

The Repetition Compulsion All Over Again

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Sigmund Freud's fundamental psychoanalytic concepts can be imagined as the spokes of a wheel each converging on the center-point organizing concept of the repetition compulsion. We have the topographic model of the mind with its conscious, preconscious and unconscious domains. We have censors between the conscious and preconscious and between the preconscious and unconscious. These censors, protecting us from disagreeable impulses and thoughts, are our various defense mechanisms deployed in unique fashions for different kinds of threats. When we invite the patient to free-associate, the patient's day-to-day defenses reappear in the analytic hour as resistances to free-associate--and these resistances attempt to conceal the repressed material behind a personality character, defensive structure and a set of symptoms. Repressed material is not just an upsetting thought but a constellation of thoughts, memories, traumas and conflicts embedded in a set of internal object relations derived from early childhood experience. These object relations are internal representations of primary affective bonds to maternal, paternal and fraternal relations and the messages and experiences tied to them. The projection of these internal object relations into the social surround or the awakening of these internal object relations by external circumstances is how we account for repeating scenarios in our day-to-day lives. When the analyst, practicing a certain level of abstinence and neutrality, becomes saddled with a particular internal object relation, we call it a transference and the drama is set to begin.

The dramas of day-to-day life are organized around scenarios: dialogues of depressive self-critique; anxious worrying about future events; recurring conflicts with authority; curiously repeating dynamics in intimate relationships. Imagine four women having coffee – we could just as easily say four men or four bosses or four workers or whatever – so, one says “Ugh! Men!” They all chime in agreeing with the sentiment but as they begin to discuss their complaints each one has a different story. One says “Men, all they do is work, work, work and no romance.” Another says “No, they are too romantic. They can't hold a job. They're irresponsible.” Another says, “No. they're all anxious and clingy like little boys.” And the last one says “What are you all talking about? They are all liars and cheaters.” As I say, men or other groups might complain in similar ways but the two most important features in these complaints are the references to ALL men or ALL women and the fact that the one common denominator for each is that the person complaining is a part of ALL those repeating problematic relationship dynamics. To better understand the repetition compulsion we take a side trip into traumatic dreams and repetitive play.

Freud, it will be recalled, said that dreams are wish fulfilling. But this notion was challenged by traumatic dreams, which are often unpleasant and of a recurring nature. In *Beyond the Pleasure Principle*, Freud explained that dreams occurring in the traumatic neurosis

repeatedly bring the person back to the trauma in a way that seems contrary to the proposition that dreams are wish-fulfilling. To understand this phenomenon better, Freud approached the mental apparatus from a different angle and suggested we examine children's play. He described the "first game" of a one-and-a-half-year-old boy, named Ernst, but did not mention that Ernst was actually his grandson. He explained that he'd observed the game while living in the home with the boy and his parents for some weeks. And similar to a traumatic dream, the game repeatedly brought the child back to the trauma of his mother leaving the room. Freud wrote:

"This good little boy, however, had an occasional disturbing habit of taking any small objects he could get hold of and throwing them away from him into a corner, under the bed, and so on, so that hunting for his toys and picking them up was often quite a business. As he did this he gave vent to a loud, long-drawn-out "o-o-o-o," accompanied by an expression of interest and satisfaction. His mother and the writer of the present account were agreed in thinking that this was not a mere interjection but represented the German word "fort" [gone]...

I eventually realized that it was a game and that the only use he made of any of his toys was to play "gone" with them. One day I made an observation which confirmed my view. The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skillfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive "o-o-o-o." He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful "da" [there]. This, then, was the complete game—disappearance and return. (S. Freud, 1920/1955, *SE* 18, pp. 14–15)

Freud offered two interpretations: The first was that Ernst was in a passive position in relation to the trauma of his mother's departure—her abandonment, from his perspective. Thus, the game offered him an active role, which he repeatedly played, and might suggest an instinct for mastery acting independent of the pleasure or unpleasure associated with the game itself.

Freud's second interpretation was that throwing away the object might provide a pleasurable yield by satisfying an impulse to turn the tables and take revenge on his mother for leaving him—as if to say, "All right, then, go away! I don't need you. I'm sending you away myself!" (p. 16). This interpretation helps us to understand the tendency to repeat scenarios in life that are seemingly unpleasant but are reenacted because they are in some way linked to traumatic experience. Freud demonstrated how this compulsion to repeat is the cornerstone of neurotic behavior. The repetition is a symbolic reenactment of a traumatic experience, which remains largely unconscious as long as the person continues acting it out instead of remembering, elaborating, and working it through. Freud wrote:

“It is clear that in their play children repeat everything that has made a great impression on them in real life, and that in doing so they abreact the strength of the impression and, as one might put it, make themselves master of the situation” (pp. 16–17).

