Repression Promotes Inhibition and Unconscious Gratification, Two Aspects of a Single Phenomenon

In Honor of Martin Stein

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Introduction

In this communication, I argue that the one role repression plays in psychic functioning, its defensive use as a participant in the suppression of tendencies the mind anticipates might lead to danger situations, and thus in helping avoid unpleasure, is well known. I hold that repression also has a role in reducing conflict intensity by fostering unconscious gratification and that this role is insufficiently emphasized in theoretical discussions and clinical practice.

My presentation is organized as follows. In the first section, I revisit two papers by Dr. Martin Stein. I emphasize a significant contribution of his work. That is, that Stein points out that recognizing and analyzing the part repression plays in fostering unconscious gratification is an important task in analyses.
Second, I review contributions by Abend, Arlow, Bak and Kernberg, that illustrate how repression participates in the formation and maintenance of unconscious fantasies and their expression in unconsciously gratifying enactments in both patients and analysts.

Third, I present two case examples. One is taken from an analysis I conducted, and one from a supervision. They are intended to illustrate how repression functions to suppress expression of, and also fosters gratifying expression of unconscious fantasies. Thereby repression contributes to adaptive conflict management in two seemingly mutually contradictory but actually complementary, ways.

I use the term repression to refer to the forces that 1) limit the activity of unconscious wishes, 2) conceal their nature, and 3) participate in bringing about the difference between the latent, unconscious and the disguised, manifest, and 4) limit awareness that the unconscious wishes are being gratified, even in their disguised, manifest form.

Section 1

Stein has made numerous contributions that reflect his interest in technical problems encountered in analytic treatments. In this section of this paper, I revisit and discuss two of his essays, The Unobjectionable Part of the Transference (1981), and Acting Out--Transference and Countertransference (1986), and present some ideas that follow from them.
At first sight, these two papers seem to approach two different subjects. As one might anticipate, however, they share a common analytic approach and suggest similar conclusions. These conclusions reflect Stein's wish to improve therapeutic technique and thereby to enhance the beneficial effect of analysis.

He argues that it is necessary to examine the manifestations he delimits so as to reveal their unconscious sources and functions and thereby, to promote the analytic aim of fostering resolution of resistances. Stein maintains that what patients repress and make manifest in their behavior traits, resistances and transference manifestations, and the whys and wherefores of how these interrelate with analysts' countertransference responses, require definition and explanation through analytic attention.

In The Unobjectionable Part of the Transference (1981), Stein returns to Freud's technical paper of 1912, The Dynamics of Transference. He reminds us that Freud described three transference components. Two of these, the "negative transference," and the "positive transference of repressed erotic impulses," Stein wrote (p. 869), "have generally been accepted as sources of resistance," which most analysts think must be resolved to a considerable extent if analyses are to be deemed successful.

The third transference component that Freud noted "is admissible to consciousness and unobjectionable, persists and is the vehicle of success in psychoanalysis exactly as it is in other methods of treatment (Freud, p. 105, Stein, p. 896)." Stein refers
to Greenson (1967, the working alliance), Zetzel (1970, the therapeutic alliance), and Erikson (1959, basic trust) as authors who discussed variants of Freud's "unobjectionable transference."

Stein goes on to argue that the seemingly unobjectionable component of the transference which makes it possible for patients to attend treatment, talk honestly, pay, and share therapeutic goals with the analyst, is made up of some elements admissible to consciousness. In fact, the seemingly straightforward unobjectionable transference conceals significant conflicts that are difficult to approach technically. All is not "admissible to consciousness" in the unobjectionable transference. The unobjectionable transference acts as a resistance. If the analyst believes the so called "unobjectionable" component covers no secrets, and if he or she fails to uncover the unconscious forces it conceals, the analysis will be incomplete. The unobjectionable transference conceals unconscious elements as do the other two components Freud mentioned.

Stein illustrates his point by discussing a particular category of patient. These patients are "young," "articulate," "their lives are well organized," they may have moderate anxiety or symptoms, but enjoy decent relationships, are highly, perhaps excessively, reasonable (p. 872-2), and when they act out, their enactments are rarely impulsive or particularly destructive. They enjoy analysis, and express "predominantly positive, respectful, and sometimes affectionate feelings for the analyst (p. 872)." However, they lack passion and sexual intensity.
"Their most passionate feelings...find their goal in the transference..." (p. 872) which becomes an "exciting, yet innocent liaison (p. 873)." Because such patients are intelligent, seemingly cooperative, and appreciative, the analyst may be encouraged to regard them approvingly, with pride, as favorite children. Without being aware he is doing so, the analyst may reveal these feelings in subtle ways. These patients' cooperative attitudes make it "less likely" that analysts will "recognize their function not only in resolving, but in maintaining neurosis; and they may operate by seducing the analyst into the self satisfying belief that he has accomplished far more than is actually the case."

