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Appropriate understanding of the relationship between trauma, which refers to events in the external world, and repression, which refers to purely mental phenomena, should be of enduring psychoanalytic interest. In its most general form this relationship is the core problem of psychoanalysis, which aims at understanding how events in the external world affect mental experience and cause or cure psychopathology.

Psychic traumatization such as that resulting from the Holocaust directs our attention forcibly to this relationship. The clinical phenomena demonstrate that some events imprint themselves on the mind, destroying psychic structure and creating severe psychopathology in previously healthy individuals.

The concept of trauma is ambiguous and controversial in present-day psychoanalysis. As in general medicine, it bridges cause and effect, referring simultaneously to a psychic outcome (literally, a "wound") and to the events that caused it. It is controversial theoretically because the concepts found necessary for understanding traumatic reactions, by Freud and others — and which collectively constitute a quite distinct paradigm of psychopathology — seem to be either independent of or supervalent to libido theory. Freud's major theoretical work on trauma (1920), for example, strongly implied that repetition compulsion, the mode of mental organization

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that follows trauma, underlies and accounts for the compulsive quality of instinctual life:

The manifestations of a compulsion to repeat (which we have described as occurring in the early activities of infantile mental life as well as among the events of psycho-analytic treatment) exhibit to a high degree an instinctual character and, when they act in opposition to the pleasure principle, give the appearance of some "daemonic" force at work. ...

But how is the predicate of being "instinctual" related to the compulsion to repeat? At this point we cannot escape a suspicion that we may have come upon the track of a universal attribute of instincts and perhaps of organic life in general that has not been clearly recognized or at least explicitly stressed. It seems, then, that an instinct is an urge inherent in organic life to restore an earlier state of things that the living entity has been obliged to abandon under the pressure of external disturbing forces" [1920, pp. 35-36].

Freud here clearly delineated the primary reason that trauma is of such special interest for psychoanalytic theory. Trauma brings about mental functioning that displays the essence of instincts but disobeys the fundamental principle previously thought to explain them and their repression. A phenomenon that so profoundly upsets accepted notions of causality in a science is bound to be controversial, and this has indeed been the fate of the trauma paradigm. The idea of a realm of mental functioning "beyond the pleasure principle" has not been well accepted or integrated into the main body of psychoanalytic theory (e.g., Kubie, 1939; Bibring, 1943; Schur, 1960).

In previous work, I have shown that the trauma paradigm is an underdeveloped theoretical resource for psychoanalysis by demonstrating its usefulness in understanding problems of psychic structure (Cohen, 1980) and somatic forms of representation (Cohen, 1981) and in elucidating the controversy between conflict and deficit formulations of psychopathology (Cohen, 1984). Because it has

neglected the role of the environment, the theory of repression, the key explanatory theory of psychoanalysis, has become solipsistic. The trauma paradigm can correct that problem if its proper relation to repression theory can be constructed.

In this paper I focus on the relationships between trauma theory and repression theory in an effort to clarify problems of psychic structure, specifically, to explain its dual role in determining inner experience and mediating between inner and outer reality. Recent research of Cohen and Kinston (1984) into the theory of repression will be reviewed and extended in order to show the utility of the trauma paradigm for solving the problems of that theory.

I first discuss the limitations of repression theory as currently used, arguing that an improved theory must encompass two bodies of work that have elaborated Freud's insights into psychic trauma in crucially important ways but which have not been suitably integrated into the main theory — namely, Kardiner's theory of traumatic neurosis and Kleinian theory.

How Must We Change the Theory of Repression to Accommodate Trauma?

The concepts of trauma and repression have always been linked in psychoanalytic theory. But the nature of trauma, its external and internal characteristics and its relation to repression, underwent major changes in the course of the development of Freud's thought. His original idea that seduction and other interpersonal traumas create fixations that lead to neurosis was gradually downplayed until trauma tended "to become synonymous, in the context of the causation of neurosis, with what Freud elsewhere called *Versagung*, frustration" (Laplanche & Pontalis, 1973, p. 468). With this tendency came, naturally, the view that neurosis was as ubiquitous and inevitable as the frustrations of civilized life.

In the aftermath of World War I, with its high incidence of traumatic neurosis, Freud's attention returned to the idea that terrifying or life-threatening events were a specific etiologic factor in neurosis. His

instinct-based theory had by then undergone considerable development. Traumatic phenomena challenged certain major assumptions and predictions of that theory. For example, Freud recognized that the typical dreams of trauma victims refuted his theory of the universal wish-fulfilling character of dreams (Freud, 1920).

This refutation led him to put forward a far-reaching and controversial revision in which he described a new level of psychic organization "beyond the pleasure principle" that could be produced or activated by trauma.

