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## A critique of the concept "consciousness" in psychodynamic theory : implications for understanding repression

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Inna Goldberg  
A Critique of the Concept  
“Consciousness” in Psychodynamic  
Theory: Implications for  
Understanding Repression

### **ABSTRACT**

This project critiques the way that the concept “consciousness” has traditionally been, and continues to be, understood in psychodynamic theories. Focusing on the phenomenon of repression, it shows that a different way of conceptualizing consciousness can help shed light on the confusing matter of the relationship between insight and improvement of symptoms in therapy. Many practitioners have shifted toward relational approaches in recent times, in part due to realizations about the limited role of insight in generating change. The project makes the case that the contributions of relational theory can be expanded and maximized if the model of consciousness assumed therein is modified.

**A CRITIQUE OF THE CONCEPT “CONSCIOUSNESS” IN PSYCHODYNAMIC  
THEORY: IMPLICATIONS FOR UNDERSTANDING REPRESSION**

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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## TABLE OF CONTENTS

|   |     |
|---|-----|
| ACKNOWLEDGEMENTS.....                                   | ii  |
| TABLE OF CONTENTS.....                                  | iii |
| CHAPTER   |     |
| I INTRODUCTION.....                                     | 1   |
| II METHODOLOGY.....                                     | 26  |
| III THE PHENOMENON: REPRESSION.....                     | 30  |
| IV RELATIONAL PSYCHODYNAMIC THEORY.....                 | 35  |
| V THE HIGHER-ORDER THOUGHT THEORY OF CONSCIOUSNESS..... | 44  |
| VI DISCUSSION.....                                      | 51  |
| REFERENCES.....   | 63  |

## **CHAPTER I**

### **Introduction**

It has become increasingly common in psychodynamic theory and practice to see the interpersonal field, instead of the mind of a single individual, as the relevant focus of treatment (Wachtel, 2010). Relational approaches put focus on the interpersonal, affective components of therapy and do not view insight as the goal of treatment; as Levenson (2010) writes, it is common for clinicians to come face to face with individuals who can reflect with great precision about their own dynamics and, yet, who do not feel any better despite such having such insights.

Such relational concepts have the potential to shed light on one of the central, yet one of the most unclear, concepts in all of psychoanalytic theory: repression. Freud defined repression as the process of “[...] turning [an unpleasant idea that conflicts with external reality] away, and keeping it at a distance” (1959a). While the concept of turning away unwanted thoughts is likely very familiar to anyone with therapy experience, in approaching the topic of repression, a number of distinct questions are often not distinguished from one another: what repression is, what its cause is, what its outcome is and, finally, how it is accomplished (Erdelyi, 1985). As will be discussed in the literature review below, the last question remains unanswered. While Freud conceded in his last work that he has only described repression but not explained how it is possible (1969), despite the headway made by subsequent attempts (Billig, 1999; Boag, 2007, 2012; Cavell, 1993; Mitchell, 1988), the question has not yet been satisfactorily answered. The

"how" of repression, then, is the focus of this project.

The main idea of the project is that relational approaches have the potential to offer clarity about how the process of repression is accomplished but, because of the model of consciousness that continues to be implied in the psychoanalytic tradition, including within relational theories, this potential has not been fully actualized. This project will discuss a critique of the view of consciousness that is typically assumed in psychoanalytic literature, a view based on perceptual attention. It will investigate how a different model of defining how we are conscious of our thoughts could fill in this missing "how" of repression by working together with the concepts that a relational perspective already has to offer.

This chapter will first characterize repression and explain what makes its explanation a longstanding problem in the psychoanalytic tradition. Secondly, it will provide a survey of attempted solutions and an analysis of their gaps. Then, it will discuss the usefulness of the project to theory and practice. Finally, it will conclude with an overview of the two theoretical frameworks that will be used to carry out the project: relational psychodynamic theory and the Higher-Order Thought Theory of Consciousness.

### **Characterizing the Problem of Repression**

Imagine the following scenario taking place in therapy, adapted from Freud (1966, p. 50): a woman intends to say about her husband "He can eat and drink whatever he wants" but ends up saying "He can eat and drink whatever I want" instead. When the therapist points this out to her, she denies having any intention of meaning to say this, and insists it was just an accidental speech error. The therapist, having worked with the woman for long enough to have gathered some evidence, may infer that, aside from believing that she ought to say that her husband can

eat whatever he wants, she also had an intention to express that she does not like it when her husband gets his way (perhaps the therapist has a sense from past sessions that the husband does not fulfill the woman's needs and that this is frustrating for the woman, although she may not yet be aware of it). The woman is not aware of having this intention; in fact, she denies having any such intention and cannot directly access it when it is pointed out in the same way that she can access, for example, what she had for breakfast that morning. In such a case, we might use the term "repressed" to refer to this intention: the intention is expressed by her behavior (saying "He can eat and drink whatever I want), there is reason to believe this behavior is not just accidental (but intentional), and she cannot reflect upon or access the intention. All psychoanalytic traditions involve such a descriptive concept, although they may account for it differently; they all build upon tenets of Freud's thought (Mitchell & Aron, 1999).

In 1915, Freud wrote that, in order to keep an idea repressed, there must be a distinction between conscious and unconscious mental activity (1974b). Keeping an idea out of consciousness is a continual process requiring much force; "We may suppose that the repressed exercises a continuous pressure in the direction of the conscious, so that this pressure must be balanced by an unceasing counter-pressure" (1974b, p. 151). Due to this continual pressure, repression leads to symptoms; symptoms are the results of strategies by which the repressed idea is kept out. For example, in the case of the woman described earlier, the strategy was to express an idea that was a compromise between the disallowed, repressed idea (hating that her husband gets his way) and a harmless, allowed idea (he can eat and drink whatever he wants). The result was "He can eat and drink whatever I want". Other strategies might include investing an equal amount of mental energy into an opposite idea, as when repressed aggressive ideas are channeled



into benevolent acts—what Freud referred to as “reaction formation” (1974b, p. 157).

In his last work on the subject originally published in 1926, *Inhibitions, Symptoms and Anxiety*, Freud modifies his schema of repression, claiming that the ego initiates repression as a response to anxiety, rather than the other way around (1977). On this structural view that came to replace the earlier topographic view, psychic conflict involves the structures id, ego and superego (Blanck & Blanck, 1974). Rapaport (1960) analyzes the impetus for the change; on the earlier topographic view, there were two major systems—the Unconscious and the Conscious, inborn drives considered part of the Unconscious, and ego functions part of the Conscious. The Unconscious was the ultimate determinant of behavior, and the system Conscious only an “apparent” determiner (Rapaport, 1960, p. 54). Rapaport identifies two factors leading to Freud's change from the topographic to the structural view. First was the observation that the motivation from inborn drives—or instinctual impulses—does not completely determine behavior, and does not account for the source of symptoms; there are inborn structures that determine behavior along with the drives and that explain the formation of symptoms. Second, Freud realized that some of the structural factors coming from the ego could also be unconscious along with the drives.

Freud's ego psychology paints psychic conflict as a clash between the demands of instinctual impulses and the demands of external reality, a conflict mediated by the ego; the ego suppresses the effects of the instinctual impulses, as it is beholden to external reality and the moral demands of the super-ego (Freud, 1977). Repression is directed toward these instinctual impulses or, more accurately, toward the ideas that represent them. The aim of repression is to make the effects of these impulses inoperative when they do not align with the demands of external reality, i.e. to make sure that they do not lead to action. Since the ego is responsible for

motor control as well as access to consciousness and perception, the ideas that stand for these impulses in consciousness have to be kept out so that they are not acted upon (Freud, 1977). The way in which repression prevents actions from occurring is by disconnecting idea from affect, as these two together are necessary to motivate an action to be taken (Freud 1974b). Since affects can only be experienced by the ego because the ego is the seat of perception, affects are always conscious; therefore, in repression, it is the idea that becomes unconscious, while the affect remains conscious (Freud, 1977). The result of this process is that the ego is unable to act on the forbidden impulse.

Freud (1974b) further distinguishes primary repression and repression proper. In primary repression, ideas that represent the instinctual impulse in consciousness are prohibited from becoming conscious, which leads to fixation, as it is in the nature of an impulse that it always strives to be satisfied. In repression proper, any ideas that are related by association to the repressed contents of primary repression are also warded off from becoming conscious. The latter situation is necessary because, whenever possible, it is the aim of repression to make certain as much as possible that the impulse does not effect the external world, that symptoms manifest internally as, for example, obsessive thoughts, rather than as actions in the world. To this end, Freud writes: “For, as we know, in repression the ego is operating under the influence of external reality and therefore it debars the substitutive process from having any effect upon that reality” (1977, p. 21).

Yet, despite this frequent mention of consciousness in the description of the process of repression, Freud began to shift his focus away from the connection between repression and keeping content out of consciousness to the functions of the structures id, ego and superego

(1977), ultimately claiming that his earlier exploration of the conscious/unconscious distinction was a dead-end altogether, and that characterizing consciousness is not bound to be fruitful (1969). In his last work on anxiety and defence mechanisms in 1926, Freud takes it as a starting point that the role of the exclusion of ideas from consciousness is indisputable, and focuses himself on other details which he feels have as yet not been filled in; “[u]p till now our account of what occurs in repression has laid great stress on the point of exclusion from consciousness. But it has left other points open to uncertainty” (1977, p. 17). As Freud focuses on filling in these other details, the centrality of his focus on the connection between consciousness and repression fades. In *An Outline of Psychoanalysis*, the last work written prior to his death that he began in 1938, Freud is seen further losing interest in the consciousness/unconsciousness distinction; he approaches the matter with an attitude of mystery that he feels will only dissipate once it is understood how physical apparatuses give rise to these “psychical” properties (1969, p. 21). For this reason, Freud decides that his study of these “psychical qualities” has not been productive, and that psychical life remains “shrouded” in mystery” (pp. 20-21). By exploring these psychical qualities that Freud did not think it would be fruitful to characterize, this project seeks to clarify repression.

Although Freud is often criticized for unclarity in connection with using metaphorical language while remaining convinced that science would one day give a completely mechanistic explanation of his concepts (Brown & Hausman, 1981), Freud does clearly say that looking at repression on the model of physical pain that prompts a flight response is not entirely helpful, since in repression there is *judgement* and *evaluation* that an idea clashes with one's mental life and that acting on it would be dangerous (1974b). The anxiety that triggers repression is

connected to appraisal by the ego of situations that are taken to be dangerous; the subject “estimates [...] his own strength compared to the magnitude of the danger and [...] his admission of helplessness in the face of it [...]” (1977, p. 92). That is, one cannot flee from the demand of an internal, innate impulse the same way that one can flee from an external danger (Freud, 1977). But precisely because the evaluation of something as a danger, as Boag (2012, p. 63) puts it, “cannot be reduced to non-psychological activities”, the ego somehow initiates the repression, maintains it, experiences the symptoms arising from it and yet denies knowing the content of what is being repressed all the while; “[...] the ego—which remains unaware of the repressed—is also the instigator of the repressed” and, therefore: "Repression appears to be an impossible task, since it appears to require the repressing subject (the ego) re-knowing the target in order not to know it" (2012, p. 60).

