is prevented from becoming conscious' (1915b, p. 166). Freud made several attempts to find the most useful way to discriminate what is repressed from what is not, and from these attempts it is possible to distinguish several hypotheses which he used to explain the process of repression.

The topographic or dual-registration hypothesis was an early idea (1954, pp. 173–180; 1900, p. 539, p. 610). It corresponded to the observation that rendering material conscious involved presenting the patient with an auditory representation of the inferred unconscious idea and then helping this conscious idea to enter into connexion with the unconscious memory-trace. Freud became dissatisfied with this hypothesis because it did not explain the usual circumstance that mere provision of a word-presentation did not go very far towards making the connexion and so undoing repression (1913, p. 142). He replaced it by a more complex hypothesis to the effect that the transposition of a memory-trace from unconsciousness to consciousness involved a change of its state or form.

This second hypothesis is introduced in the following way. Speaking of the patient who has heard the analyst's presumably correct interpretation, Freud writes: 'he also has—as we know for certain—the unconscious memory of his experience as it was in its earlier form' (1915b, p. 175). Freud points out that 'the identity of the information given to the patient with his repressed memory is only apparent. To have heard something and to have experienced something are in their psychological nature two quite different things, even though the content of both is the same' (p. 176). Because this hypothesis emphasized the difference between the *form* of registration of an experience as it happened and the *form* of later verbal descriptions of it, it will be referred to below as the 'form hypothesis'.

The form hypothesis reflects the clinical truism that interpretations of repressed impulses and memories only make cognitive-emotional sense when they result from a process whereby elements of the original experience are currently alive in the transference. The patient and analyst must develop a way of talking about the original experience and must construct verbal accounts

which feel right: this is the work of overcoming repression. Working through, therefore, is not simply a matter of removing barriers to consciousness, but involves re-experiencing and formulating or re-formulating experiences in the context of the patient–analyst relationship.

In the 1915 papers Freud did not develop the form hypothesis but rather pursued the idea that the change of state between consciousness and unconsciousness was determined by cathectic shifts. He wrote: 'It must be a matter of a *withdrawal* of cathexis ... there is a withdrawal of preconscious cathexis, retention of the unconscious cathexis, or replacement of the preconscious cathexis by an unconscious one' (1915b, p. 180).

Freud used the concept of cathexis as a convenient economic metaphor covering a variety of heterogenous ideas, and nowhere provided a rigorous theoretical definition (Laplanche & Leclaire, 1961). Any hypothesis based on cathexis therefore makes us suspect hidden difficulties. In addition, Freud seemed to realize that the cathexis hypothesis of repression was not borne out by clinical experience; and this and other dissatisfactions contributed to his developing the structural model of the mind. However, Freud did not explicitly abandon the cathexis hypothesis of repression or return to the form hypothesis. His dissatisfaction with this state of affairs was reiterated in his last theoretical summary. 'What ... is the true nature of the state which is revealed in the id by the quality of being unconscious, and in the ego by that of being preconscious? ... But of that we know nothing' (1940, p. 163).

We can now summarize Freud's two major approaches to the nature of repression and thus unconscious experience: (1) a cathexis hypothesis to the effect that repression is determined by the withdrawal of preconscious cathexis from object representations with a resultant dissociation of word- and thing-presentations, and (2) a form hypothesis to the effect that repression is determined by the inaccessability of experience to verbal description. The cathexis hypothesis, which corresponds to the topographical model of the mind, is, as indicated above, unsatisfactory in its present state of development. The form hypothesis combines elements of both the topographic and the structural models, is intuitively understandable, and provides a link with modern psychoanalytic thinking. It therefore seems sensible to look to the form hypothesis as a basis for a reformulation of repression theory. Before taking up this task, we will briefly review the mechanism of repression.