Many analysts regard this revision as too radical a departure from libido theory. They have argued that traumatic phenomena, such as nightmares and traumatic repetitions, are explainable perfectly well in the same libido-theoretical terms as are neurotic repetitions in general; for example, in terms of the ego's pleasure in mastery (e.g., Kubie, 1939; Hendrick, 1942; Schur, 1966). In other words, traumatic phenomena do not require a new principle, paradigm, or instinct (see Cohen, 1980, for a discussion).

These arguments backtrack, evading rather than confronting the issue Freud saw so clearly. For he clearly differentiated repetition per se from the compulsion to repeat disturbing or damaging events that cannot be represented in usual memory forms. "[R]epetition, the re-experiencing of something identical, is clearly in itself a source of pleasure. In the case of a person in analysis, on the contrary, the compulsion to repeat the events of his childhood in the transference evidently disregards the pleasure principle in every way" (Freud, 1920, p. 36).

In adults, the phenomenon requiring a new economic principle is the appearance de novo of psychopathology. In structural terms, there is a drastic alteration or destruction of psychic structure. Protean psychopathology, physical disease, and even death may result.

That finding indicates that psychic structure depends for its maintenance on environmental support throughout life, not just in childhood. This formulation is congruent with the basic psychoanalytic theory of psychic structure formation, if extended to include the entire life cycle (as has been done by Erikson [1959, 1968] in a different idiom). Freud's theory of 1900 had proposed that the

structural unit of the mind, the wish, was constructed from the interaction of needs and experiences of satisfaction. Through the personal mediation of needs, a more complex level of psychic organization is created. Needs, unknowable in themselves, come to be symbolically represented by the experiences through which they are realized. Such representations are wishes, and the internalized capacity is wishing. In healthy development need-driven interaction with the environment, requiring action by another person, gives way in part to symbolic interaction mediated by wishes, while other needs arise.

In spite of Erikson's work, formulations explicitly extending experiential structuring of the mind ("development") to the entire life cycle remain controversial with respect to the assumption that the essentials of structural development are completed with the passing of the oedipal era and the establishment of the repressing agency, the superego. We must, therefore, turn to research that has tackled this assumption at an explicit theoretical level.

A body of analytic work suggests that this assumption describes neurotic development better than either healthy or more severe pathological development (e.g., Loewald, 1979). The issues are the same ones that confront us in the trauma paradigm — the adequacy of libido theory as a self-contained motivational theory and the role of the environment in determining the structure of "drives."

Gill (1963) and Schur (1966) concluded from their respective examinations of structural theory that the id should be regarded as a part of the mind with a developmental history and thus structured by way of interpersonal experience. Loewald (1972, p. 242) stated his similar conclusion elegantly: "Instincts ... are to be seen as relational phenomena from the beginning and not as autochthonous forces seeking discharge."

There is no compelling reason to assume that the essentials of structural development are completed with the passing of the oedipal era. In fact, it would seem to be the case that the experiential structuring of the mind — allowing new needs to emerge and constructing experience that satisfies them — is the very crux of creative adult existence. But that human condition is also the human

dilemma, because it carries with it a lifelong vulnerability to injury from the world of people — ultimately, the only source of need-satisfaction.

Given that conclusion, Loewald's belief that instincts are relational phenomena applies throughout life to all aspects of mind that are structured through experience. But what things are held in what relations thereby? Let us consider wishes, the basic units of psychological experience and mental structure. As relational phenomena, a person's system of wishes may be described as having two functions. With respect to self-experience, the system constitutes a person's inner or representational world. In its personal uniqueness, stability over time, and resistance to unwanted change this system is described as a person's identity or personality structure. Let us designate this function as Function 1.

The system of wishes also guides a person in seeking and mastering new stimuli and situations. It is a template by which emergent needs are recognized and transformed through new interactions into new wishes and experience. The transformational function, which we will call Function 2, is less well understood in psychoanalytic theory than the structural. It corresponds to Bion's (1962) term alpha function.

The notion that symbolized, wish-organized functioning evolves continuously from a more primitive need-organized condition, and depends throughout life on a need-mediating context, raises the question of reversibility in the sense of the destruction of existing structure. Under what internal and external conditions can psychic structure (stable, wish-organized, symbolic functioning) be destroyed? The intrapersonal, symbolic conditions have been explored at great length in the literature dealing with inception of illness. It is in relation to the contribution of life events that traumatic phenomena have the greatest relevance.

These phenomena tell us that when the external environment becomes sufficiently hostile to the mediation of current needs, structured functioning is destroyed. In traumatic reactions of adult life, previously healthy people lose the capacity for wish-organized symbolic and pleasurable functioning, and may be driven mad, sicken,

or die. This is clearly not simply because of the symbolic meaning of current events in relation to existing mental content. Rather, there is a massive destructuring, which applies to both the identity aspects of the personality (Function 1) and the transformational, wish-creating aspects (Function 2). Existing wishes are destroyed and the capacity to construct wishes impaired. Traumatized individuals can neither exist as they were nor imagine going on and, in some cases, die (Kardiner, 1941; Krystal, 1978).