In daily life we observe a compulsion to repeat repressed material associated with traumatic early childhood experiences. In analysis the patient repeats in the transference painful experiences of early childhood in contemporary conditions. These are the dramas that cover the unworded and unassimilated experiences. The patient may provoke the feared rejection, imagine the unwanted criticism, discover a rational basis for jealousy, and so on. Through projection and provocation, the patient is compelled to repeat in action the infantile traumatic experience that analysis attempts to help the patient remember through cognitive and affective modes. Yet the patient often experiences these repetitions and the compulsion to repeat not as a recurring pattern but as a rational legitimate approach to objective circumstances. The patient might simply think, “That is the way women are,” “That is the way bosses are,” “That’s the way my life is.” “That is the way analysts are.”

Freud helped us to understand the tendency to repeat scenarios in life that are seemingly unpleasant but are reenacted because they are, in some way, linked to traumatic experience and are also familiar—that is, shaped by and derived from the family. He further demonstrated how this compulsion to repeat is the cornerstone of neurotic behavior. Freud also demonstrated how the patient has a compulsion to repeat in action that which needs to be remembered in analysis and which comes to life in the transference. The repetition is a symbolic reenactment of a traumatic experience, which remains largely unconscious as long as the person continues acting it out instead of remembering, elaborating, and working it through.

In the article *Remembering, Repeating, and Working Through* (1914) Freud wrote:

"[T]he patient does not remember anything of what he has forgotten and repressed, but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he is repeating it." (Freud, 1914, 1958, p. 150)

Therapy is about talking about what is difficult to talk about. It is about keeping as few secrets from one’s self as possible. Our psychological symptoms sit like caps on untold or unelaborated stories. With the invitation to the patient to speak in a free and uncensored fashion, the therapist then pays attention to what is said, how it is said and how the patient avoids saying some things. The avoidance strategies are the resistances--the intellectualizations, the minimizations, the projections, the reaction formations, etc. But, of course, the transference is also a resistance. An affectionate relation in the transference might conceal aggression; an aggressive attitude might conceal longing; a fear of judgment might conceal a counter-critique; a call for help might conceal a desire to make the therapist ineffective; and so on. Freud wrote:

The transference thus creates an intermediate region between illness and real life through which the transition from the one to the other is made. The new condition has taken over the features of the illness; but it represents an artificial illness which is at every point accessible to our intervention. It is a piece of real experience, but one which has been made possible by especially favorable conditions, and it is of a provisional nature. (Freud, 1914, 1958, p. 154)

A traumatized person may unconsciously gravitate toward similar traumatic experiences to confirm a sense of self, master the situation or repair a psychological wound. A person who was abandoned may engage in abandoning relations in which he/she is abandoned, abandons others or both. A child may have served as a communication link between parents and then in adulthood may create a life out of mediating dialogues between others. A person who may have felt overly responsible as a child may later go about creating a life of taking charge in whatever group he/she enters. A child who held the role of caretaker may in adulthood enter the helping professions. Dynamics in primary relationships may repeat for one person over and over with multiple lovers. Or a person may have recurring relationship problems at work, which always have a curious similarity, even with different people at different jobs.

As I like to put it, the person is a relationship looking for an other and an experience looking for an event. If we say that a person is a relationship looking for an other, we can ask, "Who are the others in this scenario? What are their roles? Which role does the person prefer? If we say that a person is an experience looking for an event, the question remains, "What is the experience? What is the scenario?"

A recurring piece of behavior tells us an unconsciously motivated scenario is repeating, a conflict is underway, an experience is being recreated, a relationship is being replicated. Even when it is a distressing drama, if it is a repetition it will have a confirming quality. It is not half so much that the person *wants* the problem as much as it is familiar – it's 'like family'.

But it is not simply a matter of saying "I hit because I was hit." or "I steal because I was emotionally stolen from." or "My mother was always after me so now I get the cops to always come after me." No, it is much more than that. The repetition also conceals a larger story. It serves as a cap on the thoughts and feelings residing outside of awareness. If a man had a father who beat him and his mother, and the man then beats his own wife, how can we understand this behavior? To begin with we must remember that what you see is not what you get. We must not content ourselves with superficial explanations. We must analyze the dynamics and become curious about the thoughts and feelings that emerge just before his assault - just before the repetition. It is not enough to say "Stop. Don't do that." We need to ask "What experience is being concealed by this piece of acting out?" "What is this piece of theater concealing?" "How is he identifying with a role model? reproducing the circumstances to evoke the interest and pursuit of a parental or policing authority? or inverting a drama so as to do to others as has previously been done to him?"

