REPRESSION, DISSOCIATION, AND CONFLICT

Conflict and Repression:

I offer the view that the concept of conflict is not intrinsically tied to theory at all, whether drive theory, self theory, or object relational theory. It is tied to clinical observation — in this case, to over 100 years of empirical evidence that the normal human mind is capable of simultaneously negotiating self-stability and self-growth. Freud’s formulation of how this was possible led him to theorize a domain of the mind he called “the unconscious,” and a dynamism he called “repression” that mediates the developmental ability to preserve self-continuity while permitting growth. Freud argued that the awesome talent of the human mind to not just hold, but thrive on disjunctive self-experiences is explained by the mind’s intrinsic ability to contain and process intrapsychic conflict. This is the axiom on which Freudian conflict-theory rests, and regardless of the changes in it over the years, this has never been seriously questioned. Both maturational development and the therapeutic action of psychoanalysis are predicated on repression and conflict. There is an exchange of information between the conscious and the unconscious (particularly what is held to be “unconscious conflict.” According to classical conflict theory, this exchange of information is regulated by the mechanism of repression, a dynamism that tries to prevent anxiety from exceeding a tolerable level. An oversimplified description, perhaps, but only in its details. I believe that the unrepai red defect in Freudian conflict theory is its insistence that repression is the single dynamism that in itself explains the mental ability to hold disjunctive experiences of self (and reality) within a central domain of consciousness experienced as “I,” ultimately allowing something called “unconscious conflict” to attain self-reflectiveness and be resolved.
Dissociation

Dissociation is not an "ego defense" in the classical meaning of that term, not even a "primitive" one. In fact, it is not inherently a defense at all. It is part of the normal structuralization of the mind that reflects the mind's intrinsic self-state organization. It is a normal process of the mind, as basic to it as repression. It normally gives personal identity a subjective consistency between self-states regardless of which has access to consciousness and cognition at a given moment because the individual states have access to one another as needed. In most normal human functioning, self-state switches are not emergency reactions. Switches normally allow each self-state to do its own thing while remaining part of a coherent self that is experienced as "me," each self-state staying experientially "me" even when replaced by another. This addresses the reason that the capacity to "stand in the spaces" between self-states is so important to human mental functioning at its creative best. Without that capacity, the person is robbed of the essence of living a life, the capacity to enter each moment with all of his self-states available to make the most of it creatively, judiciously, and passionately.

Dissociation is also an evolutionary survival mechanism that is built into the mind/brain as a response to psychological trauma or the anticipation of its recurrence. It is not a form of repression; it is not a response to the anxiety signalling the potential return to consciousness of a disavowed idea. In fact it is not a response to anxiety at all. Trauma differs from anxiety not only in the intensity of the affect involved, but is qualitatively different. It is defined by the incapacity of the psyche to reflect upon and symbolically process input from a relationship or event that threatens to destabilize self-continuity and risk depersonalization.
Dissociation and Repression

Both repression and dissociation are aspects of normal human mental functioning. Repression works in response to anxiety. Dissociation works in response to trauma. Trauma and anxiety are not the same. They differ not only in the "quantity" (the intensity) of the affect involved, but are qualitatively different. Moderate anxiety allows learning from experience because dissociation is not needed, but, to paraphrase Sullivan (1953, p. 152), the effect of trauma "reminds one in some ways of a blow on the head, in that it simply wipes out what is immediately proximal to its occurrence... anxiety does permit gradual realization of the situation in which it occurs."