If events were pathogenic merely because of their symbolic meaning (excitation of repressed instinctual impulses and wishes for punishment), regressive and symbolic adaptations would take care of the problem. A new equilibrium would be created through the familiar mechanisms of neurotic symptom formation, and the symbolic system itself would continue to function. But in traumatic neurosis, such adaptations do not work. Symbolizing capacity breaks down and the resulting mode of being is thus fundamentally different from that arrived at in ordinary neurosis. "Traumatic neurosis differs from other neuroses in that its symptoms, including the traumatic dreams, are not amenable to interpretation. In other words, traumatic neurosis has no unconscious meaning" (Rycroft, 1968, p. 171). This crucial differential, which originated with Freud (1920, p. 13), was most systematically articulated by Kardiner (1941).

It would seem that an improved theory of repression must explain—in addition to impulse-defense conflicts—the destruction of psychic structure as a function of the interaction between needs and environment.

The Clinical Test of Repression Theory and the Search for Alternatives

The theory of repression is the fundamental theory of psychoanalysis, "the corner-stone on which the whole structure of psychoanalysis rests" (Freud, 1914, p. 16). Yet, as presently articulated, it does not account well for certain kinds of pathology. In addition to traumatic neurosis per se, many clinical phenomena of current interest,

spanning the diagnostic range, implicate trauma and challenge commonly held concepts of repression. Mental functioning in such states is considered to be inadequately covered by the theory of repression by leading psychoanalysts of all persuasions (e.g., Ferenczi & Rank, 1925; Alexander, 1946; Gedo & Goldberg, 1973; Kohut, 1977; Loewald, 1979).

In the major reworkings of psychoanalytic theory that have been constructed to account for these states, the theory of repression itself has been left to one side while special or supplementary theories, many of them stressing deficiency states, have been proposed to cover the exceptions (e.g., M. Klein, 1935, 1946; Kohut, 1971, 1977; Gedo & Goldberg, 1973). London (1973a, b), in a perceptive pair of essays, has noted the confusion that abounds in the psychoanalytic literature of schizophrenia due to this failure to reconcile the conflict-based theory and the deficiency-based theory. He suggested that if the two theories "can be brought together, it might be done by finding a bridge between schizophrenia and traumatic neuroses," and made the important observation that common to both conditions is "a disturbance in the capacity to organize memory traces into mental object representations" (1973b, p. 182). However, he did not himself attempt this bridging. Among psychoanalytic authors only Madison (1956, 1961) seems to have explicitly noted as a present problem the failure to elaborate the theory of repression.

It has not been recognized that the theory of repression is the cornerstone of psychoanalysis precisely because it contains under one conceptual roof the basic elements of conflict theory (in the theory of repression "proper") and deficiency theory (in the theory of primal repression). These two partial theories require explicit formulation and then integration. Formulation of the theory of primal repression has to date been inadequate. Integration has been hampered, if not rendered impossible, by this lack of explicit formulation. This has led analysts to assume that failure of adequate environmental response and the structural deficiencies that result either must be explained apart from repression theory (thus giving rise to a separate line of deficiency theories) or, if they are not too

severe, must result in repression proper as a final common path, so that structural deficiency may in effect be neglected theoretically. This approach to repression theory (e.g., Brenner, 1957) gives rise to the paradoxical and unsatisfactory idea of the "normal ego" in neurosis (Eissler, 1953). These "ego-psychological" approaches and conclusions have justified the continued use of neurosis-based models as a paradigm for psychopathology in general.

In what follows I explore an alternative approach. Rejecting the idea that neurosis is the most general model for psychopathology, I argue that psychopathology, including neurosis, is better explained as the effect of trauma and primal repression, with repression "proper" understood as a modifying influence. In support of this view, I trace the development of the trauma paradigm from Freud through Kardiner and M. Klein.

Freud, Klein and Kardiner

Freud

In "Beyond the Pleasure Principle," Freud described the destruction of the capacity for representation and symbolization attendant on trauma. He described these effects in terms of his then current economic, structural, and information-processing models of the mind. He conceived of the system conscious (Cs) as the stimulus barrier, the part of the mental apparatus specially and permanently adapted by virtue of the "ceaseless impact of external stimuli" (1920, p. 26) to sample, register, and interpret events in the outside world in a manner codetermined by maturation and the individual's accumulated experience. This specialized, programmed way of interpreting the world, which includes secondary-process or asymmetric thinking (Matte Blanco, 1975), protected the "underlying layers" against "the effects threatened by the enormous energies at work in the external world" (1920, p. 27). But the structural integrity of this system could be destroyed by stimuli so overwhelming or so discrepant as to render its information- and energy-transforming

properties ineffective. Such traumatic stimuli would disrupt normal perception and representation and memory-trace formation. The result, in the absence of some corrective influence, would be a permanent disruption of these functions in the region of the traumatic breach and a consequent reconstituting of a more archaic mental organization. The clinical correlate of this mental organization was repetition-compulsion functioning.