When we investigate the possible motivations we may discover not simply his rage at his father but also his love for his father, his vulnerability, his feelings of abandonment, his desire for paternal guidance, his father's interpersonal impotence, his own interpersonal impotence, his sense of not knowing, his shame, and a series of related stories that need to be told. When the stories motivating repetitive behaviors are unpacked and elaborated the patient may no longer be possessed by the compulsion to repeat them and instead remember, accept life as it was and now as it is. In doing so one learns to live more comfortably in one's own skin and be less reactive in dealing with conflictual situations.

Freud's approach to the repetition compulsion is embedded in his object relations theory and ego psychology, which were in turn embedded in his libido theory. Thus the repetitions were derived from traumatic experiences in early childhood involving primitive impulses and their management in the family. But there are other ways of conceptualizing the repetition compulsion even within the psychoanalytic tradition.

August Aichhorn (1878-1949) an early Viennese analyst was famous for his work with delinquent adolescents. In *Wayward Youth* (1925) he described the underlying causes of delinquency.

"It is comprehensible that a boy who has been accustomed to severe punishment for his misdemeanors should feel distrustful when the punishing person, the father, suddenly shows a right-about-face attitude. This change is not trusted and is therefore put to further tests; confidence is established only when the boy is convinced that the punishment is really abandoned. The dissocial youth is not satisfied when he gets kind and gentle treatment from his superiors; he aggravates them through increasingly annoying behaviour. Instead of understanding this, the parents may take this behaviour as proof that he cannot be influenced through kindness and consideration. They begin again with severity, and soon the old situation is restored, and no improvement can be expected. However, if the father shows real understanding and does not let himself make the mistake of falling back into the old attitude, then a critical situation arises for the youth. The antagonistic conduct, motivated by defiance of the father, has no longer any meaning."

"It is only when the provocative behaviour fails to achieve its aim that this pattern which supports the delinquency breaks down. Then gradually the manifestations of delinquency recede." (Aichhorn, 1925, p.104)

Joseph Weiss described Freud's three assumptions of psychoanalytic theory and technique from 1911-1915:

- 1) Symptoms and character defects are maintained by the unconscious gratifications of impulses fixated to infantile objects and aims through certain repeated behaviors.

- 2) The patient's unconscious motivation is to maintain such gratifications and thereby retain his psychopathology. There is no unconscious wish to make any progress at all.
- 3) The unconscious repetition of childhood experiences in the transference are regulated by the pleasure principle and the repetition compulsion. These repetitions are unconsciously intended to provide gratifications in relation to the therapist or to protect the unconscious gratifications obtained from the psychopathology.
- 4)

In contrast to Freud, Joseph Weiss offered a theory and technique based in the following assumptions, and I quote him directly:

- 1) "The patient's symptoms and character problems are maintained by pathogenic beliefs that are developed in early childhood by inference from experience. These beliefs warn the patient that if he relinquishes his psychopathology, he may put himself or his loved ones in danger."
- 2) "The patient is powerfully motivated unconsciously to make progress but is afraid to do so, lest he put himself or someone he loves in danger. His anxiety about moving forward stems from his pathogenic beliefs and from the feelings of danger to which they give rise."
- 3) "The various repetitions in the transference of the patient's childhood experiences are unconsciously purposeful. They are brought about by the patient for various purposes, one of which is to test pathogenic beliefs." (Weiss, 1993, pp. 18-19)
- 4)

Freud's model focuses the analyst's technique on the patient's defenses, resistances and transferences through which unconscious impulses are seeking expression. The analyst seeks to interpret the resistances and transference in order to help make the unconscious conscious. Weiss's model focuses the analyst's technique on the patient's pathogenic beliefs. The analyst wants to know what those beliefs are, how the patient is trying to change them, how the patient is testing the analyst, how the analyst can make the analysis safer allowing the analyst to pass the patient's test and so on. (Weiss, 1993, pp. 18-19)

In the brief psychodynamic psychotherapy approaches of Hanna Levinson (1995) and also Hans H. Strupp and Jeffrey L. Binder (1984) the concept of the "cyclical psychodynamic pattern" (Anchin and Keisler, 1982) is central. It refers to the rigid, repetitive and self-perpetuating nature of neurotic problems. Differentiating themselves from Freud, Strupp and Binder note,