When put this way, questions arise about how it is possible for one “part” of the mind to continuously hide something from “another”; as was famously pointed out by Sartre (1993) in his critique of Freud, this creates a question about knowing in order to not know—about how the repressing ego keeps certain contents continuously repressed without knowing those repressed contents at the same time, an issue similar to self-deception (Brown & Hausman, 1981; Boag, 2007, 2012).

Prominent relational theorist Mitchell (1988), coming from a different psychoanalytic school of thought than Freud, refers to this problem as a central one in all of psychodynamic theory; even if Freud's structural theory allows that part of the ego can be unconscious, this only reproduces the problem, as the same question can be posed about how the unconscious ego defenses manage to keep the offending impulses out of consciousness without at the same time

having knowledge of that content. Mitchell therefore goes on to say that Freud never solved the problem of repression, never explaining how unconscious processes manage to remain unconscious. In the literature review below, I will show that Mitchell's solution, while it does offer helpful insights owing to its relational concepts, has a number of its own limitations. The review below will illustrate that a satisfactory answer to the “how” of repression has not yet been given by surveying existing solutions.

### **Gaps in the Literature**

While there is a rich tradition in philosophy on the subject of self-deception, acting against one's own better judgement and a host of related questions dating back to Aristotle (see *Nicomachean Ethics*, Book VII, Ch. 3), there is relatively little work on these issues specifically as they relate to behaviors and symptoms identified by Freud exemplified above. In philosophy, Davidson's (1982) influential work “Paradoxes of Irrationality” argues that we cannot understand seemingly paradoxical behavior like self-deception and acting against what one has decided is in one's best interest *without* invoking Freudian theory. Davidson proposes that any successful account of such behavior “must embrace some of Freud's most important theses” (1982, p. 290) and goes on to argue that this kind of behavior can be resolved only by a Freudian compartmentalization of the mind. However, as Brown and Hausman (1981) caution, Freud neither presupposes the existence of any kind of paradox about the ego hiding something from itself nor considers it as a part of his explanatory theory. Freud, because of the alleged scientific nature of his project, aims to find causes contributing to such things as slips and neurotic behavior, essentially denying that any such paradox is possible since, were there any such thing, it would be given an ultimately mechanistic explanation (or so Freud hoped). Adopting Freud's

theory, therefore, does not by itself explain the problem of self-deception or acting against one's own best interest. So, Freud's theory is not an automatic solution to the difficult problem of how these behaviors are possible. Instead, Freud's theory is something that itself needs clarification, which is the starting point for this project.

Philosopher and psychoanalyst Marcia Cavell agrees that Sartre's critique of a Freudian unconscious ego responsible for repression without awareness of its own act leads us to a paradoxical problem of how it is possible for the ego to hide something from itself (1993, p. 195). Cavell sees promise in the idea that a partitioning of the mind, conceptualized in a specific way, can save Freud from Sartre's criticism. Rather than adopting Freud's not entirely clear schema as Davidson does, Pears (1984) proposes that a wish to form a belief that clashes with rest of a person's mental life leads to the formation of that belief in a "sub-structure" of the mind, so that the entire mind itself never holds inconsistent beliefs at once (in Cavell, 1993, pp. 195-196). Cavell agrees that partitions in the mind are necessary to make conceptual sense of Freud, but adds that these partitions are chronologically different; sub-structures of the mind formed by the desire to fulfill a wish contain old wishes that are unfamiliar to the present and that have to be understood in the context of an individual's developmental history, whereas the "main" partitions of the mind contain beliefs and desires that are more current, revisable and subject to evidence.

For Cavell, when a belief that is deemed dangerous and that clashes with other beliefs is repressed, it is not a question of conflicting beliefs of the same order; instead, hallucinatory wish fulfillment interferes with one's evaluation of reality and clashes with an individual's more current beliefs. Even still, Cavell points out that this wish fulfillment is not to be likened to an

involuntary force interfering with the person's mental life. Wish fulfillment serves a purpose; it is goal-directed, so in a sense it is an intentional act and cannot be likened to something fully involuntary. However, Cavell realizes that to say that sub-structures of the mind have goals comes too close to the metaphor of individual people with minds inside the mind, a metaphor that is of limited informativeness because it is circular. Her way around this is to say that we have conscious access only to the results of cognitive processes, not to these processes themselves. So, it only *seems* that there are parts of the mind with individual agency, volition and goals when we focus on the results of cognition instead of on its mechanisms (1993, pp. 200-201).

However, Cavell's (1993) idea seems to do a disservice to her own contribution that wish-fulfillment has an intentional element. This may be because Cavell is trying to do justice both to the puzzle of repression raised by others about Freud's work and to Freud's perspective—which does not identify any such puzzle—at the same time. The situation with which Cavell is grappling is understandably complicated because Freud referred to many different levels—the neurological, genetic, dynamic—often at once (Rapaport, 1960), and ultimately thought that science would one day elucidate the psychical “energy” of psychological life that seemed to Freud so far mysterious (Freud, 1969, p. 20). Yet, despite Freud's emphasis on scientific metaphors, what is important to notice is that the level at which the problem of knowing in order not to know and hiding something from oneself arises and, therefore, the one at which it can be most clearly addressed, is at the level of evaluation, appraisal and judgement of the circumstances by a subject instead of at the level of cognitive mechanisms. While it is common in psychology and brain sciences to point out that more of human behavior than is commonly

suspected is not volitional, automatic and affected by such factors as hormones and neurochemicals (see Loewenstein (1996) for such an example), this kind of approach raises difficulties for our most common notions relevant to therapy that our desires, thoughts and beliefs have an object—that they are *about* something to us.

While it is true that Freud's drive theory was modeled on energy as that concept occurs in hydraulics, chemistry and physics and is supposed to be a form of psychological motivational energy that could be explained by purely mechanical forces (Mitchell, 1988, p.67), even Freud wrote that these instinctual drives are represented by ideas as their vehicles (Freud, 1977); so, we do not directly interface with the drives, but with their representations in the mind. What is important is that the defenses—including repression—happen at the level of these drive representations, i.e. ideas that stand in for the instinctual drive. That is, the defenses (e.g. intellectualization, projection, undoing, sublimation, etc.) refer to the level of our ideas, our beliefs, desires, and thoughts. If psychic conflict could be explained as a clash of purely physical forces in the brain, there would be no need to include defenses in the explanation. Defenses operate on material that is symbolic, i.e. material that has meaning and represents something to a subject. While instinctual drives do each come packaged with a different innate purpose and “seek” an object for the satisfaction of that purpose (Mitchell 1988, p. 72), it is difficult to see how an instinctual drive or impulse can exhibit purpose and meaning *on its own* without being represented to a subject in the form of an idea.

For this reason, it does not help resolve the puzzle to appeal to cognitive mechanisms; there would be no place for the talking cure and we may as well treat all client concerns with chemicals. However, when Freud speaks of anxiety as being *about* something to a subject, i.e.



the ego (1977), he is not speaking at the level of physical brain processes but of thoughts, emotions and beliefs—regardless of his personal convictions that these will all be one day explained by neuroscience. This latter level is also where Sartre's historically important critique of Freud arises.

Psychologist Simon Boag's (2012) account offers many conceptual strengths relative to the previously mentioned approaches, as he recognizes both the shortcomings of the partition metaphor and yet appreciates that appealing to purely physical forces in the brain cannot capture the complexity of the clinical picture described by Freud. Boag recognizes that, often in neurological studies, brain parts such as the amygdala and the orbitofrontal cortex are described as though they were people who can make decisions and engage in behaviors; in this way, the studies end up repackaging Freud's concepts in new metaphors without elucidating Freud's theory and end up personifying parts of the mind (2012).

To capture the complexity of Freud's clinical cases, Boag recognizes the need to make a contribution in the language of evaluation and appraisal—a psychological explanation at the level of decisions and behavior, not neurons; "What emerges in Freud's account of repression is that the ego must know the target of repression—at least on one occasion—for repression to occur" (2012, p. 51). Boag proposes to make sense of how it is possible for the ego to deny the existence of contents that it is constantly monitoring—how it can know the danger and yet defend itself with resistance to it at the same time. Unlike previously mentioned accounts, Boag realizes that the metaphor of the mind as a container with partitions is not very helpful. Instead of using the language of compartments, he uses the language of relations, and proposes that a distinction between knowing and knowing that one knows is important in beginning to make

sense of these problems, since it makes room for the unconscious mind. Repression, for Boag, is conceptualized as a process that blocks knowing particular mental states (i.e. thoughts, beliefs, emotions) and knowing that one knows is synonymous with being conscious of those states. On this view, knowing is neither a property or a compartment in the mind but a relation between a subject and something that is known by the subject. Simply, this makes room for the idea that the ego can know particular contents, yet not know *that it knows* those contents.

Boag defines consciousness in terms of knowing and, in turn, defines knowing as a directing of attention or a kind of “attending to”; “the act of attention is necessary for coming to know the objects of cognition” (2012, p. 79). On his view, one is conscious of knowing something when one attends to one's own attending. However, what is missing in Boag is a clear account of what it is for a subject to know that it knows, i.e. to be conscious of, a given mental state as opposed to not being conscious of it. Since Boag says his goal is to bring his account of repression in line with modern psychology and improve upon the influential account of repression found in Sullivan (1956) that is based on selective (in)attention (in Boag, 2012, pp. xxiii), Boag models his concept of “attending” on perceptual attention. So, for Boag, consciousness consists of our attending to our own attending of a thought. However, both discourse analysis and empirical studies cast doubt on the helpfulness of defining consciousness in this way. Selective attention is a common concept in psychology and refers to *perceptions* (as from sight, hearing, etc.). Yet, as Rosenthal (2005, pp. 104-107, p. 145) points out, perceptions refer to sensory qualities; it is unclear what it means to direct this sort of perceptual attention to our *thoughts*; that is, it is not clear what it would mean to perceive our thoughts (as opposed to, for example, thinking about our thoughts). So, it is hard to understand how this sort of perceptual

attention or observing can shed light on our being conscious of our mental states.

Additionally, there is support from empirical studies suggesting that the concepts are most helpfully treated as distinct; for example, Nieuwenhuis and Olivers (2005) found that a lack of attention sometimes enhances consciousness; when two visual stimuli are flashed in quick succession, individuals cannot report on seeing the second stimulus (that is, we can conclude they are not conscious of the fact that they saw it). Yet, directing attention *away* from the task at hand by engaging in a distracting activity *increased* the participants' ability to identify the second stimulus.