In "Beyond the Pleasure Principle" trauma was discussed partly in terms of the metaphor of quantity and partly in terms of its pattern- or structure-destroying effect on the mind, by virtue of the discrepancy between the stimuli presented and what the mind requires in order to develop and maintain its screening and interpreting functions. In practice, it has been the latter definition that has proven useful. Although many traumas, such as atom bomb attacks, concentration camp terrorization, or frank child abuse, fit the quantitative metaphor, it is only the latter definition that fits the full range of clinical observation. This includes traumatizing stimuli that are neither violent nor brutal but are nonetheless neglectful of some crucial developmental need—some forms of maternal overprotection, for example. Khan (1972, p. 272) illustrated his concept of "resourceless dependence" by a case in which the patient's infancy and childhood were "characterized by an overprotective environment that precipitately anticipated and met the needs of the child ... in an almost magically effective way." "This type of infant care is regulated by a dogmatic bias in those who look after the infant-child that they know what he needs. It is utterly lacking in ... reciprocity and mutuality of interaction" (p. 273). The effects of such overprotection, with its deprivation of opportunities for age-appropriate aggression, were traumatic. The patient was severely deficient in her capacity to represent and satisfy her needs, persistently expected magical help, and was subject to explosive aggressive outbursts, marked anxiety and irritability, and so forth.

Given our recognition that trauma does something overwhelming to the child, modifiers such as "strain" and "cumulative" (Kris, 1956; Khan, 1963; Sandler, 1967) that have been applied to such

traumatization acknowledge the poor fit with the quantitative theory, but do not add to our understanding. This poor fit indicates that the theory, not the observations, needs modification. A more comprehensive term to describe what happens during trauma is "environmental failure."

Although Freud accurately described the traumatic response, his explanation of it has many problems. In reaching for a new instinct and thence into phylogenetic speculation for his main explanation, he failed to incorporate the principal finding that it is the person's reaction to the environment, not his instinct, that is responsible for the psychic destruction. "Beyond the Pleasure Principle" thus perpetuates a theoretical tendency that the study of trauma should lead us away from—namely, the tendency to explain mental phenomena in terms of instincts, with a correspondingly inadequate representation of the environment's role in shaping and maintaining them.

Klein

For M. Klein, the death instinct and Freud's ideas of maintaining homeostasis by way of projection and related self-protective mechanisms became a conceptual tool for explaining mental organization in infancy and primitive mental states, conceived of as recapitulations of states of infantile terror (see Spillius, 1983, and Rosenfeld, 1983, for recent Kleinian perspectives). Although the theory suffers from speculation untestable at present about complex mental states in early infancy, it continues and improves upon the tradition of "Beyond the Pleasure Principle" in focusing on the shift between two radically different organizations of the self, "meant ... as a structure and not as 'self-representation'" (Meltzer, 1978, p. 7). Freud's attempt to find a new economic principle antecedent to the pleasure principle and evoked by trauma but explained phylogenetically was specified and elaborated by Klein in terms of individual experience and given the name "paranoid-schizoid position."

Klein actually retreated from defining trauma, so that while personal external and internal influences are explicitly represented

and, therefore, available for interrelating, their interrelationship is not better accounted for than in "Beyond the Pleasure Principle." According to Klein, infants routinely suffer from severe "persecutory" anxiety, accounted for ambiguously, partly as a projection of death-instinct anxiety and partly as a consequence of insensitive handling. The infant deals with persecutory anxiety by splitting the loved and trusted aspect of the mother from the dangerous and hated aspect, and suffers a corresponding internal splitting. The primitive self-protective operations of splitting, projection, projective identification, and denial characterize the infant's mental life in the first three to four months. Mental structure during this time consists of the various linked introjections of and identifications with split objects.

Under unfavorable conditions this paranoid-schizoid position and the terror of traumatization persist, forming the basis of a personality organization. In later life such a person continues to employ the self-protective mechanisms fashioned in infancy, and his capacities to judge inner reality and to be affected by changed outer reality consequently suffer badly. Because these mechanisms permit little genuine affective contact with others, new interpersonal experience cannot be generated to transform painful inner reality.

Under favorable conditions a profound change soon takes place. This is described in various complex ways, but the net result is that the infant begins to experience himself as a coherent and separate entity with thoughts, feelings, and conflicting desires. He develops a sense of personal connection with the people in his life and is concerned about the effects of his impulses and behavior on them. This is the "depressive position" which is thought to occur at about four months. "This nodal accomplishment enables the child to establish internal security on the basis of which intellectual functions, symbol formation, socialization, the ability to relate to people other than the mother, the development of the Oedipus Complex and relation to the father, both positive and negative, taking an interest in the other children in the family—were all dependent" (Meltzer, 1978, p. 10). This attractive development is never fully and finally attained. The supposed depressive position of infancy is rather the

model for an unending struggle in which man engages throughout life, with increasing capacity for challenge and mastery if he is fortunate. In later Kleinian theory, "paranoid-schizoid" and 'depressive positions' become areas of object relationships in which different value systems prevail, having neither any particular significance as developmental phases nor as psycho-pathological constellations. Their significance is rather that of economic principles" (Meltzer, 1978, pp. 10-11).