"In a cyclical account the psychodynamic process is not located in the anachronistically preserved past. Instead, this process is understood in terms of presently enacted self-propagating vicious circles. In these vicious circles, self-confirming patterns of repetitive social interchange serve to verify the patients' maladaptive views and to validate and reinforce their problematic actions." (Strupp and Binder, 1984, p. 73)

What is distinctive with these approaches is the move away from Freud's intrapsychic formulation of impulses and their gratification in relation to love objects in early infancy and the reformulation in terms of "patterns of repetitive social interchange". Levinson's focus is on "the recurrent interpersonal patterns that create and maintain dysfunctional relationships in the patient's life; these in turn are thought to lead to symptoms and problems in living" (Levinson, 1995, p.48).

Carl Gustav Jung accounted for repetitive behavior with the notion of the "complex". A complex is a node of thoughts and feelings typically organized around an archetype or instinct. Jung would speak of the mother complex, father complex, anima complex, animus complex, hero complex, ego complex and so on. The complex, or feeling-toned complex of ideas, is a constellation of affects and ideas in relation to certain people or circumstances. Jung described the autonomous feeling-toned complex as "the image of a certain psychic situation which is strongly accentuated emotionally and is, moreover, incompatible with the habitual attitude of consciousness. This image has a powerful inner coherence, it has its own wholeness and, in addition, a relatively high degree of autonomy, so that it is subject to the control of the conscious mind to only a limited extent, and therefore behaves like an animated foreign body in the sphere of consciousness" (Jung, [1960] 1969: par. 201).

In tying the complex to thoughts and feelings Jung established its relation to the personal unconscious. In tying the complex to instincts and archetypes he established its relation to the collective unconscious.

While cognitive-behavioral treatment of repetitive relationship dynamics might be useful in some ways, I find the unconscious component, which is absent in the cognitive-behavioral work, too valuable an assumption to dismiss. A cognitive-behavioral treatment might actually approach Weiss's formulation in that aspect related to pathogenic "beliefs", but not in terms of the unconscious motivation to make progress or in the unconscious basis of repeating early childhood experiences in the transference. While the cognitive-behavioral approach is of such great utility in other clinical applications it falls short, in my estimation, in its dismissal of the unconscious as it relates to the gratification of impulses, the role of early childhood experiences, and the development of defenses and object relations.

Family systems theory is another approach that does away with the concept of the unconscious but instead introduces communications theory, family rules and roles, the notion of the identified patient, family myths and interactional dynamics. Through these lenses of family systems theory one begins to recognize "symptomatic cycles" in which the behavior of one person reliably leads to the behavior of others in reciprocal dynamics.

Person A is hostile, leading person B to retreat, leading person A to become more hostile. Person C is suspicious and hyper-attentive to everything person D is doing, leading person D to hide some activities, which then arouses the suspicion of person C.

While the symptomatic cycles are contemporary and amenable to therapeutic intervention, the individual dynamics that gave rise to them are often long standing and predate the adult couple relationship. As Strupp wrote:

“In terms of systems theory, one continually programs and is in turn programmed by significant others to behave in particular ways. We have chosen partners who, for reasons of their own, engage in patterns of behavior reciprocal to ours. ... Unless a relationship fulfills complementary needs, it does not endure” (Strupp, 1984, p. 191).

I often find that the repetition compulsion of a patient fits into the repetition compulsion of the spouse like one gear engaging another. The gears turn nicely for a time until one day the gears grind giving rise to relationship symptoms and/or opportunities for greater intimacy.

A patient’s relationship dynamics with his spouse may become patterned along the lines of his relationship to his mother, or to his father or along the lines of his parents’ relation to each other. Those dynamics may involve passivity and activity, mother and child roles, father and child roles, criticism and guilt, savior and wounded bird or whatever other dynamics may be involved. The patient’s spouse may be relating along different lines within her internalized family dynamics but the roles implicit in her repetition compulsion will engage those in her spouse’s repetition compulsion. The conflicts between them are symptomatic but intimacy comes when the spouses discover that the other spouse is not the same as the internal other that was being projected.

Symptoms emerge when the internal reality of the repetition compulsion of one or both is taken for a contemporary reality. But when a husband realizes his wife is not his mother, father or sibling and his wife realizes the same, then the conditions are created for true intimacy and a love for one another just as they are.