As well, Boag, likely because of his reliance on Sullivan's selective inattention, seems to confuse introspection and consciousness. In introspection, we purposefully direct focus in a detailed way to a given mental state that is already conscious by picking it out from all the other conscious mental states available (Rosenthal, 2005). This is what Boag says we do when are conscious of a thought *in general* rather than by a deliberate process; according to Boag, when we are conscious of a thought, we attend to our own attending of the thought. Yet, introspection is a deliberate activity, while consciousness is not deliberate and is ongoing; introspection *relies on* consciousness but does not help to define it (Rosenthal, 2005). Sullivan used the concept of selective attention to explain how one directs one's awareness; in order to ignore something, one focuses one's concentration on something else, so that the ignored information becomes unnoticed, even though it is known (Gold & Bacigalupe, 1998). Since a definition of conscious awareness—what is being directed by one's attention—seems to be taken for granted, this gap also persists in Boag's account. Therefore, while offering an important insight about how to avoid the partition metaphor and how to avoid personifying parts of the self, Boag's account

leaves the connection between repression and consciousness unclear because the definition of what it is for a subject to be conscious of having a given thought, belief or emotion remains to be characterized more clearly.

The authors reviewed above conceptualize the problem of repression from a Freudian drive theory perspective. Stephen Mitchell's (1988) influential account, which sketches the history of psychoanalytic theory from Freud's drive theory through more recent relational approaches, considers repression from a relational perspective. Mitchell makes mention of the problem of repression as a central issue in psychoanalytic theory and offers a solution, like Boag (2012), based on perceptual attention. While a relational perspective offers contributions to understanding repression, the definition of consciousness implied in the use of Sullivan's (1976) selective attention (in Mitchell, 1988, p. 263) limits the full potential of these contributions.

Mitchell offers a sketch of what he takes to be an answer; there is no discrete, sharp boundary between conscious and unconscious mental content. Instead, this boundary is loose and changing. Repressed content cannot be accessed because it "lies behind" other content to which the individual is not paying attention (1988, pp. 263-264). This (in)attention is motivated by interest; anxiety can motivate an individual to not take an interest in wanting to look at his/her memories. The individual must "decide [s/he] wants to look" in order to uncover these contents (pp. 264). In this way, Mitchell centers the role of one's will, which cannot be reduced to other motives, and which is responsible for the direction of one's attention.

While Mitchell captures a lot that is descriptively true about the therapeutic situation—the complexity, the starts and stops of the patient's desire to explore, the greater accountability for one's choices that is facilitated by therapy—under the beautiful metaphors of searching in

cluttered rooms is the same idea that consciousness is a form of perceptual attention. As with Boag's (2012) more recent account already discussed, the difference between conscious and unconscious content is not that these contents are in different "locations" in the mind; instead, the difference is the presence or absence of the quality of attention. While avoiding the location metaphor offers useful insights, the attention analogy is limited in ways already discussed earlier: it is based on an unclear analogy to sense perception, there is empirical evidence for treating consciousness and attention as separate concepts, and it leads us to a confusion of introspection with consciousness. We can see this lack of clarity in distinguishing consciousness from introspection when Mitchell, like Boag after him, says that consciousness is the "property of reflexivity, the capacity to represent itself to itself" (1988, p. 265). I will say more about what Mitchell's relational account could offer in Chapters VI and VI, after laying the necessary groundwork.

Finally, the account of Michael Billig (1999) offers some useful ideas in addressing how it is possible to repress content that one does not know is even present. Billig explicitly focuses on the lack of explanation in Freud of how repression is possible. His solution illustrates relational theory's central idea that we follow rules and conventions not because we seek protection from the consequences of acting on our innate drives but because adopting these conventions secures our connection to others. For Billig, repression is a process that is interpersonal in the sense that it is accomplished toward and with others. To carry out such a process, we must know concepts in a language and master the ways by which those around us express (or avoid expressing) particular ideas by means of linguistic devices. What is avoided by means of repression is not the desire itself, but a particular way of interpreting that desire in such

a way that the interpretation gibes with the kinds of conventions that will secure connection to those to whom a person is close.

For Billig, therefore, language is the vehicle of repression. Language is used to form and construct memories. In order to *deliberately* forget, as occurs in repression, one needs to have the concept of forgetting. Billig argues that social psychology supports the claim that children are not able to explicitly recall until these concepts have been acquired, which in turn supports an idea long observed by Freud that we do not recall a lot from our early years. Billig says, "Language proficiency is required to tell tales of the past and to recognize that one is 'remembering' when one is telling such tales [...] Only humans with appropriate narrative skills can have autobiographical memory" (1999, p. 156).

While this is an interesting direction, it leaves unclear how a linguistic device, such as changing the subject or calling something by a particular name, actually facilitates the process of bringing content in or out of one's awareness. How language accomplishes the process of repression cries out for a specification of the connection between language and consciousness of our mental states. If linguistic conventions turn inward and prohibit thinking, as Billig (1999, p.39) says they do, we need to understand how this internal process is possible. Otherwise, we will have ignored, rather than explained, the problem of repression by denying that anything internal to the individual is happening at all outside of the social field. Language use is public and directed toward others, which captures one important part of the contribution that relational theory can make to the problem. However, it leaves out the internal component. The account is missing a characterization of what it is for our mental states to be conscious as opposed to not conscious. Although Billig (1999) promises to discuss consciousness, he does so from the

perspective of analyzing and critiquing Freud's concepts, rather than providing his own characterization. Since Freud (1969) did not deem it useful to characterize consciousness, a gap in defining consciousness also remains in Billig's account. This is unfortunate as, otherwise, there is a lot in Billig's explanation that illustrates the potential that approaching the situation from a point of view compatible with the relational approach has for understanding how the process of repression is possible.

### **Relevance to Theory and Practice**

The intended audience for this project is anyone who engages in psychodynamic theory or practice in particular, and anyone who practices psychotherapy in general. In our supervision and training as clinicians, we often try to bring theory to bear on our case material. What is the usefulness of this? Theory can help us clarify, explain and understand the motivation for and the appropriateness of our interventions. If, as the literature review above showed, our understanding of the process of repression is limited, then our interventions in approaching repression in clinical practice are also limited.

For example, consider the seemingly simple question of why individuals get better in therapy when they do; is it because they have become conscious of something they had not been conscious of before? If so, how does consciousness facilitate an improvement in symptoms (if it does)? If not, should promoting consciousness of certain thoughts, beliefs and desires be the aim of therapy? Clarity regarding these questions has a direct bearing on the therapeutic interventions we choose.

The nature of the connection between consciousness of our mental states and change in therapy is a topic that generates confusion; Levenson (2010) says that it is a common clinician

experience to encounter clients who have much insight about their mental life despite not improving. Looking to empirical studies on the question of whether consciousness does, in fact, lead to improvement of symptoms offers little help in clarifying the issue as the results are inconclusive. It is difficult to draw conclusions from the available empirical studies (reviewed below) because consciousness of previously unconscious material is operationalized differently across studies and because studies do not rule out predictions made by competing theories. It is not surprising that the concept is operationalized so differently across studies; as the literature review illustrated, there is not an explicit definition of the concept consciousness in psychodynamic theory and its role in repression is far from clear. Freud, as will be elaborated later, did not deem it necessary to characterize consciousness (1969). Yet, without a clear characterization of what the concept means, it is difficult to say when an empirical study has achieved content validity. So, having a clear definition of consciousness is prior to our ability to meaningfully empirically study the connection between insight, awareness, self-knowledge—or the myriad of related concepts that all rely on consciousness—and the alleviation of symptoms.

Within psychodynamic theory, there are two main theoretical divisions; ego psychology, influenced by Freud, views insight (which depends on consciousness) as the cause of therapeutic change. Insight produces personality change through therapist interpretation of defenses, allowing the ego to come up with new solutions to conflicts that were previously mediated by the defenses (Moro, Avdibegovic & Moro, 2012). In contrast to ego psychology, relational psychodynamic theory says that insight is the *result* of the interpersonal, therapeutic relationship between therapist and client, rather than the cause of therapeutic change; the therapist and client make meaning of the way that an individual's past experiences play out in the therapy in the



interpersonal relationship between therapist and patient, and this gives rise to insight coupled with personality change (Messer & McWilliams, 2007). Empirical studies about the role that knowledge of previously unconscious material plays in symptom alleviation in psychodynamic theory generate and test hypotheses influenced by either of these schools of thought, but, to the best of my knowledge, no study successfully rules out competing hypotheses. This is because of the very starting assumptions about insight (and, therefore, about consciousness) that motivate each study.

By way of example, consider the first randomized, controlled study on the subject; Johansson et al. (2010) tested the hypothesis that insight, defined as knowledge of previously unconscious material, is a mediating variable between the long-term effects of transference interpretations in psychodynamic therapy and symptom reduction. Insight was measured by a global scale rated by experts and was operationalized in terms of criteria like coping abilities, responses to stress, and ability to connect interpersonal patterns to past experiences. The study found that individuals with low interpersonal functioning saw an improvement in functioning after therapy that involved transference interpretations, and this result was attributed to an increase in insight in this group. Since the independent variable in the study was interpretation of client transference rather than interpretation of counter-transference or some other more relational concept, we cannot know what the relationship between insight and symptom reduction would be in a relational therapeutic model that hypothesizes, in contrast to the Johansson et al. (2010) study, that insight is a *consequence* of symptom reduction. So, the study does not help to empirically decide between these theoretical approaches to treatment.

Questions can also be raised about content validity: in what sense do the measures on the

instrument used in this study to measure insight—the Global Insight Scale that measured such factors as coping abilities and response to stress—relate to ego psychology's (the theory that generated this study's hypothesis) concept “insight” as knowledge of previously unconscious material? Ego psychology posits that this material concerns thoughts or feelings that are specifically hidden through defense mechanisms because of anxiety (Gelso & Harbin, 2007). In other words, it is not clear that the Johansson et al. (2010) study validly operationalized insight in such a way that it captures important elements of the theory that gave rise to the hypothesis tested. Yet, since consciousness is not explicitly defined in Freud's ego psychology—the theory on which this study's hypothesis was based—we have no clear guidepost for knowing whether the study achieved content validity in its operationalization of “insight”.

Despite Kivlighan, Multon, and Patton's (2000) attempts to improve upon content validity, much the same issues can be raised by their study as well. The Kivlighan et al. (2000) study also tested the hypothesis that insight causes symptom reduction. The study used multiple measures to operationalize insight, such as an Important Events Questionnaire, which contains questions about salient events and feelings in a just-completed session. Using this measure rests on the presumption that insight will be reported if it is the most important thing that happened during a therapy session; this is intended to approximate the “previously unconscious” part of the definition of insight as “self-knowledge of previously unconscious material”. The study found that increases in insight preceded lower scores on the Target Complaint Rating, which measures symptom severity, in each session. From the data, they were able to infer a causal relationship between insight and symptom reduction using time-series analysis; the researchers made the argument for causality because there was a time lag between the independent (insight) and

dependent variable (symptom reduction) over the course of therapy. Presumably, they did not see a lag relationship between symptoms from a preceding session and insight from the following session, so were able to rule out the competing hypothesis.