Trauma has the capacity to disrupt a person's ability to experience conflict, much less hold and resolve it. Trauma is defined by the incapacity of the psyche to symbolically process input from a dehumanizing realtionship or event that threatens personal identity or selfhood. The illusion of unitary selfhood is dissociatively abandoned when it is threatened by traumatic flooding of experience (internal or external) that cannot be cognitively processed in the here-and-now, and the felt risk of self-fragmentation and depersonalization (the loss of "personhood") becomes too great. When intrapsychic conflict is not possible the dynamism of repression is also not possible. Each domain of self comes to define a discontinuous constellation of reality, now kept apart by the autohypnotic process that supports dissociation. Dissociation, as I've argued, is not inherently a defense. It is part of the normal structuralization of the mind that reflects the mind's intrinsic self-state organization. It is also a normal process of the mind, as basic to it as repression. It gives personal identity a subjective consistency between self-states regardless of which has access
to consciousness and cognition at a given moment because the individual states have access to one another as needed. Trauma enlists the normal capacity for dissociation into a protective structure and a protective process. It keeps disjunctive self-states unlinked hypnoidally into separate islands of individual “truth.” Our work as analysts always involves enabling restoration of the links between these dissociated aspects of self to take place so that the conditions for intrapsychic conflict and its resolution can be present. The hermeneutic process of interpretation in psychoanalysis depends upon these conditions being there, because repression cannot always be assumed to exist. And this is especially true, or so I would argue, when early “developmental trauma” has created areas of dissociative mental structure.

Peter Fonagy in a 1991 paper, expressed it this way: “To exclude an idea from consciousness presupposes the specific identification of the idea, which must involve the capacity for second-order representation. It is therefore to be expected that repression proper should be a relatively ‘mature’ defence” (p. 642).

I retain the concept of repression within my postclassical view of mental functioning because need some term to describe the psychodynamic process that mediates conflict and I am not yet ready to abandon the term “repression” simply because it is a concept derived from classical theory. Unlike Donnel Stern, I’m not yet willing to see repression as what he calls “weak dissociation,” a perspective that places dissociation on a continuum along which its weakest manifestation is conflicted experience, making conflict a subcategory of dissociation. Although I, too, strongly believe that dissociation is not an all-or-none process, and exists along a continuum of relative rigidity and extensiveness, I believe that an individual’s capacity to experience internal conflict is achieved when dissociation is surrendered, and that
once achieved, the dynamic that mediates conflict (call it repression, if you will) is qualitatively different from the dynamic (enactment) that mediates dissociation. However, although I have misgivings at the moment about the broadness of Stern's concept of weak and strong dissociation, in some ways I find it sufficiently appealing to imagine that one day I might proudly endorse the title chosen by Harry Smith (2000) for his review of my book, Standing in the Spaces — He called his review, with both friendship as well as a bit of irony, "Conflict: See under Dissociation."

In other words, my continuing to use the term "repression" is indeed a clinical, rather than a theoretical choice. Consistent with Peter Fonagy's use of the term "repression" as relating to disowned ideas, I see repression as relating to the CONTENTS of the mind, and showing its signature through anxiety and conflict; I see dissociation as relating to the STRUCTURE of the mind — to the unlinking of aspects of self that are hypnoidally denied simultaneous access— and showing its signature through the individual's alienation from aspects of self that are inconsistent with his experience of "me" at a given moment.

I think that in some cases dissociation takes place prior to processing (mainly in children), and in some cases subsequent to processing. I don't think that whether the experience has or hasn't already been processed is the criterion for distinguishing the two phenomena. Probably, the key distinguishing feature of dissociation is that, unlike repression, it is not simply a way of preventing certain mental CONTENTS from gaining access to memory; that is, dissociation is not just a different psychodynamic term for "forgetting." It acts upon personality functioning as a whole because it involves switches in self-states, each switch manifesting itself by non-linear changes in a number of different variables. For instance, it affects one's ability to PERCEIVE even more strongly than it effects memory. In other
words, with dissociation, a host of variables besides memory are influenced, some more than others; e.g., affect and mood; attention and cognition; range of perceptual functioning; regulatory physiology; sense of reality; and sense of self and other.

My self-state model of the mind, rooted in gestalt field theory, chaos theory, and nonlinear dynamic systems theory, is clearly a departure from the 19th century positivism that shaped Freud’s thinking. From my perspective, whichever self-state has most access to consciousness and cognition will select those mental contents most compatible with it and will thereby shape the personal meaning of a thought at the time it appears. Other mental content, especially when attributed to the patient by the analyst’s interpretation, will be experienced as “not-me.” Thus, accessing seemingly “repressed” mental content through interpretation has always been a process more difficult than it had to be, because without the concept of self-state incompatibility, the only route left was to see the patient as “resistant.” Data supporting a nonlinear systems-theory understanding of mental functioning have been provided by independent clinical and scientific domains. Particularly significant are Thelen and Smith’s (1995) writings on nonlinear dynamics theory and cognition, Piers (1996, 1998, 2000, 2001, 2005) work on character as self-organizing complexity, including its relationship to multiplicity and wholeness, and Harris’s (2005) landmark synthesis of chaos theory, gender theory, and psycholinguistics into a developmental psychology that is truly relational.