The Mechanism of Repression

Freud maintained that the repression encountered in everyday clinical work with neurotics, *repression proper* (after-repression, after-pressure), is a secondary phenomenon which depends on the prior occurrence of a *primal repression* of thoughts, images or memories bound to an instinct. This hypothesis is stated as follows: 'We have reason to assume that there is a *primal repression*, a first phase of repression, which consists in the psychical (ideational) representation of the instinct being denied entrance into the conscious. With this a *fixation* is established; the representative in question persists unaltered from then onwards and the instinct remains attached to it . . . The second stage of repression, *repression proper*, affects mental derivatives of the repressed representative, or such trains of thought as, originating elsewhere, have come into associative connection with it' (1915a, p. 148).

If repression proper is distinct from primal repression and depends logically and developmentally on it, then any complete theory of repression has to give a prominent place to the concept of primal repression. That being the case, one might expect that we possess clearly stated hypotheses as to the nature and mechanism of primal repression. But we do not. Freud held different views of the matter at different times, and, as intimated earlier, the significance of the concept has not been agreed upon since.

Frank & Muslin (1967) traced the development of the primal repression idea in Freud's thinking and discriminated an earlier hypothesis of 'passive primal repression' (*c.* 1900) from a later hypothesis of 'active defensive primal repression' (*c.* 1920–1926). The first hypothesis stated that primal repression is unmotivated, being the result of the relatively late development of the secondary process and verbal ability in man. The second hypothesis equates primal repression with breakdown of the stimulus barrier as a result of excessive excitation and traumatization. It is then

seen as the prototypical pathological defence. Each of these hypotheses of primal repression poses insuperable problems which can be briefly stated. The notion that primal repression is inherent in normal development does not explain why some children and not others develop particular fixations and why neurosis, psychosis and other disturbances occur in the later life of one person and not another. The stimulus barrier hypothesis is a formulation based on psychic energy and suffers the profound deficiencies of cathexis theorizing described earlier.

In the task of revision which follows, we shall first attempt to develop Freud's form hypothesis so as to tackle the issue of primal repression; and then go on to consider repression proper.

Primal repression and psychic structure

Environmental Mediation and Intrapsychic Structure

Much work is yet to be done to produce a satisfactory conceptualization of the growth and development (i.e. structuring) of inner experience and of interference with this process. In this paper we draw on the researches of Mahler, Spitz, Winnicott, Bion, Kohut, Kernberg, Lichtenstein and others which assign an important and detailed role to the environment in the shaping and defining of a child's instincts. These workers enable us to see inner experiences as more or less stable results of interactions which occured between instincts or needs and the opportunities which were available for their satisfaction.

By putting the contribution of the environment to one side, Freud found himself in difficulties: 'It is not easy in theory', he wrote, 'to deduce the possibility of such a thing as repression. Why should an instinctual impulse undergo a vicissitude like this? A necessary condition of its happening must clearly be that the instinct's attainment of its aim should produce unpleasure instead of pleasure . . . But . . . there are no such instincts: satisfaction of an instinct is always pleasurable' (1915a, p. 146). By adding to this last sentence, 'given a facilitating environment', we may remove Freud's difficulty.

If the above addition is sound, an examination of the interaction of instinct and environment should enable us 'to deduce the possibility of such a thing as repression'. Freud himself recognized that the inclusion of the environment into theoretical formulations was both necessary and possible, at least in some other areas of interest. The basic unit of inner experience and the basic micro-structural unit of the mind—the wish—was always defined by Freud so as to include a representation of the child's specific environment (Friedman, 1977). He argued that the construction of wishes out of needs involved the mediation of the environment: repetitive experiences of satisfaction '[do] away with a need' (1915a, p. 119), and a mental connexion becomes forged between the need and the mental representation of the experience of satisfaction. Freud had defined this connexion as a wish at an early stage (1900, pp. 565–6). According to this notion, there can be no mental representation of a need or instinct in itself; any representation depends on experiences with the environment which serve therefore to define the instinct.