In the transference, a constellation of internal object relations that constitute a subjectivity in relation to an 'other' is projected onto the therapist and the therapeutic relation. It is this that affords us the opportunity to say to the patient, "You are a relationship looking for an other." "It is not that you have a relationship but that you are a relationship - a relationship looking for an other to confirm your view of your self and the world. So who is the other you need me to be? What demand do you demand that I impose on you?"

A dancer once explained to me that in a pair dancing class with an uneven number of dancers, the dancer without a partner was asked to “partner herself”. She was to dance as if she was dancing with someone. And isn’t that what we all do every day? We dance as if we are dancing with one of our internal others and we look for people to dance in our other’s place.

If we accept that the person is a relationship looking for an “other”, and that the repetition compulsion is like the scenario of a play, then perhaps we can also say to the patient "You are an experience looking for an event."

I once knew an autistic boy who, when anxious, would begin to shake and nervously move about the room until he’d trapped himself between a couch and the wall. As soon as he'd

wedged himself hopelessly in place, he'd let loose a blood curdling scream. This happened time and again. After a while, I could see when he was about to do it again based on his nervous shaking and agitated movement about the room. It then occurred to me, that prior to his entrapment he seemed to be feeling trapped and was seeking an external circumstance to confirm his internal experience. He was feeling emotionally caught between a rock and a hard place and looking for an event to confirm this experience.

Similarly, each of us is an experience looking for an event to confirm that experience. When we say that a person is a relationship looking for an "other" or an experience looking for an event, the questions emerge, "What is the relationship? What is the experience? What is the scenario?" When we place the scenario, rather than the individual actor, at center stage we give the patient clues as to how he/she, as casting director, has selected the cast and, as set designer, has set the stage. It also brings into high relief the complementarity of the dynamic such that it reveals the vulnerability of the bully, the sadism of the masochist, the dependency of the caretaker, the aggression of the perennial victim and so on. Then the person is in a position to begin to take title to that which was previously repudiated, dissociated, denied, repressed, projected, split off and most importantly, acted out.

If we formulate a person's experience by saying, for example, "He is a loaded gun looking for a target." we have to be mindful that while he may prefer to identify himself in the role of the loaded gun, it is probably as a compensation to the complementary experience of feeling like a target about to be shot. Other formulae might include: I'm a father looking for a child to control. I'm a savior looking for a wounded bird. I'm an outsider looking for an inside from which to remove myself. I'm a runner looking for someone from whom I can run. I'm a mother looking for a child to whom I can show care. I'm a child looking for a parent. I'm resentfully powerless looking for someone with more power so I can resent them. I'm a mourner looking for something to lose. I'm guilty looking for a punishment. I'm looking for an external conflict to confirm my internal conflict.

I once met a man who had been arrested 237 times for driving without a license. Did he need to be arrested? Did he need to be jailed? Did he need to get a license? Or did he need the experience of being chased by the police – being chased, in a sense, by his father – even if only to know that the police or his father really are there to play chase with him?

Formulating the dynamic by describing the patient as 'an experience looking for an event' brings into high relief the complementarity of the dynamic and thereby reveals the vulnerability of the tyrant, the masochism of the sadist, the dependency of the caretaker and so on. Then the patient is in a position to begin to take title to what he or she had previously felt the need to repudiate, dissociate, deny, repress, and project. Thus, the goal of therapy is to make the unconscious conscious and limit the number of secrets one feels compelled to keep from oneself.

I recall a patient whose repetition compulsion was organized around themes of betrayal. She'd been betrayed as a child, she set up her love relations to assure she was betrayed repeatedly and then, grateful for all my help in discovering this pattern, she staged yet another betrayal by leaving me with a large unpaid bill.

When the repetition compulsion is getting mobilized in the transference, the patient listens for his own voices echoing off the therapist. He sets up his radar and searches for his dreaded and desired others looking for anything that remotely assumes their forms. When the therapist maintains neutrality, the patient wonders where his others are lurking. He recalibrates his transference radar, making it sensitive to true positives and false positives alike. In this way, the patient conjures a transference. And as he does, the therapist wonders, "Who is the other being conjured here? For what drama am I being auditioned? And how is this theater a cover story for a conflict embedded in a trauma?"

When the focus of therapy is on the repetition compulsion, therapy is configured as a confrontation to make the unconscious conscious. We discover how the past is present, how old coping strategies no longer apply, how the patient can take responsibility for interpersonal problems, and how stepping out of the old repetitions leads to a clearer view of self and the world, and ultimately to greater intimacy.

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