From the standpoint of this paper, the important thing about Kleinian theory is that, while mythologic, it improves upon the evolutionary-biologic mythologizing of "Beyond the Pleasure Principle" and thus represents an advance in the development of the trauma paradigm. It specifies the mental mechanisms to be found in clinical states dominated by traumatic disruption of wishorganized functioning. At a technical level these mechanisms have been verified by being usefully worked with and written about by large numbers of analysts throughout the world. Theoretically, this specification constitutes a means of testing the trauma paradigm. If the paradigm is true, Kleinian theory should be derivable from a suitable statement of it. Conversely, failure to discover the Kleinian mechanisms in circumstances predicted by the paradigm would refute it.

Kardiner

The other theoretical development that flowed from Freud's effort to solve the problem of trauma was Kardiner's theory of traumatic neurosis. This theory emphasizes the destruction of adaptive capacity and the interference with psychic representation, symbolization, and capacity for signal anxiety. "Some portion of the integrated ego is either destroyed or inhibited, a portion which normally enables the individual to carry out certain actions automatically on the basis of innumerable successes in the past Being deprived of these protective devices, their psychic representatives, the subject feels deserted and obliged to face a hostile world because he has no longer any defense against it, or at least has lost command of the

more highly integrated forms of defense against it" (1941, p. 210). The protective mental organization that arises to take the place of the "more highly integrated forms of defense" bears a similarity to the primitive mechanisms described by Klein, such as denial of reality and splitting the world into good and bad. "There is a great deal of resemblance between the persecutory fantasies of a paranoiac and the dreams of a traumatic neurotic. In paranoia, the patient is persecuted by the individual by whom, unconsciously, he expects to be loved. In the traumatic neurosis, he is persecuted in a similar way by the environment, which has for the time being withdrawn its protective character" (Kardiner, 1941, p. 99). In Kleinian terminology, the person suffering the traumatic reaction reverts to a paranoid position. Kardiner drew a sharp distinction between traumatic neurosis and ordinary neurosis on the basis of the personality functions involved, only hinting at the likely connections between them. Thus, he did not tackle the interrelations of trauma and repression.

Kardiner observed the marked tendency following trauma to psychosomatic disorganization and reorganization at a pathological level, with production of new organic disease. He wrote: "The nucleus of the neurosis is a physioneurosis" (1941, p. 13). "[T]he functions involved are those that help to accommodate the individual to the real external world ... all psychophysiologic" (1941, p. 9).

With respect to this finding, a word is in order concerning a peculiar aspect of the literature on concentration camp survivors. The findings of profound psychophysiologic disturbance and protean symptomatology are repeatedly made without acknowledgment of their original description and conceptualization by Kardiner. Thus, many authors mistakenly find the concept of traumatic neurosis unsuitable to describe the pathology of survivors. Krystal and Niederland (1968, p. 340), for example, after offering a description of survivor pathology that matches Kardiner's in every respect, go on to say that "attempts to fit concentration-camp survivors into pre-existing nosological categories have been on the whole unsuccessful." Such confusion seems to result from unfamiliarity with or incomprehension of Kardiner's seminal work.

The Theoretical Task

The task of a unified theory can now be explicitly stated as follows: Can a single theory of repression be constructed that can, in addition to accounting for repression proper (neurotic conflict), also account for the three major theoretical findings concerning the effects of trauma, which are:

1. Freud: Trauma results in a prestige of repression and requires a new economic principle;
2. Kardiner: Trauma results in failure of representation, destruction of adaptive capacity, and contraction of the effective ego;
3. Klein: Trauma gives rise to primitive self-protective reactions of denial, splitting, and projective identification.

Proposal for an Integrated Theory

A theory recently proposed by Cohen and Kinston (1984) attempts to perform this task. It follows Freud's suggestion (1915, p. 148) that repression takes place in two distinct stages, the first being "primal repression" and the second repression proper. The following arguments are drawn from that 1984 paper.

Since repression is the cornerstone of psychoanalysis, and since primal repression is the precursor of repression proper, it is essential that we have an adequate formulation of primal repression, which we do not. Existing theories of primal repression (reviewed by Frank & Muslin, 1967)—namely, passive primal repression (delayed appearance of secondary process, or developmental lag) and active primal repression (the stimulus-barrier concept)—are clearly insufficient. The former, which attributes primal repression to the delayed appearance of secondary process in man, is nonspecific. It describes a universal vulnerability to repression but cannot account for the fact that some people develop neurosis and psychosis while others develop healthily. The theory of active primal repression, the

stimulus-barrier concept, suffers from all the deficiencies of quantity theorizing in general in being impossible to translate into observables and so is not useful at the present stage of theoretical development.