This understanding has been reasserted by American workers like Kris (1951), Schur & Ritvo (1970) and Loewald (1972), and by English psychoanalysts like Winnicott (1960a,b) and Bion (1962a). As Loewald put it; 'Instincts ... are to be seen as relational phenomena from the beginning and not as autochthonous forces seeking discharge' (1972, p. 242). Bion argues in a different vernacular that 'every junction of a preconception with its realisation produces a conception. Conceptions therefore will be expected to be constantly conjoined with an emotional experience of satisfaction' (1962a, pp. 306–7). Bion's notion of preconception ('an inborn disposition corresponding to an expectation' p. 306) appears to correspond to the notion of need, and, if so, his theory also describes the conversion of needs to wish-organized structures via environmental interaction.

Primal Repression is Faulty Psychic Structure

Psychic structure, defined in the previous section as stable co-ordinations between inner urges and the representation of experience, undergoes changes with growth in what is termed the 'maturational process' (Lipin, 1963; Winnicott, 1965). The function of structure appears to be the maintenance of identity and the flexible

accomodation to, and inclusion of, maturational changes and new experiences (Hartmann, 1958, Ch. 2, 8). Primal repression, it will be argued, can usefully and consistently be thought of in terms of faulty structure. Metaphorically speaking, the person has a 'hole' in the mind.

We have described how in healthy development the memory traces of satisfying experience with an object come to represent or symbolize a need, and in this process produce a psychic entity, a wish. The existence of wishes, and therefore of wish-organized behaviour, enables goal-directed and planned activity in the external world. Recent psychoanalytic research supports the notion that wishes consist of linked self- and object-representations, and should be considered the basic units of psychic structure. Growth of psychic structure reflects elaboration and transformation of the earliest object relations. In adult life, psychic structure mediates between needs and effective wish-based activities as the parent mediated between the child's needs and the world.

This way of defining psychic structure means that the possibility of mal-structuration commences with the onset of experience. The earliest mediation of needs would therefore be expected to be the most crucial. The state known to clinical medicine as 'failure to thrive' and described in foundling infants by Spitz (1945) is evidence that this is so. Poor mediation of needs at a later stage (whether due to traumatic overwhelming, insufficient care and attention, or distorted parental perceptions and responses) is less globally damaging but decisively alters psychic structure and so the person's capacity to relate to people. Such a person enters psychoanalysis because he discovers that he has certain vivid experiences which are not coherent and consistent with his overall perceptions and purposes, and actively interfere with his daily life. These have the quality of needs, and the analyst's task is not unlike that of the parent, though the method is very different. The task is to convert this need-organized functioning into represented wishes within a self/object relation. But right from the outset, the patient's need-driven experience is, from the perspective of the analyst, a wish to recreate the past, a past which the analyst often conceptualizes as an unconscious memory.

Repression and Unconscious Experience

This brings us back to our original inquiry into repression: in what sense is the memory unconscious and how is it kept that way? The answer sounds simple—there is no memory.[1] The patient is in a mental state which is not structured as a memory; and primal repression is the term which, we suggest, usefully describes such absence of structure. The state observed in the analysis has been perpetuated precisely because it reflects unmet needs, that is to say, personal urges which demanded but have not obtained adequate mediation. The analyst, in dealing with the state, in effect mediates the needs and so they become represented as structured experience. Lifting of repression is therefore equivalent to repair of psychic structure.

In referring to the absence of memory we do not mean to restrict memory to verbal representation of the past. Memory, like other components of mental experience, is not and should not be restricted to a form of verbal thought. Freud recognized this (1915b, p. 192; 1940, p. 162); Kleinian writers have particularly emphasized it (Bion, 1957; Klein, 1957); and Lichtenstein (1964), Lewin (1968) and others also refer to early non-verbal patterning of experience. The point to be emphasized is that pathological interference with the representation of needs by way of satisfactory environmental mediation is independent of the distinctions verbal/pre-verbal or verbal/non-verbal. The convention linking consciousness with language has artificially constrained the understanding of repression, and contributed to it seeming inadequate for dealing with the effects of severe mal-development. The result, as we noted in the opening paragraph of this paper, has been the proposal of new mechanisms and processes—denial, disavowal, vertical splitting, projective identification, ego distortion, disturbances of symbolization and others—all apparently unrelated to repression.