However, the researchers incorrectly assumed that all psychoanalytic theory predicts that insight would cause symptom reduction when, in fact, ego psychology and relational psychoanalytic theory make opposite predictions about the direction of causation between insight and symptoms. Since Kivlighan et al. (2000) did not control for type of psychoanalytic treatment used, we do not know if a negative relationship between *symptom ratings* from a preceding session and insight ratings on a following session could, in fact, be found when the therapy in question is one that predicts, in contrast to the researchers' hypothesis, that insight is the result, not the cause, of symptom reduction, e.g. relational psychoanalytic theory.

This illustrates that conclusions about whether insight does lead to symptom improvement are hard to draw. Clear working definitions are prior to meaningful empirical investigation. This project makes the case for a clear conceptualization of consciousness that could be most helpful to psychodynamic theory.

Despite all this, Freud held a reductive attitude toward psychological concepts like consciousness and did not consider it productive to try to characterize them; toward the end of his life, he wrote that these concepts will remain mysterious until we can understand mental “energy” much the same way that we understand energy in the physical sciences (1969, p.21). Such reductive thinking may have been due to the influence of Darwin, neurology and neuroanatomy on Freud's theoretical development (Rapaport, 1960). Yet, to gain clarity about repression, we need to shed light on how consciousness and repression are connected in a way

that available literature has not yet given us. To make headway on this question, psychodynamic theory needs to become clear on a concept whose meaning is often taken for granted as obvious owing to Freud's legacy.

### **Overview of Theoretical Frameworks**

There are two theoretical frameworks through which this project will approach repression. The first is relational theory as conceptualized by Mitchell (1988). On this view, the motivation for behavior is an inborn need for attachment to others, rather than innate aggressive and sexual drives that seek objects in the external world. For Freud, the task of therapy was to interpret what the individual projects onto the therapist about the other people in her life who were the objects of these drives. In contrast, on the relational view, actual experiences with the therapist, rather than an interpretation of projection onto the therapist of past ungratified drives, lead to behavior change.

Relational theory is useful in looking at repression because it suggests both an interpersonal and an internal component. In this way, it takes further Billig's (1999) idea that the process of repression is to be located in the interpersonal activity of language use. Mitchell & Aron (1999), in an earlier influential relational work, contend that interpersonal approaches to psychoanalysis over-focus on social context to the exclusion of internal processes; the idea that categories of meaning are completely socially constructed leaves out the fact that, in order to construct meaning, there must first be something there to construct from; relational theory, while interpersonally focused, does not deny the role played by internal structures in human development. Yet, as was discussed in the literature review above, relational psychodynamic theory has limitations in its ability to explain the process of repression.

The second framework in question, the Higher-Order Thought (HOT) theory of consciousness (Rosenthal, 2005), supplies a characterization of what it means for one's mental states—one's thoughts and emotions—to be conscious as opposed to not conscious. In contrast to the view that one's mental states are conscious when one perceives them, HOT theory posits that one is conscious of one's mental states when one has thoughts about those states; specifically, it says that a mental state is conscious when it is the object of a thought that one has about it, and the content of this thought is that one is, oneself, having the mental state in question (Rosenthal, 2005). HOT theory is deeply rooted in the relationship between language and thought in ways that will be explained in Chapter V. Owing to this relationship, it has applicability to bridging the interpersonal and the internal aspects with which relational theory is concerned. The complementarity of these two theories can be used to shed light on the process of repression.

Despite the promise of such complementarity between a thought-based model of consciousness and psychodynamic theory, Freud, and relational theorists who came later, follow a different view of the mind. There is evidence that Freud's ideas about the mind were in part influenced by the philosopher Franz Brentano, whose lectures Freud had attended while a student (Wollheim, 1990). Brentano and a number of other philosophers throughout history subscribed to a theory of consciousness that held that a mental state is conscious when it is perceived by an “inner sense organ” modeled on an analogy to the way our sensory organs perceive the external world (Rosenthal, 2005, p.311). We can see an echo of this historical seed in Mitchell's (1988) use of perceptual attention. Relational theory has contributed to new ways of understanding of the therapeutic process and now enjoys a wide following (Wachtel, 2010). As will be discussed in subsequent chapters, assuming a perceptual model of consciousness hinders relational

approaches from expanding upon these contributions and reaching their full potential.

The following chapter will discuss the methodology of this project—an integration of concepts in relational theory with those occurring in the Higher-Order Thought theory. Chapter III will elaborate on the phenomenon in question—the process of repression, rooting it in case examples from psychoanalytic practice—one from Freud and another from Ogden's (1994) relational account to illustrate that the phenomenon is of relevance to different schools of psychoanalytic practice. Chapter IV will spell out the relevant details of relational theory concerning repression and consciousness. Chapter V will explain the key details of HOT theory and elaborate upon its applicability and usefulness for understanding clinical phenomena. Finally, Chapter VI will apply the methodology to the two theories in question in order to yield new insights about the process of repression.

## **CHAPTER II**

### **Methodology**

The preceding chapter motivated the selection of theoretical frameworks relevant to investigating the phenomenon. This chapter will isolate and focus on the specific components of each theory that are relevant to analyzing the phenomenon. Then, it will spell out the methodology by which these aspects of each theory will be applied to the phenomenon. Finally, it will discuss the strengths, limitations and possible biases with the project.

The relevant aspects of relational theory to be explored are its views about the role of consciousness in the improvement of symptoms in the therapeutic process, as well as the definition of consciousness assumed and implied by this theory. The HOT theory of consciousness supplies a specific characterization of what it means for a mental state to be conscious as opposed to not conscious, and this criteria is specifically that aspect of the theory which will be relevant to the task at hand, as well as HOT's focus on the connection between thought and language—a connection upon which the definition of consciousness is based.

The methodology used to understand the process of repression is concept integration (Bermudez, 2005) across two different theories. The aim is to unify concepts in relational theory with those of the HOT theory of consciousness. The concept “consciousness” is referenced in both of these theories. Concept integration between these two theories takes place when it can be shown that they are referring to sufficiency similar phenomena in using the concept

“consciousness”. In short, in order to engage in concept integration between two theories, the theories have to be commensurable, i.e. they must be talking about the same things in ways that can be meaningfully compared (Bermudez, 2005).

What licenses such comparability between the two theoretical frameworks in question? Freud (1969) in the above-mentioned *An Outline of Psychoanalysis*, written toward the very end of his life, refers to consciousness and unconsciousness as *qualities* of psychological processes (1969, p. 17). Consciousness and unconsciousness are no longer conceptualized as systems, structures or “locations”, but as kinds of properties of mental processes. This basic psychoanalytic conceptualization is comparable to that of the HOT theory of consciousness; insofar as a mental state can be conscious or not conscious, consciousness is a property of that mental state.

Secondly, Freud (1969, p. 16) explains that, in psychoanalysis, those contents that are not conscious are inferred by observing “gaps” in precisely what we *are* conscious of. Like Freud, Mitchell (1988) also considers our thoughts to be as a default unconscious. This foundational idea in the psychoanalytic tradition that there is an unconscious mind based on particular inferences of such “gaps” can be compared to the empirical basis on which HOT theory rests. As a theory that defines consciousness as a form of thinking about our thinking, HOT theory posits the existence of unconscious mental states.

Perception-based theories of consciousness that are implied by Freud and Mitchell have many basic tenets in common with thought-based theories of consciousness like the HOT theory; most importantly, both theories agree that unconscious mental states are possible and that they become conscious when one has higher-order mental states (either higher-order perceptions or thoughts) about one's own mental states. HOT theory, like Mitchell (1988), takes our thoughts to



be unconscious as the default. So, the point of departure between these two theories is fairly small, considering that their aims and empirical context are similar.

### **Strengths and Limitations**

An apparent strength of the proposed project is that it brings together knowledge from domains that have remained largely disparate. In so doing, it seeks to make psychoanalytic theory and practice less insular and more open to inter-disciplinary communication than it has been so far. It also hopes to make the implementation of psychoanalytic theory more useful by clarifying how its concepts can help clinicians understand what they observe in practice and inform the interventions they make based on those observations.

A possible limitation with the plan of investigation may arise in attempts to tie together different traditions that have a different way of talking. Translating between concepts in psychoanalytic theory and contemporary philosophy, psychology and cognitive science demands caution in terms of concept validity, i.e. to what extent is each discipline talking about the same thing with different words? While it may be the case that psychoanalytically-minded theorists and philosophers/psychologists studying consciousness are referring to the same phenomenon, the details on which their theories rest involve other concepts that may be more difficult to compare. For example, when Freud says that affects cannot be unconscious (1974b), but now there are studies on subliminal perception that seem to show that it is quite possible to have unconscious perceptions and affects (which in turn inform theories about consciousness) (Rosenthal, 2005), do we interpret this as Freud having been mistaken, or is it the case that Freud means by “affect” something different than what is meant by psychologists, i.e. is the word serving a different function in Freud's theory than in the theories in which it is used by modern

cognitive psychology? However, whether it is possible to integrate these concepts meaningfully is not something that can be determined until it has been attempted. While relational theory is a psychoanalytic theory, because it draws upon so many different traditions (Mitchell & Aron, 1999), it may be easier to forge connections between its concepts and the concepts in other theories.

Another possible limitation is posed by the sheer scope of the question associated with the workings of repression. As was motivated in the literature review, the question of how the process of repression works is a longstanding and central one in psychoanalytic history. It is only possible to make headway toward a portion of it at a time. Inevitably, not all aspects of the question can be addressed by a project of the current size.

A bias identifiable to me as the author is a strong background in analytic philosophy, which places me in a complicated space within clinical work. On the one hand, this lens shapes the way I interpret the domineering role of science in Western culture (including metaphors from neuroscience that are often borrowed to inform clinical practice in unclear ways), and causes me to approach the over-reliance on empirical studies to answer *all* types of questions in our culture through a critical lens. At the same time, I am also mindful of the other extreme of over-applying a post-structuralist perspective that is so common in the social work field and which casts doubt on science altogether. Mitchell & Aron (1999) remind us that in claiming that something is socially constructed, we also presuppose that the building blocks for construction are there first. I hope to show that conceptual work and empirical work can interact in a meaningful way.