Because there has not been an adequate theory to explain the special properties of primal repression, it has neither been properly differentiated from repression proper nor been linked to clinical experience and has remained an overly abstract and unusable concept. Other theories, mainly involving protodefenses such as splitting, denial, disavowal, and projective identification, or couched in terms of aggression, have been elaborated to account for experience that seems to lie outside the range of repression theory.

Cohen and Kinston suggest that the necessary clinical observations exist for a usable theory of primal repression, but that they have not been properly linked together. They argue that the behavioral manifestation of primal repression is the traumatic state identical to that in traumatic neurosis, which is characterized by loss of effective functioning, diffuse aggression, severe anxiety, inability to sleep or dream, and physiologic disturbance. The traumatic state is the reaction to events that left the individual overwhelmed and helpless. Such events are lived through but not experienced as part of the self, that is, as elements suitable for the wish-organized construction and maintenance of an effective personality. If survived, and whether it occurs first during infancy, childhood, or adulthood, the traumatic state results in an absence of structure and representable experience in a region of the self. This absence is primal repression. Clinically, the person is unable to represent his needs. Primal repression gives rise to a variety of mentally primitive self-protective operations, all aimed at avoiding the stimuli that provoked it.

In contrast to other authors who have concurred that no new primal repressions occur after the resolution of the oedipal phase, our formulation takes into account the continuing vulnerability of adults to primal repression and subsequent neurosis or psychosis in response to relevant environmental failure. The phenomena of adult traumatic neurosis and its typical evolution confirm this view.

If primal repression is discrete from repression proper, what is their relationship? On the basis of clinical data it would seem that repression proper develops to a very variable degree as an adaptation to primal repression.

Under unfavorable conditions, which can be fully specified only in individual cases, primitive avoidant operations persist as the person's dominant adaptation. M. Klein attributed intrapsychic significance to these operations, regarding them as protodefenses, and categorized them into denial, splitting, and projective identification.

These operations are not ego defenses. They provide a kind of armor or cocoon that both protects the person against retraumatization and can, under favorable circumstances, serve as the tentative beginning of communication and restructuring of inner life. The function of these operations in protecting the self as completely as possible against destructive interpersonal involvement is conveyed in evocative metaphors: armor, cocoon, shell, encapsulation, encystment, claustrum, and so forth. The personality resulting from these self-protections has been variously termed schizoid personality (Fairbairn, 1952), false-self (Winnicott, 1960), narcissistic organization (Meltzer, 1973), narcissistic personality organization (Kohut, 1971) or pathological object-narcissism (Kinston, 1980).

Under more favorable conditions a second form of adaptation develops—repression proper. To control the terror of an environment helplessly undergone, unknowable traumatic events are linked with wishes existing during traumatization, which come to represent the trauma symbolically. This symbolic linkage constitutes a repressed wish. The process of representation leading to repressed wishes is a reversal of the normal process of wishformation, in which experiences of satisfaction come to represent unknowable needs symbolically. Through repression proper, terror is internalized rather than remaining interpersonal, and a sense of mastery through mental manipulation of culpable wishes and fantasies is achieved.

Such manipulation is in a sense magical, and it inevitably restricts freedom of thought and channels emotional reactions into predetermined

patterns. The effect is that thoughts and feelings in the vicinity of the primal repression are automatically diverted into preoccupation with impulses, which may be more or less conscious. Freud described the misrepresentation of inner life that results as “the picture of an extraordinary and dangerous ... deceptive strength of instinct” (1915, p. 149). Anna Freud (1936) described the varieties of mental manipulation as the ego mechanisms of defense. The child's choice of mechanisms is influenced heavily by those mechanisms accepted by or in regular use within the family. The cost of repression proper is a loss of psychic flexibility together with persistent anxiety and guilt.

If repression proper develops predominantly, as it does typically in neurotics, it modifies the self-protective reactions (denial, splitting, and projective identification), which originally developed in response to the primal repression, but not the primal repression itself. The primal repression cannot be modified by defense formation because it is devoid of representation. It can only be modified by interactions with need-mediating objects.

The idea that primal repression occurs at different points of development and with varying consequences suggests a psychoanalytic categorization of mental functioning, according to the presence or absence, type and degree of repression, that complements conventional diagnoses and clarifies aspects of psychoanalytic technique. The idea that primal repression is a structural or representational defect suggests a metaphor for the structure of the mind, which may be used to organize clinical-theoretical correlations for testing the theory.