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[1] Cf. Freud (1940, p. 197) 'And if, for instance, we say: "At this point an unconscious memory intervened", what that means is: "At this point something occurred of which we are totally unable to form a conception, but which, if it had entered our consciousness, could only have been described in such and such a way".'

It is reasonable and parsimonious, however, to regard all phenomena of pathological unconsciousness, at whatever stage incurred and in whatever form encoded, as resulting from primal repression. That is to say, they all result from, or are an expression of, interference with healthy, wish-organized representation of experience. We believe that this corresponds to what Freud meant by primal repression. If our argument is valid, the way is then clear to develop more detailed analyses of the newer, clinically valuable concepts listed above so as to integrate them within a broader framework.

Recapitulation

To summarize: A child's positive personalized affective interchange with key caring persons in the activities of his daily life gives rise to healthy, wish-based psychic structures. These subserve both maintenance of sameness (identity) and flexible assimilation of new experience, creativity and maturational growth. Primal repression is the mental consequence of a break-down in this developmental process. Such a line of thinking can be traced back to Ferenczi (1949a, p. 228; 1949b, p. 234) who suggested that early environmental failure led to a pathological split between conscious and unconscious mental activity.

In contrast to repression proper (*v. infra*) which involves rejection by the mind of already formed wishes, primal repression could be defined as the failure to develop a wish. One might say therefore that what is repressed primally is not a wish but a potential resulting from a lost opportunity. Undoing a (primal) repression therefore creates the possibility of a new beginning, as described repeatedly by Balint (1932; 1968). The same notion was captured by Winnicott in his description of 'true self' organization as a potential self, able to be developed in response to the opportunities opened up by analysis (1960b, 1971).

Repression in infancy, childhood and adult life

One consequence of the above formulation of primal repression is that it may occur at any stage of life. Regardless of the stage of life, the primal aspect of repression manifests subsequently as repetition-compulsion functioning or need-organized behaviour (Cohen, 1980). The earlier the primal repressions occur the more extensive the effects on subsequent development are likely to be, barring corrective influences. This is because of transference-like distortions of subsequent events and the resulting interference with developmental opportunities. We will briefly discuss the relevance of primal repression in the early pre-verbal period, the oedipal phase and later life.

Infancy

Primal repressions occurring in the preverbal stage give rise to contextually inappropriate feelings, bodily states and actions. It is a common observation that very young children of abusing parents react to a friendly approach with intense fear, cowering and stiffening. Bodily reactions associated with the perception of stimulus characteristics of the parents have been frequently noted in studies of abused or neglected infants (Bergman & Escalona, 1949; James, 1960; Viederman, 1979). This is not to say that all primarily non-verbal manifestations in analysis are memory-forms of early primal repressions. Other evidence from the analysand's history, from the countertransference and from the course of the analysis would be required to draw this conclusion.

Childhood

Primal repression may play one of two roles in the oedipal phase. First, there may be a transference-like effect in which pre-oedipal primal repressions lead to a distortion of oedipal development, as in the familiar case in which anal-stage repressions lead the child to perceive sexuality in terms of dyscontrol, exaggerated aggression, soiling and loss. This aspect corresponds to Freud's view that primal repression acts 'from below' to draw into the unconscious later-arising impulses (Freud, 1915a, p. 148). Second, primal repression can occur for the first time at the oedipal stage as a result of specific problems at that time.

In this latter case, the notion that wishes for incest and parricide are laid down in the system unconscious should be taken to reflect a deficiency of the needed childhood context. In other words the Oedipus complex and its

repression are to be seen as a result of pathological development rather than as its cause. This has been suggested previously by Kardiner (1945, p. 374), Kohut (1977, pp. 246–8) and Loewald (1979); and the same conclusion has been reached by child analysts observing children actually going through the oedipal phase (Anthony, 1970). The issue can be thought of in terms of necessary versus sufficient cause. Sexual and aggressive impulses in the child/parent triad are universal, as is the capacity for fantasies about sexual differences, sexual intercourse, and parent-child relations. These oedipal experiences are a necessary but not sufficient condition for repression at the oedipal phase.