## CHAPTER III

### The Phenomenon: Repression

This chapter will illustrate the phenomenon that Freud referred to as “repression” (other times, as “defence”) and that continues to play a role in any psychoanalytic theory. The chapter will present a case example from Freud's clinical work, as well as a case example from Ogden (1994). While Freudian theory and the relational theory used by Ogden are based on a number of different assumptions, accounting for the phenomenon is important to both of them. The chapter offers descriptive facts that we might refer to as repression, without giving theoretical explanations of those facts (although, of course, the way the details in each case are presented is influenced by each analyst's theoretical orientation). The purpose is to show that the phenomenon is relevant to the full spectrum of psychoanalytic practice and theory—from Freud to relational approaches.

Consider first as a case study example obsessional neurosis. In 1909, Freud (1974a, pp. 158-220) describes a patient with whom he claims to have worked for a year; a young, educated man who spoke of having a fear that something bad would happen to his father and to a woman with whom the patient was romantically involved. The patient described having fantasies that he would do harm to both of these people, ideas that he fought against. The patient's actions also revealed an impulsive desire to protect them. Despite this, his father had been dead for a number

of years. The patient described him as a powerful and aggressive man, who did not approve of his romantic interest. The patient's history with the romantic interest was marked by doubts; he went through periods of thinking that he loved her intensely, and periods where he felt altogether indifferent toward her. She had rejected his first proposal a decade earlier. As well, the doubts were compounded by the woman's inability to bear children.

One day, the patient recounted a situation in which the woman was to depart after having spent a vacation with him. On that day, the patient hit his foot on a stone on the road; he then felt a strong urge to pick up the stone and place it by the side of the road for fear that the woman might get hurt when her carriage passes over the same road. Not long after having put the stone by the side of the road, the patient had the thought that what he did was ridiculous; he could not understand why he did it, and then experienced a strong urge to put the stone back in its original position. So, he put the stone back in the middle of the road. In discussing this scenario with Freud, the patient explained that he put back the stone for no other reason than it seemed like a ridiculous worry that a stone could cause a carriage damage. Here, by way of describing repression, we can say that the man is not aware of the motivation for having put the stone by the side of the road. Regarding the motive for putting the stone back where he had found it, the patient is aware of a completely different motivation, which is not the main one on which he had acted. Although the patient is not yet aware of the motivation, Freud, infers based on the man's actions and words that the original motive had been repressed, i.e. is not available to the man for comment or awareness.

Putting together all that the man had spoken about in previous sessions, Freud begins to form the hypothesis that the patient had a strong urge to remove the stone because of his

compulsive need to protect the woman; he had harmful fantasies toward her—of which her carriage being affected by the stone was one example—felt guilty for these fantasies, and tried to mitigate them through compulsive acts of protection. All the same, these harmful wishes fought for expression, and the man ended up putting the stone back. Although he is aware only of the fact that he put the stone back because removing it to begin with seemed irrational, he is not aware that the stone in the middle of the road expresses his aggressive wishes toward the woman. Eventually, the patient does begin to recognize his motives, and Freud remarks that the treatment had been a success, as the patient's obsessive thoughts and compulsive actions stop.

It should be noted that Freud used the term “repression” at the time of writing this study. Later, however, he would have used the term “defence” because of the particular strategy used by the patient in this case, that of turning aggression into its opposite (Freud, 1977). That is, in addition to the repression of the idea, there is a particular strategy used to keep the idea at bay.

Ogden (1994), working at a different time in history and in a different psychoanalytic modality than Freud, presents the case of a 42-year-old female patient in the law profession, married, and a mother of two children. She was an only child, born in her mother's late 30s. While she described her mother and father as committed parents, she described the home in which she grew up as a place where children did not belong. It was a serious place of academic study; her toys were confined to one room so as to not create a disturbance.

Upon coming to therapy, the patient could not identify the reason for seeking analysis, as everything at work and in her family seemed to be going fine. She could identify only that something feels somehow off. The patient was meticulous about attending therapy and was never late. While at first the patient would talk about her work in a highly organized and somewhat

forced way, within the first year in therapy, it became progressively more and more difficult for the patient to come up with topics to discuss. There were long periods of silence, and the patient would apologize to the therapist for not having a topic. She described feeling "frustrated and stuck" but could not identify why. At the start of each session, the patient would glare at the therapist attentively. When the therapist commented on this, the patient said she did not realize she had been doing so.

Around this time in therapy, the patient discussed having her child see a psychiatrist, as she worried the child was having difficulties of an emotional nature at school. When the therapist reached over to take a sip of water, the patient looked at the therapist with alarm and concern. She expressed the worry that she had thought the therapist was having a heart attack. Over a year had passed in therapy and only at that moment did the therapist have enough evidence to infer that the patient felt she was a burden to the therapist, that when she spoke of bringing her child to see a psychiatrist, she was referring also to wanting to cure the therapist of the damage she felt she had inflicted. At this moment, she was aware only of her concern for the therapist. That she was a burden with the power to destroy was perhaps too unbearable to face, although the therapist had enough evidence to infer it.

In discussing this with the therapist, the patient eventually said that she feels sick of herself and that she regrets she ever began therapy, and that it would have been better for the therapist, too, had she never begun treatment. Over time, the patient was able to connect these feelings to her fear of being a burden to her parents. However, for two years in therapy, the patient was not able to access the idea responsible for these fears; she was not able to understand why choosing a topic in therapy is so difficult, why she is wringing her hands and staring at the

therapist intently, even though these actions had a real underlying motive. This gap in awareness that is observed by the therapist and, later, the woman herself is indicative of the phenomenon in question.

This chapter served to illustrate that, descriptively, both Freud and later relational approaches are concerned with phenomena in which material is somehow blocked from an individual's awareness. The presence of such a block is inferred from the way the individual acts and speaks. The descriptions in these two cases point to what about repression requires explanation—namely, why is there such a block, how is this block maintained, how does the process of therapy undo this block and what is the relationship between lifting this block and improvement of symptoms?

## **CHAPTER IV**

### **Relational Psychodynamic Theory**

This chapter will discuss relational theory, focusing largely on Mitchell's (1988) seminal conceptualization. The chapter will describe the development of the theory, provide a historical overview of its sources, analyze the empirical and conceptual support for the theory and lay out its key principles. In laying out the key details of the relational approach, the chapter will focus on its views about the role of consciousness in repression.

#### **Historical Development**

Mitchell and Aron (1999) trace the theoretical roots of the relational approach—an American tradition within psychoanalytic theory that began to take shape in the 1960s and 1970s and solidified into a distinct vision by the mid 1990s. They explain that the approach was born from a synthesis of ideas: from the interpersonal psychoanalytic movement of the 1930s and 1940s, associated with such figures as Erich Fromm and Harry Stack Sullivan, relational theory drew upon the idea that there is a mutual influence between analyst and analysand, but incorporated the influence of internal psychic structures on individual development from object relations theory, which had begun to take hold in the United States in the 1970s. However, relational theory extended object relations theory's focus on the influence of interpersonal relationships beyond early childhood to the entire duration of one's life and drew heavily on



Bowlby's work on attachment in young children the 1960s (Mitchell & Aron, 1999). Attachment theory helped underpin relational theory's posit that the need for connection to others is inborn and biologically basic, rather than secondary to the satisfaction of innate, object-seeking aggressive and sexual drives (Mitchell, 1988).

From Kohut's self-psychology, developed in the 1970s and early 1980s in opposition to the concept of Freudian drives, relational theory drew upon the idea of the curative aspect of the therapeutic relationship in the here-and-now; for Kohut, insight was not the cause of change in therapy—rather, it was an emotional experience of a certain kind of with the therapist that offered a new interpersonal way of being to the patient (Mitchell & Aron, 1999). Finally, relational theory was influenced by the development of feminism within the psychoanalytic tradition in the 1970s and 1980s, which stressed that desires for attachment and acknowledgment were overlooked in classical psychoanalysis in favor of aggression, separation and domination. Particularly, Jessica Benjamin's (1988) idea that the capacity to recognize others as separate beings with whom one has connections is an important developmental milestone that, in classical psychoanalysis, was unacknowledged because others (especially women) were represented as objects that exist for the purpose of discharging one's innate drives (in Mitchell & Aron, 1999, p. 183).

### **Empirical and Conceptual Support**

The idea that attachment is an end in itself and forms an innate motivational system underpins relational theory (Mitchell, 1988). Empirically, Mitchell argues that the claim is upheld by studies of infants beginning in the 1960s that illustrate that infants engage in attachment behavior toward their caregivers early, giving support to the idea that this behavior is

not learned, but hard-wired (1988). However, Bolen (2000), in a meta-analysis of the empirical literature on which attachment theory is based, found inconsistent results and methodological problems because of the use of non-human subjects in studies that attempt to establish that attachment has a physiological base; studies suggest, but do not conclusively show, that attachment has a physiological base.

Fonagy & Target's (2007) work points to attachment theory's ability to change and interact with current modes of thinking in cognitive science, neuroscience and psychology. The authors explain that, originally, the conceptualization of attachment theory was based on an outdated view of cognitive science in the 1960s that viewed the mind as an information processor on analogy to a computer; advancements in cognitive science have since offered a different conceptualization that is less abstract and concerned with the relationship of psychological processes to the physical brain. The authors use these findings to inform attachment theory. Since attachment theory forms an important foundation of relational theory, it offers a way for relational theory to be less insular and more amenable to collaboration with related fields than previous models of psychoanalysis. This may be seen as a conceptual strength of relational theory.

As well, studies of the efficacy of various therapeutic techniques consistently find that the main predictor of success in therapy is the quality of the relationship with the therapist, rather than any one specific therapeutic technique (Levenson, 2010). Because relational theory centers the role of the relationship between therapist and patient, it is in line with such empirical findings.

Conceptually, relational approaches have a strong appeal to many practitioners; the shift

to a relational way of working has been informed by the common clinician experience that individuals in therapy are often able to reflect with great precision about their own dynamics and, yet, despite such self-knowledge, do not feel any better (Levenson, 2010). While such personal clinical experience may confirm the limited role of insight in generating change, empirical studies on the direction of causality between insight and reduction of symptoms are inconclusive; in Chapter I, I motivated that the inconclusiveness is due to definitional disparities in defining insight and self-knowledge, which rely upon a clear notion of consciousness. Therefore, before meaningful empirical studies can be done to test whether the predictions of Freudian ego psychology or relational theory are borne out, conceptual work on the definition of consciousness needs to be done.