The Hole Metaphor

To take up the second point first: Our theory states that unmodified primal repressions are common to all psychopathology, where they operate like “holes” in a person's mind. In these holes, structure is absent, in that there are no representations of need-satisfying interactions that provide the basis for symbolic interaction with the world and for goal-directed behavior. If there is mind in this region,

there is only the crudest protosymbolic functioning, in which everything is capable of representing or becoming everything else—that is, unmodified primary process (“symbolic equation” [Segal, 1957]; “symmetrical mode of being” [Matte Blanco, 1975]). Death and chaos are dreaded as real potentials because at this level of mental functioning the person is the trauma that disorganizes him. Under ordinary conditions, functioning “in the hole” is incompatible with existence.

People—adults and children—who survive traumatization do so by forming the crude structure out of avoidant mechanisms, described above. In the metaphor, these mechanisms form a region immediately adjacent to the hole, that is, forming its walls and cover. They provide the basis for existence, although at a quite unsatisfactory level. Clinically, the absence of structure within the hole is inferred from the operations that characterize the protections against it and limit its destructive influence. This apparently paradoxical structure of the human mind has been conceptualized elegantly by Matte Blanco as its bi-logical structure (1975).

Further distant from the region of these primitive self-protective mechanisms is the region of neurotic functioning. In this region, the automatic avoidance of the hole is accomplished through defenses, symbolic modifications of the primitive self-protective reactions in which sexual and aggressive impulses are made to stand for the whole person. Intrapsychic conflict is the hallmark of functioning in this mode.

Yet further distant from the hole are regions of healthy functioning.

The metaphor replaces the concept of regression by migration toward the region of primal repression. Such migration is involuntary where repression proper has developed only to a minimal degree, in which case the beginning of treatment is typically either stormy and chaotic, with need-driven relating to the analyst, or characterized by self-protective nonrelating. Where repression proper has developed strongly, this migration or entry into the hole experience is voluntary and desirable, a consequence of much preparatory analytic work.

Suggestion for a Categorization of Mental Functioning and Analytic Activity

We thus identify three discrete modes of mental functioning, which may be correlated with the modes of analytic activity appropriate to them.

Type I: Healthy Functioning

In healthy functioning there is no repression in the psychoanalytic sense. Therefore, utilitarian functioning (competence) develops to a high degree and opportunities for growth in intimate and work relationships are pursued with an adequate sense of personal needs and social connectedness. Such functioning is found in all patients in some segments of their personalities. Some fortunate people develop without repression altogether. When such people come into analysis, as they sometimes do as a result of or in preparation for a particular stress, the analyst finds only varieties of normal forgetting (Schlesinger, 1970), as opposed to intrapsychic conflict, relative ease of shifting between primary and secondary process thought in the service of remembering and understanding disturbing events, and normal relating to the analyst, i.e., no transference neurosis as such. The interpretation of experiences presented in dreams, visual imagery, affects, gestures, and actions proceeds without major blocks.

Type II: Neurotic Functioning

In neurotic functioning, psychic reality and the structure of relationships are determined by repressed wishes, as inferred from interference with reality testing and conscious values and purposes (in symptoms and in the transference neurosis). It is this form of functioning from which libido theory, the tripartite structural theory, and the clinical theory of impulse-defense conflict were derived and to which they are specific. The person functioning neurotically identifies his whole-self interests with partial-self representations in the form of repressed impulses.

The result, in analysis, is that object need is largely experienced through the distorting lens of repressed wishes. The need-driven but wish-distorted relation to the analyst is the transference neurosis. The expression and distortion of needs by repressed wishes obliges the analyst to adapt to the patient's needs in corresponding form, which consists of serving as a morally neutral interpreter of his repressed wishes (i.e., conventional interpretive activity). There is little to add to the abundant literature on the analytic handling of repressed wishes and defenses except to note that this work is preparatory to the task of dealing directly with the primal repression underlying the complex neurotic organization.

Type III: Object-Narcissistic Functioning

The third type of mental functioning predominates in a broad group of more severe conditions. The common feature is that adaptation by way of repression proper has been impossible or very limited. This may apply whether one is dealing with repetitive or cumulative trauma in childhood or adult trauma (generally described, metaphorically, as "massive"). The person protects himself by Kleinian mechanisms, not ego defenses.

In the childhood pattern, the child has poor capacity to represent his needs and, therefore, an impoverished system of wishes in the healthy sense. As a consequence, symbolization and internalization are unreliable, relationships cannot be deeply satisfying, and creativity is impoverished. Despite his narcissistic protective organization, he remains vulnerable to terror of the environment.

Following traumatization in adult life the person, if he survives, functions at a markedly constricted level. The process of organization of the pathology, which may be immediate or spread out over weeks, months, or years, reflects adaptation to the constricted level of functioning and the persistent subjective sense that the world being faced is the same as existed during the time of traumatization. At the same time that there is conscious or unconscious fixation on the trauma(s), adequate representations, and, therefore, comprehension of it, are missing. Thus, terror, amnesia and related cognitive disturbances, and blocked or lost functioning are the hallmarks of the primal repression, while a wide variety of mental and physical

consequences and attempts at adaptation give rise to particular symptom pictures. These syndromes comprise collectively the chronic forms of traumatic neurosis or survivor syndrome.