So, to summarize, it’s been said that the goal of therapy is to enable a person to move from experiencing his patterns of behavior as who he is to experiencing them as something that he does; that is, to develop what has traditionally been called an “observing ego.” I would add that this has been a generally agreed upon
cornerstone of therapeutic action in psychoanalytic treatment. The analyst attempts to help a patient change what is ego syntonic to ego alien, so that the so-called "pathological" pattern is less and less experienced as "who I am," and gradually replaced by the cognitive perspective of it being "something I do." As this takes place, the person is able, ultimately, to increasingly hold, accept, and resolve conflict between disjunctive self-states without the experience being felt as potentially traumatic and thereby automatically foreclosed by the dissociative function of the mind. I believe that within a variety of personality styles, every analytic patient is forced to engage the dissociative structure of his mind so that his capacity to process intrapsychic conflict can increasingly prevail, and in this regard I also believe that every analyst might well consider with each of his patients, regardless of diagnosis, the potential applicability of what Janet (1907) said about the manifestation of dissociation in hysteria—that if it is "a mental malady, it is not a mental malady like any other...[but] a malady of the personal synthesis" (p. 332).

References


Repression and Dissociation

REPRESSION

The concept of repression is not intrinsically tied to drive theory (i.e., to drives, impulses or instincts). It is tied to classical conflict theory which in turn, relies on the patient's ability to utilize the process of interpretation as the main source of therapeutic action that enables the mind to accept disavowed (repressed) ideas into consciousness, and reflect on the conflict that ensues. What makes this possible is that such an individual has already achieved intersubjectivity in human discourse. That is, the person is able to experience the "other's" mind as a separate center of subjectivity, bringing an ability to experience himself through the eyes and mind of an "other" who is experiencing him.

In analytic treatment, such an individual can negotiate disjunctions between his self-perception and his analyst's perception of him at a given moment, because the "other" is not experienced as an object, but as a person whom he experiences as thinking about him in a certain way, the basis for which is potentially comprehensible and open to negotiation. Thus, much of the analytic work that takes place when the capacity for internal conflict exists is both self-reflective and reflective with regard to the mind of the analyst. Much work can be done that does not have to first be take place through the processing of enactments, though it is always a mix for any patient. In other words, when the affective capacity to bear internal conflict exists, the analytic relationship is used mostly as medium for increasing insight, a fact that testifies to a patient's affective competency. The predominant affect that identifies areas of personality conflict that need to be addressed, is anxiety. An oversimplified
summary I will admit, and for the many contemporary ego psychologists here today, probably an unfair one if not a straw-man. But I shall stand by it nonetheless, even though it has in some ways changed over the years.

**Dissociation**

Dissociation is a response to psychological trauma or the anticipation of its recurrence. **It is not a form of repression;** it is not a response to the anxiety signalling the potential return to consciousness of a disavowed idea. In fact it is not a response to anxiety at all. Trauma differs from anxiety not only in the intensity of the affect involved, but is qualitatively different. It is defined by the incapacity of the psyche to reflect upon and symbolically process input from a relationship or event that threatens to destabilize self-continuity and risk depersonalization.

It is not an "ego defense" in the classical meaning of that term, not even a "primitive" one. In fact, it is not inherently a defense at all. It is part of the normal structuralization of the mind that reflects the mind’s intrinsic self-state organization. It is a normal process of the mind, as basic to it as repression. It normally gives personal identity a subjective consistency between self-states regardless of which has access to consciousness and cognition at a given moment because the individual states have access to one another as needed. In most normal human functioning, self-state switches are not emergency reactions. Switches normally allow each self-state to do its own thing while remaining part of a coherent self that is experienced as “me,” each self-state staying experientially “me” even when replaced by another. This addresses the reason that the capacity to “stand in the spaces” between self-states is so important to human mental functioning at its creative best. Without that capacity, the person is robbed of the essence of living a life, the
capacity to enter each moment with all of his self-states available to make the most of it creatively, judiciously, and passionately.