### **Key Features**

Relational theory incorporates the self-psychological and object relational viewpoints, as well as the interpersonal viewpoint that considers the interactions between the first two; on such an account, psychopathology is seen as the result of interpersonal problems (Mitchell, 1988). Individuals learn to use the given communicative currency in their family because it secures them a connection and a relatedness to others around them. For example, even depressive or hostile modes of relating can feature symbolically as a common language on which relationships are based. While some of these modes come at a price because they can be limiting and constraining, to give them up threatens to induce feelings of isolation. The universal desire for relatedness extends to the therapeutic situation, as both therapist and patient bring past ways of relating to the clinical situation. These ways of relating exert a mutual influence upon each other, and result in “enactments”, unwitting messages communicated among therapist and patient;

making sense of these mutual enactments forms a central focus of relational work, as it is not possible for one individual to project something onto another, and for that other individual to observe the projection, since there is always a mutual influence (Mitchell, 1988). As this influence cannot be avoided, the therapist is not a detached observer but a participant in a particular kind of relationship. Therefore, therapeutic change in relational work occurs through an emotional experience of finding a new way to relate to one another that may have not been previously available; in contrast to Freudian ego psychology, in which insight about past experiences that are projected onto an impartial therapist is intended to lead to symptom alleviation, in relational work, an emotional experience precedes insight and the reduction of symptoms (Messer & McWilliams, 2007).

In Ogden's (1994) case study, described in the previous chapter, from a relational perspective, the patient's symptoms and gaps in awareness are explained by the particular communicative currency in her family. On the relational view, these strategies show the role within the family that the woman had taken on in order to maintain a connection to her parents—the role of a careful, concerned and unobtrusive individual, who walks on eggshells and bears responsibility for protecting those around her from harm. This particular strategy for maintaining attachment came at a price; the woman's life is dull despite fulfilled obligations at home and work.

In therapy, Ogden (1994) describes the way in which progress was made. Through the relationship with the therapist, the woman was eventually able to have a new emotional experience in which she is free from having to save others. Her longstanding desire to save the therapist and the therapist's embodiment of sick feelings constituted the aforementioned

relational concept of an “enactment” between them (Mitchell, 1988). By beginning to share his experience, the therapist was responding to and acknowledging the woman's most salient fear—that she has the power to destroy. After that, they were both able to start looking at what had been going on between them. The therapist's willingness to be engaged in this way enabled the exploration of the woman's perspective and made space for the perspective of the therapist alongside hers, who, in processing the enactment, turned out to not have been destroyed by the woman's perceived capacity to destroy after all. The experience resulted in the insight that she was afraid of being a burden. Importantly, the emotional experience *preceded* this insight by providing the conditions necessary for the exploration.

In this way, relational approaches de-emphasize the role of insight in the undoing of repression. Repression, however, still features prominently in the relational account. Mitchell (1988) refers to repression as a central problem in psychoanalysis because attempts to make sense of it have historically lead to a conflict between accounts that reduce an individual to a sum of deterministic forces and those that deny that there is an unconscious mind at all. Mitchell, following Farber (1976), begins with the assumption that a person is not just the sum of their motives; every action consists of motives together with one's will, which does not reduce to this set of motives (in Mitchell, 1988, p. 249). Mitchell refers to repression as a state in which present choices make past choices harder and harder to access. When in this state, an individual is unwilling, due to anxiety, to look at all of the implications and connections among one's thoughts; “What keeps the repressed unknown is the combination of the obstacles produced by the residues of past choices and the will that does not want to begin the search” (1988, p. 265). The will secures loyalty to the ways of relating in the family, even if those ways produce

negative consequences in the individual's life otherwise, and to begin to see this threatens an individual with anxious feelings connected to isolation. Given that most mental activity is unconscious, Mitchell takes the relevant question to be why a thought would ever become conscious, rather than why it would remain unconscious.

Following Sullivan (1956), Mitchell says that our ability to recall something consciously depends on “the degree of to which we have developed the 'implications' of any particular mental event” (1988, p. 263). The difference between what is repressed and what is not repressed is a matter of degree in terms of how amenable the content is to becoming the object of attention directed by one's will. Each new action that one takes has consequences for the degree to which one will be able to access one's previous choices. For instance, the patient in Ogden (1994) case has taken very many actions in her life in accordance with the value that her family placed on silence and unobtrusiveness. Mitchell might say about this case that each such action resulted in a web of consequences which make the original motives difficult to retrace. So, when the woman finds herself presumably happy at work and at home and yet feels that something is amiss, the gap in her awareness about what, precisely, is amiss is due to the fact that the emotions she experienced in response to the rigid environment in her childhood home have become obscured by the sheer number of choices she made, and continues to make, in accordance with the values of her family. Mitchell writes, “The content of the repressed lies concealed behind other mental content and processes which are granted greater focal attention and visibility” (1988, pp. 263-264).

On the relational approach, the willingness to begin to retrace one's steps by directing one's attention to such content is mediated by a particular kind of therapeutic relationship; since

the continuing unwillingness to direct one's attention at anxiety-provoking content occurs for interpersonal reasons, i.e. the fear of loss of connection to others, to decide that one is willing to look also requires interpersonal connection. As Bromberg (2001) explains, in relational work, an emotional connection between therapist and patient is prior to an individual's ability to start looking at obscured content. The therapeutic situation is a novel context because, while enactments occur between patient and therapist unconsciously, their consequences are explored and analyzed. Because of the emotional willingness of the therapist to become involved in the immediate affective experience of the patient, the interpersonal connection bolsters the willingness to look at anxiety-provoking content and offers a chance for its revision.

The relational account of repression offers advantages. Repression is not an obscure, mysterious phenomenon, but something that can be integrated with our understanding of psychological processes in general, as it lies on a continuum with whatever is not repressed. Also, the relational account lessens the focus on the unclear pathway between becoming consciously aware of something and the improvement of symptoms because it makes an interpersonal emotional experience, rather than insight, the main prerequisite for change. However, a number of aspects still remain unclear.

Although there are interpersonal and emotional preconditions for initiating the process of becoming aware of one's thoughts, consciousness is still posited to play an important role in the undoing of repression; directing attention to obscured memories helps an individual piece together her experiences and leads to a reduction of symptoms. Since selective attention (Mitchell's way of defining consciousness) to one's thoughts is what allows one to make connections and tie together the implications of past actions, Mitchell implies that consciousness

offers utility to an individual. This is a difficult claim to maintain. As Rosenthal (2005) explains, the utility that our thoughts offer to us have to do with their content, i.e. what they are about; this content is what connects our thoughts to the world and allows them to interface with it. As both conscious and unconscious thoughts have contents, it is difficult to see what utility is added by consciousness. Rosenthal cites empirical support for the idea that our consciousness of a thought offers no additional utility beyond that thought's content; Libet, Gleason & Wright (1985) found that volitions and decisions occur prior to our consciousness of them, and Dijksterhuis, Bos, Nordgren & van Baaren's (2006) study found that consumers make more rational choices when their deliberation is not conscious (in Rosenthal, 2008, pp. 832-833). Such findings about the role of consciousness in decision-making, planning and deliberation cast doubt on Mitchell's idea that it is specifically the consciousness of her thoughts that can help a patient tie together the implications of her past actions.

As with Freud, the connection between repression and consciousness remains unclear. On both accounts, it is difficult to understand what is gained by a thought's becoming conscious. The following chapter will explain the key details the Higher-order Thought theory of consciousness that can characterize consciousness in a way useful to and compatible with psychoanalytic theory, and that can be used to take further the previous accounts of Boag (2007, 2012) and Mitchell (1988).



## **CHAPTER V**

### **The Higher-Order Thought Theory of Consciousness**

This chapter will explain the history, purpose and key features of the Higher-Order Thought (HOT) theory of consciousness. It will discuss the conceptual and empirical support for this theory. Crucially, along the way, the chapter will also focus on the applicability and usefulness of this theory to clinical facts about repression which this project is concerned, motivating in detail why it offers an improvement on the other theories critiqued in the literature review in Chapter I.

#### **History and Purpose**

The purpose of the David Rosenthal's Higher-Order Thought (HOT) theory is to explain what makes a mental state, such as a thought or an emotion, a conscious one as opposed to an unconscious one (Rosenthal, 2005). The theory was developed in philosophy but also has currency among neuroscientists and cognitive scientists, and is empirically testable (Lau & Rosenthal, 2011). As far back as Aristotle and, later, Descartes and Locke, it was common to speak about our mental activity in terms of thinking about our thinking (Rosenthal, 2005; Gennaro, 2004). The HOT theory is based on this historical intuition that one's mental state is a conscious one when that person is conscious of herself as being in that state (Rosenthal, 2004, 2005). Put simply, having a thought about another thought is what makes the latter thought a

conscious one. For example, if my thought that my dad treated me unfairly is a conscious one, then according to HOT theory, it is because I am conscious of myself as having that thought; furthermore, what makes me conscious of the thought “My dad treated me unfairly” is another thought that represents the first thought to me by being about it—namely, the thought “I think that my dad treated me unfairly”. This second (or higher-order) thought has the first thought as its content; it is about it, and it is about it to a subject, that is, to me.

However, it was not until the end of the nineteenth century that the word “conscious” began to be used in reference to mental activity, as prior to that, the idea that there could be an unconscious mental life had not yet arisen, so there was no impetus for making such a distinction between conscious and unconscious mental states (Rosenthal, 2005). We might infer that this change is due to the work of Freud and developments in psychoanalysis.

### **Key Features**

HOT theory is based upon the relationship between language and thought. We are able to have thoughts about our mental life at all because we have a concept of what a thought is; part of the meaning that this concept holds to us is that thoughts are the kinds of things that can be expressed by speaking. Rosenthal (2005) hypothesizes that humans made the inference by observation of their conscious thoughts that they are the thinkers of those thoughts and that, with time, the inference between having a thought and knowing that one is the thinker of that thought became automatic. This automatic connection underpins a key point of HOT theory that all verbally expressed ideas and beliefs are conscious ones (Rosenthal, 2005). When a thought is a conscious one, it is represented by a higher-order thought that serves as evidence that the lower-order one is present. Furthermore, it does so in a manner that is second-nature and habitual for

us, so our awareness of the lower thought seems unmediated. In our language, the usage conditions under which we can report a thought and express a thought are the same. To report the thought that it is raining is to say “I think that it is raining”, while to verbally express that thought is to say just “It is raining”. The inference from the report "I think it's raining" to the fact that "it's raining" seems subjectively immediate to us for reasons explained above, so that every context in which we can say one, we can say the other.

No such linguistic habits are entrenched in us beyond second-order state reports, so the inference from "I think that I think that it is raining" to "I think that it's raining", while possible, does not seem subjectively immediate to us. In this way, HOT theory helps distinguish between introspection and consciousness—a distinction that is often conflated in psychological literature (see Chapter I). Becoming introspectively aware of a thought takes deliberate effort and inference, while being conscious of a thought appears to be unmediated and instantaneous

The generalization that all of the thoughts that we can verbally express are thoughts that can become conscious has an exception when the thoughts in question are affective mental states such as joy and anger, as opposed to ideas and beliefs, which do not have an affective component. Rosenthal (2005) explains that, while ideas and beliefs can be directly reported, expressed verbally or expressed through behavior, affective states can only be directly reported or expressed indirectly through gestures or verbal evaluations such as “What you did was wrong”; yet, it is not possible to *directly* express such affective states through language.