Adult Life

Development continues in later life, and so it is to be expected that adults would show a continuing vulnerability to primal repression and subsequent neurosis or psychosis in response to severe enough environmental failure. This contrasts with the view held by Freud and most analytic writers that no new primal repressions occur after the oedipal period. Although an adult does not depend any more on one or a few other individuals, he does depend heavily on his physical and social context. Hence we must refer to the literature on the human response to serious disruption of this context to test our hypothesis. There are two types of environmental disruption. First, there are natural and man-made catastrophes such as earthquakes, floods, war and atom-bombing. Second, there is the deliberate destruction of an individual's supportive context as occurs in hostage-taking, brain-washing, political torture-prisons and concentration-camps. The clinical literature from both sources supports our prediction (Kinston & Rosser, 1974).

Such extreme environmental failure produces a well-defined psychopathological entity known as the traumatic neurosis which is characterized by fixation on the trauma, severe anxiety, traumatic dreams, tendency to emotional outbursts and constricted psychic functioning. Such a condition occurs in stable healthy individuals and its likelihood is not correlated with pre-existent psychopathology. For example, in one theatre of war all soldiers became incapacitated after approximately 75% of their companions were killed (Swank, 1949). And studies of concentration camp survivors repeatedly find that psychopathological disturbance is not correlated with pre-existing pathology (e.g. Eitinger, 1964). Without appropriate treatment, the usual course of adult traumatization is to consolidate into a typical psychoneurosis whose roots may be traced to the traumatic event (Kardiner, 1941; Horowitz, 1976).

Repression proper

Having clarified that primal repression may occur at any stage of life, we must now consider one of its most important consequences, repression proper. We shall focus, as is usual, on childhood experience. The child is faced with a situation in which his needs are not being adequately mediated: someone he trusts has engaged him in an exciting, frightening or painful emotional interaction and simultaneously has distorted or denied the reality and significance of the events. A state of confusion, helplessness and anxiety prevails. The child copes with this traumatic state in a variety of ways including regression, illness, disconnexion or other object-narcissistic states so as to protect himself. The consequence for psychic structure is that adequate representation of certain needs fails to develop. The unmet needs and their defective representation remain, however, and as the child develops and the precipitant passes, he is left with a fault in his psychic structure, the primal repression.

In the absence of corrective influences, this fault persists with important consequences some of which are often not appreciated as part of repression theory. The psyche is sensitized by a process of stimulus generalization to anything resembling the precipitant, and the person then actively avoids perceiving or encountering such stimuli. If avoidance fails, the person experiences intense anxiety and suffers mental disorganization. (It is as if the unconscious erupts through the hole, making the world confusing and dangerous.) Avoidance of reality, inner and outer, is the primary mode of adaptation. The person does not use ego defences but has a form of self-protective armour. This has been described

elsewhere as pathological object-narcissism (Kinston, 1980, 1982). Mental functioning in this state is often described using terms like omnipotence, splitting, primitive denial and persistent or massive projective identification. If traumatizations are severe and repetitive enough to threaten psychic existence, object-narcissism persists and interpersonal relating is manipulative.

If traumatization is self-limited or affects only a part of mental life, a second form of psychic adaptation develops—repression proper. In this process, the terror of the environment helplessly undergone during the traumatic state is linked with existing representations of inner needs. These include wishes, operative during the trauma, which come to represent the trauma symbolically. Terror is thus internalized rather than remaining interpersonal. When interpersonal fear is transferred to mental life in this way the person comes to hold the operative wishes accountable for the interpersonal failure. The advantage of internalization is that a sense of mastery is obtainable through active mental manipulation of the culpable wishes and fantasies. Such manipulation is, in a sense, magical. And it inevitably restricts freedom of thought. (It is as if thoughts in the vicinity of the hole are automatically diverted, and altered into preoccupations with impulses.) The many varieties of mental manipulation, some more and some less magical and restrictive, have been described as the mechanisms of defence (A. Freud, 1936). The choice of mechanisms by the child is influenced heavily by those mechanisms accepted by, or in regular use within, the family. The cost of repression is a loss of psychic flexibility and spontaneity together with persistent anxiety and guilt. These effects are most noticeable if the individual enters psychoanalysis where they are recognized as resistance to free association and to mediation of needs.