Trauma, however, enlists the normal capacity for dissociation into a protective structure and a protective process. Dissociation preserves the stability of selfhood by preventing internal communication between self-states that are too disjunctive. Such self-states then come to define separate constellations of truth, kept apart from one another by the mind’s natural autohypnotic function. The paradox, is that by dividing what had been a flexible configuration of self-states into sequestered islands, self-continuity is preserved. Why? Because personal identity is now restabilized safely, but separately within each self-state. The price paid is that the overarching coherence of “me” is sacrificed. By limiting the ability to “stand in the spaces,” dissociation allows a person to survive situations of trauma and to construct a proactive, “early warning system” that then anticipates trauma before it arrives; but the experience of intrapsychic conflict — the coexistence in consciousness of incompatible ideas — is foreclosed or at least compromised. Peter Fonagy in a 1991 paper, expressed it this way: “To exclude an idea from consciousness presupposes the specific identification of the idea, which must involve the capacity for second-order representation. It is therefore to be expected that repression proper should be a relatively ‘mature’ defence” (p. 642).

Why am I willing to retain the concept of repression within my postclassical view of mental functioning? Psychoanalysts need some term to describe the psychodynamic process that mediates conflict, and I am not yet ready to abandon the term “repression” simply because it is a concept derived from classical theory. Unlike Don Stern, I’m not yet willing to see repression as what he calls “weak dissociation,” a perspective that places dissociation on a continuum along which its
weakest manifestation is conflicted experience, making conflict a subcategory of
dissociation. Although I, too, strongly believe that dissociation is not an all-or-none
process, and exists along a continuum of relative rigidity and extensiveness, I believe
that an individual’s capacity to experience internal conflict is achieved when
dissociation is surrendered, and that once achieved, the dynamic that mediates
conflict (call it repression, if you will) is qualitatively different from the dynamic
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moment about the broadness of Don’s concept of weak and strong dissociation, in
some ways I find it sufficiently appealing to imagine that one day I might proudly
endorse the title chosen by Harry Smith (2000) for his review of my book, Standing in
the Spaces — He called his review, with both friendship as well as a bit of irony,
“Conflict: See under Dissociation.”

So, while I do continue to use the term “repression,” it is really a clinical,
rather than a theoretical choice. Consistent with Peter Fonagy’s use of the term
“repression” as relating to disowned ideas, I would state that repression relates to the
contents of the mind and shows its signature through anxiety and conflict;
dissociation speaks to the structure of the mind, and shows its signature through the
individual’s alienation from aspects of self that are inconsistent with his experience of
“me” at a given moment. I thus argue that one aspect of our work as analysts,
involves restoration of the links between dissociated aspects of self so that the
conditions for repression and intrapsychic conflict can be present. In other words,
the hermeneutic process of interpretation in psychoanalysis depends upon the
conditions for conflict being there because repression cannot always be assumed to
exist as a mechanism. And this is especially true, or so I would argue, when early
“developmental trauma” has created areas of dissociative mental structure.
My self-state model of the mind, rooted in gestalt field theory, chaos theory, and nonlinear dynamic systems theory, is clearly a departure from the 19th century positivism that shaped Freud’s thinking. From my perspective, whichever self-state has most access to consciousness and cognition will select those mental contents most compatible with it and will thereby shape the personal meaning of a thought at the time it appears. Other mental content, especially when attributed to the patient by the analyst’s interpretation, will be experienced as “not-me.” Thus, accessing seemingly “repressed” mental content through interpretation has always been a process more difficult than it had to be, because without the concept of self-state incompatibility, the only route left was to see the patient as “resistant.” Data supporting a nonlinear systems-theory understanding of mental functioning have been provided by independent clinical and scientific domains. Particularly significant are Thelen and Smith’s (1995) writings on nonlinear dynamics theory and cognition, Piers (1996, 1998, 2000, 2001, 2005) work on character as self-organizing complexity, including its relationship to multiplicity and wholeness, and Harris’s (2005) landmark synthesis of chaos theory, gender theory, and psycholinguistics into a developmental psychology that is truly relational.

References