The connection between the report “I am angry” and the indirect verbal expression of anger “What you did was wrong” is not immediate; there is no linguistic habit that would help us immediately grasp one from hearing the other. For this reason, when someone expresses their

affective states, either verbally or non-verbally, there is no evidence that the individual has a higher-order thought “I am angry that...” Only when one is able to directly report one's affective states can we say that the individual can become conscious of herself as being in that state. Rosenthal mentions in passing that the idea that expressing emotional states, either verbally or non-verbally, is not enough to make them available to consciousness may have implications for psychotherapeutic practice (2005, p. 319). In chapter VI, I will consider these implications in the context of the relational approach.

### **Conceptual and Empirical Evidence**

All higher-order theories, Boag (2012) and Mitchell's (1988) accounts based on perceptual attention among them, allow for a distinction between conscious and unconscious mental states, and so are compatible with the main tenets of psychoanalytic theory. When it comes to deciding between different kinds of higher-order theories, there are two main choices: we can be conscious of our mental states either by means of having thoughts about them or by means of experiencing them, e.g. as by perceiving them (Gennaro, 2004). The HOT theory says specifically that it is thoughts, not perceptions, that make our mental states conscious by representing those states to us. There is both empirical evidence and conceptual reasons in support of HOT theory.

In terms of empirical evidence that can help distinguish between higher-order perception theories versus higher-order thought theories, consider experimental evidence showing that it is possible to have perceptions that are not conscious perceptions. One such example is blindsight, a neurological phenomenon resulting from damage to certain regions of the brain, in which a task is accomplished correctly without the subjects' awareness of the visual prompt (Lau &

Rosenthal, 2011). Weiskrantz' (1986) experiments show that subliminal perception and peripheral vision offer other examples of instances when our behavior accords with the fact that a perception of a stimulus occurred, yet the perception was not a conscious one (in Rosenthal, 1997).

There are also conceptual reasons for the advantages of HOT, which bear on its applicability and usefulness for understanding phenomena relevant to psychotherapy. Earlier, in the literature review in Chapter I, it was already rehearsed that it is unclear what it would mean to perceive our mental states, while it is clear what it means to have a thought about our mental states. Mitchell (1988) and Boag (2012), mentioned in Chapter I, are prime examples of how the view of consciousness as a form of perceptual attention is often applied in clinical literature; the fact that it allows for degrees of attention is used to account for the gradability of a patient's awareness of repressed content and is viewed as a conceptual advantage, given that it explains the slow, gradual process of change in therapy. However, Rosenthal (2004) argues that despite the advantages imputed to perception-based theories of consciousness for these reasons, thoughts come in degrees of focus and can be directed like perceptions just as well, so the advantage is an unclear one. So, by itself, this is not a motivation for the advantages of the perceptual theory.

An advantage of HOT theory over perceptual theories is that it leaves room for the self-deception and misrepresentation that are sometimes part of our conscious experience. Usually, the mental state that we are conscious of being in causes the higher-order thought that makes us aware of having that mental state, but this does not always have to be the case; Rosenthal (2005) explains that, sometimes, it is possible for a thought to misrepresent us as being in a state that we are not actually in—a state that is not actually the case. For example, I might be conscious of

having the thought “I dislike the teacher”, even if I do not actually dislike the teacher (perhaps I actually dislike something else and the teacher is just a hapless target of my displaced anger in the moment). The usefulness of such an account for understanding clinical phenomena becomes apparent. On the other hand, theories based on perceptual attention cannot account for such cases because in order to perceive something—in this case, a mental state of dislike toward the teacher—that something must first be there, while having thoughts about something requires no such condition (Rosenthal, 2005). Again, we can see the limitation of applying an analogy based on sense perception to consciousness of our mental life; in the case of usual sense perception, we perceive a present object in the world with our senses. But Rosenthal's account makes clear that mental states are not objects in the world, and neither have a specific modality (like seeing, hearing, smelling, etc.) associated with their perception, nor do they have to be always present in order for us to have a conscious experience of being in them.

It is unfortunate that, despite these advantages, the applicability of HOT to clinical literature has been limited, possibly for historical reasons. Freud seemed to take the perception model of consciousness for granted, writing in his 1915 paper “The Unconscious” that we perceive our mental states; “In psycho-analysis there is no choice for us but to declare mental processes in themselves unconscious, and to compare the perception of them by consciousness to the perception of the outside world by means of the sense-organs” (1959b, p.104). At the same time, Rosenthal, the main proponent of the variety of HOT theory explained here, takes certain of Freud's claims to present a challenge to HOT; Rosenthal (2005, p. 320) explains that Freudian slips might seem to be a counter-example to HOT's claim that all verbally expressed thoughts are conscious in that Freudian slips verbally express thoughts of which one is not necessarily

conscious, since the content of the thought does not match the content of the utterance. In that case, slips would be a counter-example to the claim that verbally expressed thoughts are always conscious. Despite some suggestions about implications for psychoanalytic theory by Rosenthal (1997; 2005), there has not been fruitful discourse between HOT theory and the phenomena and clinical data with which the psychoanalytic tradition deals. The following chapter will illustrate how the adoption of a thought-based rather than a perception-based model of consciousness can help shed light on questions about repression raised in the introductory chapter.

## CHAPTER VI

### Discussion

This chapter will apply the methodology laid out in Chapter II—the unification of concepts in relational theory with those of the HOT theory of consciousness—to the phenomenon of repression. After proposing a new way to make headway on the problem of understanding the process by which repression occurs, the chapter will discuss implications for clinical theory and practice. It will close with some questions for future exploration.

The main issue with which this project began was the observation that we do not understand the *process* by which repression occurs (even if we have a more clear understanding of the motives and results of this process) and, relatedly, that this is because it is unclear what the connection is between consciousness and repression. Freud gave up on the importance of this connection toward the end of his career (1969) and, today, the nature of the connection continues to generate doubts and confusions; Levenson's (2010) statement about clinician and patient experience about the limited role of insight in producing behavior change in therapy again comes to mind, as it likely reflects the experience of many clinicians. In what follows, I will begin to make sense of the process—the “how”—of repression by elucidating its relationship to consciousness, upon which related concepts like “insight” and “self-knowledge” in turn depend.



## **Understanding the Process of Repression**

Freud's (1977) ego psychology held that the purpose of repression is to make a thought inoperative—to prevent that thought from leading to an action. On the relational view (Mitchell, 1988) anxiety arises to signal the danger of taking actions that an individual evaluates as having the potential to lead to a loss of interpersonal connections to those around her. As we saw, Freud provided a description, rather than explanation of the process of repression and Mitchell's relational account left gaps in the explanation despite offering useful improvements. Rather than relying upon selective attention as Mitchell (1988) and Boag (2007, 2012) do, by adopting a thought-based model of consciousness, we can begin to understand these questions.

Actions are governed by our beliefs and desires; the belief provides the content of the action to be taken and the desire provides the motivation to act on that content (Cavell, 1993). For instance, my action of typing this sentence can be understood as the result of my belief that by pressing a certain sequence of keys, words will appear upon the page, as well as my attitude of desire toward such a state of affairs happening. Beliefs and desires can occur unconsciously, as might be familiar to anyone with experience with therapy. Even outside the clinical situation, we are very frequently not conscious of the desires and beliefs that give rise to the many nonetheless volitional actions that we take throughout the day (Rosenthal, 2005). If the aim of repression is to prevent a certain action from occurring, the belief and the desire pair that could give rise to such an action must somehow be separated; Freud (1974b) describes this process by stating that the belief (idea) is banished from consciousness in order to become separated from its corresponding desire (affect). Yet, if beliefs and desires occur without being conscious all the time, then it is not clear in what sense this banishment of a belief from consciousness could

prevent actions from occurring. Freud leaves the workings of this process a mystery because he leaves the connection between repression and consciousness unspecified.

Mitchell (1988) fills in this process by offering that what is repressed are the relations between, or the implications among, our thoughts. Repressed possibilities for taking certain actions lie on a continuum with non-repressed ones; how possible it is to take a given action depends on how connected the beliefs and desires are in an individual's mind. Some may be so unrelated, that it is very unlikely that an individual will be able to act upon them at all. As explained in Chapter IV, for Mitchell, what constitutes the degree of implication from one thought to another depends upon the degree to which an individual is able to direct her attention to her thoughts; some thoughts “lie concealed behind” other thoughts and are less amenable to attention (1988, p. 263). In this way, Mitchell brings consciousness, defined as selective attention to one's thoughts, into the explanation of repression: an individual exercises selective inattention due to anxiety, which results in her ignorance of the implications among her thoughts, which in turn blocks her from being able to take certain actions. Yet, as with Freud's story, it is unclear why either consciousness or its absence would make a difference to the possibility of a given action occurring, given that beliefs and desires can lead to action even when one is not conscious of having them.

Rosenthal's (2005) HOT theory can be applied to better understand the process of repression and its relationship to consciousness. As spelled out in Chapter V, HOT is a theory that defines consciousness as thinking about our own thinking; what makes us conscious of our mental states—our thoughts and emotions—are thoughts that we have about being in those mental states. Actions rely on the connections between the contents of our thoughts; our beliefs

and desires, when their contents are related, can lead to action. However, according to HOT theory, being conscious of our beliefs and desires makes little difference to their content because content has to do with what a thought is about; it connects it to other thoughts and to the world. Given HOT theory's definition of consciousness in terms of thinking about our own thinking, a thought's content is independent of whether or not that thought is conscious, since adding "I think that" to a thought does not change what this thought is about. For example, all of contexts in which we can say "I think that is raining" are equivalent to those in which we can say "It is raining" (Rosenthal, 2005). This suggests that the process of repression, which prevents acting upon certain beliefs and desires, does not proceed by means of separating belief from desire by removing consciousness. The process of repression, then, must be facilitated in some other way independent of consciousness. Such a direction is bolstered by the fact that previous accounts (Boag 2007, 2012; Mitchell, 1988) that have tried to involve the role of consciousness in explaining the *process* of repression suffer from gaps.

Two facets of HOT theory suggest an avenue for leaving consciousness out of the explanation of the *process* of repression and accounting for the process in another way. The first is HOT's distinction between thinking and thinking about our own thinking. The second is HOT's reliance on thoughts, as opposed to perceptions, in characterizing the way in which we are conscious of our mental states; we are conscious of our mental states when we have thoughts, rather than perceptions, about those mental states. Since thoughts bear a connection to language, and language plays an important role in interpersonal communication, the contributions to explaining repression made by relational theory, which stresses the interpersonal dimension, can be retained and their gaps improved upon.