If repression proper develops, it typically modifies the self-protective reactions (denial, splitting, projective identification etc.) which appear most immediately when crucial needs go unmet. The defences of repression proper involve symbolic transformation of these original self-protective states. In this process, aspects of the self and the person's relationship with significant others are represented as endangered by wishful impulses. Defence formation is also contributed to by family interactions at the time which do not address the immediate needs. Repression proper does not alter the primal repression itself, which being devoid of representation (by definition) cannot be symbolically transformed. Primal repression can only be modified by need-mediating interactions with people.

This formulation of repression proper as the psyche's attempt to adapt to primal repression is consistent with Freud's notion that once the mechanism of repression proper becomes available maturationally, primal repression and repression proper operate synergistically in maintaining the unconscious state.

Suggestion for a clinical categorization

The notion that primal repression occurs at different points of development with varying consequences suggests a psychoanalytic categorization of analysands which may usefully complement conventional diagnoses and clarify aspects of the healing process.

Type 1: Healthy Individuals

In healthy development there is no repression in the psychoanalytic sense, just lesser or greater degrees of forgetting. The reason for forgetting the aspects of a previous stage of mental organization is not conflict but loss of meaning, as described by Winnicott (1971, p. 6). In a similar way Schlesinger (1970) described repression as impaired forgetting. In healthy development the organization of an earlier stage has served its purpose and the child has gone on to form new mental structures; there is no need to perpetuate an earlier state except as represented in memory. In this form, the past remains available preconsciously for recall or regression in the service of the ego.

When such persons come into analysis, and they sometimes do as a result of, or in preparation for, a particular stress, the psychoanalyst notices that regression is easily facilitated, and that the interpretation of experience as presented in dreams, visual imagery, affects, gestures and actions proceeds without major blocks. There is no transference neurosis as such. Unpleasant childhood events are recovered or reconstructed as having affected and shaped the analysand's mental life more or less pathogenically (A. Freud, 1967), but they do not lead the analyst to infer traumatization.

In such cases interpretation within the analytic context is usually sufficient for both conflict resolution and psychic growth. The patient is able to use everyday life to obtain new experiences necessary to construct representations which permit further wish-organized behaviour in the world. People who request therapy to deal with present or future life events may be attempting to prevent neurosis by obtaining a supportive environment in which a potentially traumatic situation can be represented.

Type 2: Neurotic Individuals

The second type of mental functioning corresponds to the neuroses. The characteristic feature of the developmental pattern is limited or discrete failure(s), possibly following a temporary failure of care due to maternal sickness or associated with parents who handle sexuality poorly throughout childhood and adolescence. By virtue of such discreteness, the child is able to consolidate the damage of these primal repressions by subsequent formation of psychic defences which prevent re-emergence of the traumatic state. In adults as well, the acute traumatic neurosis consequent on disasters is usually followed by apparent recovery through defence formation and the long-term result is a typical psychoneurosis whose features are only accessible to analytic uncovering.

When such patients come into analysis, the psychoanalyst has a difficult task in enabling regression and is faced with one (or more) transference neuroses. These function as powerful resistances to the re-experience of some specific traumatic state characterized by intense terror, helplessness and pain.

The analyst is therefore called upon to mediate as well as interpret during the process of working through. Mediation is required to enable representation of needs and growth of psychic structures. This mediation is not a parameter but an inherent part of the analytic relationship which becomes prominent in the management of such patients. It has been termed variously, holding (Winnicott, 1965), containing (Bion, 1962b), functioning as a primary substance (Balint, 1968), as a primary object (Fleming, 1978), as a selfobject (Kohut, 1977) or as a need-satisfying object (A. Freud, 1966).