Concentration camp survivor reactions probably represent the severest form of the adult pattern encountered on a large scale in modern times, by virtue of the protracted traumatization. Many forms of adaptation available to other adult victims of trauma (e.g., soldiers) were not available, since any form of inhibition of capacity or somatic disease would increase the already enormous likelihood of selection for killing. Compared to experience with combat cases, "the literature of psychotherapeutic contact with concentration camp survivors is relatively sparse" (Chodoff, 1980, p. 205). All reports of psychotherapeutic work, expectedly, emphasize the extreme difficulties of facilitating contact and emotional reliving in the transference relationship, and the intense counter-transference problems (e.g., H. Klein et al., 1963; de Wind, 1968; Winnik, 1968; Chodoff, 1980).

Dealing With Primal Repression

In dealing analytically with primal repression, whether in neurosis or object-narcissistic disorders, the patient and the analyst risk retraumatization. If this is faced, the meaning and function of the analyst as a true primary object can be realized. His attitudes, capacities, and limitations have crucial significance for the patient's inner reality.

Evidence for the new theory is that the treatment of primal repression, as developed by different clinicians and schools, is remarkably similar to the specific treatment of adult traumatic neurosis established by Kardiner (1941) and reaffirmed by later writing on the war neuroses (e.g., Grinker & Spiegel, 1945; Glass, 1954; Bourne, 1970) and "stress syndromes" (Horowitz, 1976). This treatment is aimed at restoring effective contact with the world through a "reeducation of [the patient's] sense of reality" (Kardiner, 1941, p. 385). In conceptualizing the complex issue of treating childhood

trauma in adult life, psychoanalysts often seem to say the same thing each in their own way. M. Klein and those influenced by her, for example, emphasize interpretation of the narcissistic protective organization, using a complex conceptual system centered on splitting and projective identification (e.g., Rosenfeld, 1966; Kernberg, 1975). Kohut (1971, 1977) and his followers emphasize qualities of relatedness, stressing the analyst's acceptance of mirroring and idealizing transferences. Still other writers consider symbolic gratification of needs within a structured setting to be crucial (Fromm-Reichman, 1950; Bettelheim, 1953). For a description and discussion of clinical presentations of primal repression in various disorders, including neurosis, see Kinston and Cohen (1985).

The various theoretical systems that emphasize the patient's narcissistic protective organization and need states have all served a common, dual purpose. They describe the absences or nonmentality that results from psychic trauma, and they serve as therapeutic instruments to restore mentality. They do so by picturing the products of mental destruction as elements of mentality and prescribing the activity and conditions of analytic relating that bring about this transformation. Bion (1962) made this aspect of Kleinian theory explicit in his theory of the transformation from beta-elements to alpha-elements. Kohut's idea that repressed drives are the "disintegration products" that arise "when the self is unsupported" (1977, p. 171) makes the same point with regard to classical theory. This paradoxical feature is common to all constructive psychoanalytic theories, which are, in the end, instruments of transformation.

Conclusions

It is numbing to realize the mental destruction that psychic traumatization brings about. Psychic structure depends on an evolving social context, and trauma makes us aware of the potential for destruction inherent in this lifelong context dependency. It is a current task of psychoanalytic research to understand this most basic of pathogenic processes.

From a theoretical point of view, the sequelae of trauma make us realize the limitations of theories that overemphasize the strictly internal or instinctual bases of experience and suggest, as they did to Freud, a different paradigm for psychopathology. Yet his trauma paradigm has not been easy to apply to the bulk of developmental pathology, in part because the traumatizations sustained by children are not of the apparently massive, violent, and deliberate variety seen in adults. The caretaking environment that has failed the child typically fosters, even requires, a degree of healing through the formation of psychic defenses (repression proper). A further source of confusion is that pathological processes in childhood make use of normal processes of growth, such as internalization. But suitably elaborated to extend repression theory, the trauma paradigm does answer the need for a more general theory of psychopathology.

Concerning knowing and not knowing: It has been the great contribution of psychoanalysis to recognize that knowledge of psychic reality requires a creative interweaving of primary and secondary process, symmetric and asymmetric thought. Without reciprocation between these modes, symmetric thought becomes mad, endless repetition and asymmetric thought becomes sterile pseudo-objectification. Trauma not only destroys the existing context of need-mediation, which allows such reciprocation internally, but makes reliance on another person dreadful because retraumatization is a constant danger. "Surviving" is the evocative term that has come to be applied to this state. From clinical experience with the effects of trauma we realize that the possibility of any therapeutic knowing in the region of primal repression depends on the construction anew of a need-mediating relationship that subjects the knower to the risks of the survivor.

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