HOT theory's distinction between thinking and thinking about our own thinking allows us to say that repression occurs by means of the lack of processes of thought, i.e. the connections between the contents of thoughts in repression. This does not involve consciousness into the explanation because, even if such thinking were to resume when repression is lifted, it would not automatically mean that one need be conscious of the beliefs and desires that produce one's actions. For that to occur, one would need to have thoughts *about* having those beliefs and desires, but this is an additional step. It is the process of thinking, which proceeds by means of language, that leads to a connection between the contents of our beliefs and desires, and makes acting upon them possible. As repression blocks the potential for particular actions occurring, this suggests that repression is concerned with stopping the process of thinking which, on HOT theory's view, need not be conflated with consciousness.

Mitchell's (1988) claim that repressed thoughts have fewer implications to one's other thoughts can now be understood without invoking consciousness or an individual's will to direct attention; thoughts that an individual did not think a lot (perhaps because doing so created anxiety and signaled certain actions as dangerous) developed fewer connections to the contents of other thoughts. Since connections between content rely on thinking—a process that proceeds by linking together the contents of thoughts—it is clear that *not thinking* diminishes connections between contents and prevents specific actions from taking place. On the other hand, attention, which Mitchell defines as perceptual rather than thought-based, removes the thinking process from the explanation for repression and replaces it with perceptual attention, which cannot explain the links in the contents between thoughts.

It is also now possible to understand where consciousness enters the equation and why so

many authors have been focused on its role in facilitating the very *process* of repression; an absence of consciousness is the *result* of the process of repression, not itself an explanation of that process. Yet, without a thought-based model of consciousness, it is difficult to tell apart the process of repression from the *result* of that process. According to HOT theory, our thoughts are conscious when we have thoughts about those thoughts. If the process of repression relies upon an absence of thinking, i.e. the absence of making connections between certain contents, such an absence will have implications for the possibility that a thought could become conscious. This is because thinking that one thinks is what makes a thought conscious. So, if it is the case that repression involves not thinking, then our ability to think *about* that thinking also disappears. This is consistent with relational theory's central claim that insight, awareness and related concepts that rely upon consciousness are not the main causes of improvement in therapy, but rather the outcomes of successful therapy.

### **Implications for Practice and Theory**

Relational theory says that the main cause of change in therapy is not insight but an emotional, interpersonal experience in the therapeutic dyad (Levenson, 2010). The above applications of HOT theory suggest a way in which these affective experiences in therapy play a role in undoing the process of repression. Owing to the focus on language and its connection to thought, HOT theory helps to bring the role of the interpersonal dimension into understanding the process of repression.

Billig (1999) locates the origins of repression in our linguistic habits, which depend crucially on what kinds of ideas are discussed and not discussed by those to whom we are close. Some interpretations of events become automatic and others are never named, depending on the

particular communicative currency in an individual's family. When we add to this relational theory's idea that maintaining interpersonal connections is the salient motivational force in an individual's life, the clinical dimension of this process becomes more clear, since an individual has a lot at stake in using the same concepts and interpretations as those around her.

As with Mitchell's (1988) account, the the role of consciousness in repression in Billig's account is not clear, since, as was established earlier, what an individual can and cannot think about is independent of whether her thoughts are conscious ones. However, HOT theory can be applied to make sense of Billig's (1999) claim that linguistic habits have consequences for what an individual is able to think about and what consequences this ability ultimately has for consciousness. Billig (1999, p. 187) cites studies in social psychology in support of the idea that felt bodily states cannot be associated clearly with any one particular emotion. We learn a concept that labels these internal feelings, such that the same feeling can be named by multiple emotional labels, e.g. anger and hostility. Based upon this idea, Billig says that what is repressed is not a feeling itself but a way of interpreting, or naming, that feeling; “The richer our emotional vocabulary, the more we can ascribe states to ourselves and recognize those states” (1999, p. 195).

HOT theory sheds light and expands upon this idea that concepts in our language are necessary for the ability to pick out and be conscious of our emotional states. Mental states which do not refer to emotions—our ideas and beliefs—can be directly reported, verbally expressed or expressed through non-verbal behavior; that is, one can report one's thought that it is going to rain by saying “I think that it is going to rain”, express that thought by simply saying “It is going to rain”, or express it by means of behavior by taking an umbrella (Rosenthal, 2005).

However, emotions, i.e. affective mental states such as anger, can be either reported or expressed through behavior, but not verbally expressed directly; one can directly report their anger by saying “I am angry that you did that” or express it non-verbally through particular gestures and facial expressions but there is no way to directly express the anger through speech—it can only be expressed indirectly by, for example, externalizing and saying “You are a bad person!” For this reason, according to HOT theory, while all verbally expressed ideas are conscious, this is not the case for thoughts that have an affective component. With non-affective thoughts, there is an automatic equivalence between the thought “I think it is going to rain” and the thought “It is going to rain”. However, with affective states there is no immediate and automatic connection between the thought “I am angry that you did that”, which makes us conscious of being in a state of anger toward someone, and the indirect verbal expression of anger “You are a bad person!” For this reason, we are conscious of our emotions only when we are able to report them directly.

This has implications for what occurs when someone is missing a rich emotional vocabulary. If in an individual's family the usual way of dealing with anger was to externalize, rather than to name anger, this sort of habit renders it more difficult for that individual to recognize her affective states. This elucidates Billig's (1999) claim that the unavailability of a given interpretation makes it more difficult for an individual to be conscious of her affective states. As Billig does not have a theory of consciousness, it is not clear on his account why an individual who is not in the habit of using emotional concepts would be less likely to be conscious of her affective states. HOT theory sheds light upon why affective mental states, such as anger and joy, that an individual is able to report through speech are those states of which an individual is able to become conscious. In order to be able to think about one's affective states,

an individual needs affective concepts in the form of an emotional vocabulary. Such thoughts about one's affective states, in turn, are able to make one's affective states conscious.

This idea can be applied clinically to the main tenets of relational theory; communication, which is by definition an interpersonal activity, has consequences for the ways in which an individual becomes accustomed to naming her experience. Therapy is an activity that gives rise to new ways of naming and categorizing experience; Mitchell's (1988) description of the process of therapy as a collaboration in which therapist and patient make sense of the non-conscious enactments into which they are continuously pulled can be understood as a novel kind of interpersonal context that allows one to start naming and talking about one's affective states. The enactment can be seen as an expression of the affective state and the process of making connections in therapy as the means by which affective states become reportable. HOT theory's connection between language, thought and consciousness allows us to understand the process of repression and the role of therapeutic communication in its undoing. On the other hand, the perceptual model of consciousness implied in psychodynamic theory since the times of Freud does not allow us to understand the interpersonal dimension of repression and its connection to consciousness.

### **Further Questions**

One of the most challenging aspects of making sense of the process through which repression occurs is distinguishing what happens during repression from what happens in contexts that do not produce symptoms. While explaining repression in terms of the regular features of human cognition such as the connections between our thoughts, the concepts in our language and the way in which we are consciousness of our thoughts helps to demystify



repression and to make psychodynamic theory much less insular than it has historically been by allowing for collaboration with empirical fields, it does seem to leave this question unanswered. There are numerous situations in which the contents of our thoughts are not immediately available for connection to the contents of our other thoughts. Yet, not all such situations cause us distress or result in interpersonal problems. The patterns that cause distressing symptoms for which individuals seek therapy are pervasive and often result in specific substitute behaviors and other strategies uncovered by Freud (1977). Further work would need to account for how these strategies arise as the result of the process of repression. Repression results not just in an absence of consciousness but, at times, in a host of defensive strategies.

On the other hand, the explanation supplied in this project takes further Mitchell's (1988) claim that the difference between what is and what is not repressed is a matter of degree. An advantage of such a perspective to mental health is that it de-pathologizes symptoms, seeing them instead as sensible responses to an individual's interpersonal context. It also helps to avoid the historically mysterious and difficult problem of “knowing so that one does not have to know” that arises in attempts to explain repression (see Boag 2007, 2012). When Mitchell (1988) says one does not want to start looking at the contents of one's mind due to anxiety, it is not that the individual knows before the exploration has even begun the content of the very anxiety-provoking beliefs she is trying to avoid. Rather, what is anxiety provoking is the prospect of making changes to the habits of communicating that secure connection to those closest to the individual; as Mitchell claims, the individual is invested in keeping her mind arranged in the way that it is. So, it is not that the connections between the implications of one's thoughts are present yet actively repressed—it is perhaps that these connections have not yet been made. By means of

interpersonal experiences in therapy, the creation of such new connections occurs through a different way of naming parts of one's experience. If this is indeed the case, then it is expected that there would be only a difference of degree between situations that result in “clinical” symptoms and those that do not.

I have analyzed in this chapter the ways in which the HOT model of consciousness can be used to further the usefulness of the contributions made by relational approaches. Despite the usefulness of this connection, the way in which relational approaches currently interact with psychology, cognitive science and neuroscience is through the recently emerged trend of embodied cognition (see Fonagy & Target, 2007; Schore & Schore, 2008). Embodied cognition is a recent view within cognitive science that says that our cognition depends on and—on the stronger versions of this view—is made up of the physical body's interactions with the external world (Shapiro, 2011).

Because of the involvement of the body (in addition to the mind and the brain), and the linkage of mental experience to the body's location in a physical and social context, this approach appeals to relational sensibilities about the mutual, affective influence between therapist and patient (Fonagy & Target, 2007) as well as the way that early physical experiences of attachment shape an individual's experience of herself (Fonagy, Sacco & Twemlow, 2008). Since, on the HOT model, consciousness of our thoughts does not depend on representations of processes relating to the body, it rests on different assumptions than embodied cognition. In fact, HOT theory allows that we can sometimes even be conscious of being in states that we are not actually in (Rosenthal, 2005). Psychoses, hallucinations, and the inner experience of individuals who are unable to move and feel their body challenge the idea that the body and its experience in

the external world constitutes our conscious experience (Prinz, 2008). While evaluating this issue further is beyond the scope of this project, I want to point to the ways, discussed above, in which the HOT model of consciousness can work in tandem with relational theory's assumptions about the therapeutic process to explain repression, and to raise the question for future consideration and evaluation about whether the embodied view of consciousness is able to account for this phenomena—in particular, the connection between consciousness and repression. As well, I want to raise the open question of whether it is necessary to make an extreme claim about the dependence of cognition on the physical body in order to explain the importance of attachment and social context on an individual's functioning.

In summary, since relational approaches have become increasingly common (Wachtel, 2010), now is a good time to reevaluate the theoretical base upon which some of the assumptions of such approaches rest. Since relational theory draws from a wide range of fields (Aron & Mitchell, 1999), it continues to collaborate with and become updated by research in cognitive science, psychology and other disciplines (see Fonagy & Target, 2007). This project proposed to modify the assumptions about consciousness used in relational theory and illustrated how doing so can benefit our understanding of clinical theory and practice in connection to the process of repression.

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