Type 3: Cumulatively Traumatized Individuals

The third type of mental functioning corresponds to a broad group of more severe conditions. The essential feature of the developmental pattern is sufficiently repeated or cumulative traumatization from infancy (Khan, 1963), and therefore continual primal repressions. In such a pattern the child has poor representation of wishes and therefore a poor system of psychic defences. The poor representations make symbolization and internalization unreliable. As a result, he remains vulnerable to terror of the environment. This vulnerability is handled through the formation of cocoon-like structures which have been termed variously schizoid personality (Fairbairn, 1952), false-self (Winnicott, 1960b), narcissistic organization (Meltzer, 1973), narcissistic personality organization (Kohut, 1971) or pathological object-narcissism (Kinston, 1980, 1982).

When such patients come into analysis, the psychoanalyst is faced with a patient who does not seem to be properly relating to him. Regression may be massive or apparently totally blocked, and social decompensation or sudden psychic disorganization is often sensed as a threat to orderly treatment. The analyst has glimpses of the patient's inner chaos and his terror of any interpersonal relations.

The central task of the analyst is to find ways to exist with the patient so as to enable him to enter into genuine relation. Interpretive capacity is essential but, given that, much controversy exists about the nature of mediation. Different approaches are evident in the work of various workers: for example, Klein and those influenced by her use a complex conceptual system centred on splitting and projective identification (Rosenfeld, 1966; Kernberg, 1975); Kohut (1971) emphasizes the analyst's accepting of mirroring and idealizing transferences; and many authors consider symbolic gratification of needs within a structured setting to be crucial (Bettelheim, 1953; Fromm-Reichmann, 1950).

Conclusion

Competing and contradictory hypotheses have long existed in the current theory of repression and have interfered with its clinical application.

The major problem has been a lack of focus on primal repression, its significance, its mechanism, its relation to repression proper and to the unconscious state.

Freud persistently held to a scheme of primal repression as a state with its roots in trauma, and of repression proper as a defensive process evolving out of primal repression (1926, p. 94; 1937, p. 328; 1939, pp. 200–201). However, his elaboration of the theory has been insufficient. In considering primal repression, we have drawn on Freud's conception of psychic structure as dependent on mediation of needs. Primal repression is seen as an absence of structure due to the trauma of environmental failure. In the absence of corrective experience, primal repression is typically followed by two modes of adaptation. Repression proper is the mode which has been best articulated: it is characterized by internalization and the construction of defences. Terror of the environment is converted to anxiety, including guilt, and mental processes become rigidified. To the extent that repression proper does not develop, the individual remains prone to terror of the environment, and adapts psychically in a more primitive fashion using various self-protective devices.

In this paper we have tested these ideas against clinical knowledge and given some indications of their practical usefulness. Various issues have of necessity been only briefly touched on and call for more detailed study. These issues include the nature of needs, their representation and relation to instincts; the clinical presentation of primal repression, particularly in relation to phenomena like projective identification; the process of need mediation and structural growth during psychoanalytic therapy; and, last but not least, the unconscious state itself.

Summary

The purpose of this paper is to revise the theory of repression so as to resolve long-standing theoretical inconsistencies, to increase congruence with data and concepts generated by new clinical problems; and to contribute to analysts' understanding of patients. Our approach is based on Freud's conception of psychic structure as based on representations, which stem from needs mediated through satisfying experiences. We have also adhered to Freud's persistently held ideas of primal repression as a state with its roots in trauma, and of repression proper as a defensive process evolving out of primal repression. The most significant clinical findings are the possibility of primal repression at any stage of life, not just in childhood; and the possibility of healthy development without repression. The revised theory leads to a new general classification of analysands and clarifies the need for both components of the psychoanalytic method, resolving intrapsychic conflicts and facilitating emotional maturation. The most significant theoretical outcome is a reaffirmation of repression as the basis for any general theory of psychopathology.

Translations of Summary

Le but de ce rapport est celui de revenir sur la théorie de la repression pour pouvoir résoudre des anciennes inconsistences théoriques afin d'augmenter la congruence avec des données et des concepts crées par des problèmes cliniques nouveaux et pour contribuer à la compréhension des patients de la part de l'analyste. Notre approche est fondé sur la conception de Freud de la structure psychique basée sur des représentations qui sont le résultat de besoins qui ont eu comme médiateur des experiences satisfaisantes. Nous adhérons, également, aux idées de Freud soutenues avec persistance sur la repression primaire comme un état qui est enraciné dans le trauma, et sur la repression au sens propre comme un processus defensif qui se developpe de la repression primaire. Les découvertes cliniques plus significatives se trouvent autour de la possibilité de la répression primaire à n'importe quelle période de la vie et pas seulement pendant l'enfance et aussi au sujet de la possibilité du developpement sain sans repression. La théorie revisée conduit à une nouvelle classification générale des personnes qui sont en analyse et éclaircit le besoin de deux composantes de la méthode psychanalytique en apportant une solution pour des conflits intrapsychiques et facilitant de développement émotionnel. Le resultat théorique plus significatif est la reaffirmation de la répression comme la base de toute théorie générale de psychopathologie.

Der Zweck dieser Arbeit ist die Verdrängungstheorie zu revidieren um auf diese Weise seit langem bestehende theoretische Widersprüche aufzulösen, um eine grössere Ubereinstimmung zwischen Daten und Begriffen, die im Laufe der Behandlung von klinischen Fragen erzeugt werden, hervorzubringen; und um einen Beitrag zu leisten, der zu grösserem Verständnis der Patienten durch den Analytiker führt. Unsere Methode basiert auf Freud's Auffassung der psychischen Struktur, als eine Struktur, die auf Vorstellungen gründet, die Bedürfnissen entstammen, die durch befriedigende Erfahrungen vermittelt sind. Wir halten auch an der Ansicht Freud's fest, auf die er immer bestand, dass primäre Verdrängung ein Zustand ist, der durch Traumata hervorgehoben wird, wobei die Verdrängung an sich, als ein defehsiver Zustand betrachtet wird, der sich als Folge primärer Verdrängung entwicklet. Die bedeutendsten klinischen Entdeckungen sind diejenigen die die Möglichkeit primärer Verdrängung zu jeder

Lebensphase und nicht nur während der Kindheit: und diejenigen die die Möglichkeit einer gesunden Entwicklung ohne Verdrängung, betreffen. Die revidierte Theorie führt zu einer neuen Klassifikation von Patienten. und erläutert die Notwendigekit beider Bestandteile der psychoanalytischen Methode, d.h. intrapsychische Konflikte zu lösen und die psychische Reifung zu fördern. Das wichtigste theoretische Ergebnis ist die erneute Behauptung, das Verdrängung, die Grundlage jeder allgemeinen Theorie der Psychopathologie ist.

La finalidad de este articulo est revisar la teoria de la represión a fin de resolver viejas inconsistencias teóricas, incrementar la congruencia con datos y conceptos generados por nuevos problemas clinicos, y contribuir al entendimiento de los pacientes por parte de los analistas. Nuestro enfoque se basa en la concepción de Freud de que la estructura psiquica está fundada en representaciones resultantes de necesidades atendidas mediante experiencias satisfactorias. Nos hemos adherido también a las ideas persistentemente mantenidas por Freud de que la represión primitiva es un estado que tiene sus raices en el trauma, y que la represión propiamente dicha es un proceso defensivo que evoluciona a partir de la represión primitiva. Los hallazgos clínicos más significativos son la posibilidad de que se dé represión primitiva en cualquier estadio de la vida. no sólo en la niñez, y la posibilidad de que exista un desarrollo sano sin represión. Le teoria revisada nos conduce a una clasificación general de pacientes y clarifica le necesidad de que el método analítico contenga estos dos componentes: resolver los conflictos intrapsiquicos y facilitar la madurez emotiva. La conclusión teórica más significativa es la reafirmación de la represión como la base de cualquier teoría general de psicopatología.

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