On the other hand, if the analyst suspects that this attitude of mutual appreciation between analyst and patient conceals conflictual elements, and consequently raises questions about it, the patient may respond with dramatic anxiety, anger, and depression, inclinations to act out, and difficulty working analytically. Then the resistance aspect becomes apparent.

Stein notes that while many derivatives of Oedipal fantasies and nonerotic or de-eroticized admiration and affection are within awareness in such cases, important elements are unconscious. The "role of this positive, overtly non erotic transference in maintaining a powerful resistance, not only to the resolution of inhibitions, but also to the analytic exploration of hidden springs of defiance and revenge" is "generally obscure."

To deal with such resistances, Stein recommended adopting a
view Lewin (1955) proposed. As dreams protect sleep, the cooperative, seemingly realistic attitude such patients display "helps the ego to maintain a comfortable regressive state of affairs in analysis." (p. 885) The analyst should regard the seemingly realistic, cooperative attitudes the patient displays, as day residues are regarded in relation to dreams, that is, as manifest contents open to investigation and interpretation.

In his 1986 paper on acting out, Stein turned his attention to a very different manifest patient behavior. Here he described a sort of patient, who, rather than displaying a cooperative manner, performs "actions (that) seem to threaten the fabric of the analysis itself, if not that of his whole life (p. 69)." The analyst is not in danger of feeling too content with the analytic work. He is liable, rather, to feel provoked and frightened.

Stein defined acting out as "behavior...patterned and repetitive, ego syntonic at the time it occurs, marked by some limited and transitory impairment of judgement and reality testing." It "should be seen ultimately to conform to the pattern of an unconscious, organized fantasy, generally in the form of a narcissistically dominated dramatic performance (p. 64)." It is to be distinguished from "impulsive, chaotic action...isolated symptomatic act...or a piece of experimental behavior...(p. 65)."

"Freud (1914) defined (acting out) thus: 'We may say that the patient did not remember anything of what he has forgotten or repressed, but acts it out. He reproduces it not as a memory but as an action; he repeats it, without, of course, knowing that he
is repeating it' (p. 150)," says Stein, agreeing. (p. 64)

Stein illustrated his opinion, that acting out is to be regarded as manifest content that must be analytically investigated and understood, and that potential countertransference problems requiring careful self scrutiny may well be evoked in the analyst by such behavior by describing work with a patient.

The patient elatedly embarked on a series of dangerous financial ventures, supported by a conviction that he would inevitably succeed, because he had a "generous father" and "the advantage of an all wise analyst (p. 66)." In the enactment of his "dream-like fantasies he had discovered a means of achieving all his infantile goals, innocently and apparently without risk (p. 66)."

Eventually, the underlying fantasy was described and traced to its historical sources: "variations on Oedipal themes; the wish for conquest and reunion with his mother; loving and destructive impulses toward his father and brother, including the wish to castrate them, which was accompanied by the fear of suffering the same fate, in the form of financial ruin (p. 67)."

Stein included the analysis of a dream to illustrate that the dream, the patient’s acting out, and his transference, incorporated similar organizations, allusions and intentions. Stein warned that such a patient’s idealization of the analyst may tempt the analyst to be carried away by rescue fantasies. When the patient’s enactments frustrate the gratification of such rescue
fantasies, the analyst may become frightened and provoked. "It is especially at such times that we are obliged to remind ourselves that whatever special wisdom we have is largely confined to our understanding of mental life, of consciousness, defenses, autonomous and other ego functions and the analytic methods available for helping patients to deal with them (p. 69)."

Discussion

In Stein's work, what differentiates the "unobjectionable transference" and "acting out" is that in the first, the patient appears to be aware of his purposes in analysis, and in contact with the reality of the analytic situation, while in the second, he seems unaware of his purposes and behaves in a way that threatens the success or even the continuation of the analysis. A second difference is in the response likely to take place in the analyst's mind. In the first case, the analyst is likely to feel undeservedly content, while in the second, he is likely to feel threatened.

What the "unobjectionable" transference and "acting out" have in common is, first, that they are behaviors that function as resistances. They cover repressed unconscious contents. They can impede, and can be used to advance analysis, whose "central task is the analysis of resistance (p. 63)." As a consequence of their activity, important conflicts over childhood impulses remain hidden, outside awareness.

Second, they share certain characteristics with dreams. They
are manifestations that conceal and express wishful and suppressive tendencies. They require investigation and interpretation by the analyst as awakener.

Stein's main effort was to convey the technical points that the two forms of behavior he selected to discuss should be treated as manifest contents whose unconscious meanings need uncovering, and that both behavior forms may influence analysts to respond in less than ideal ways, because they may enliven analysts' fantasies.

I believe that another point Stein raised but emphasized less in these contributions, since it did not directly relate to his main purpose, merits attention. This point was that transferences and countertransferences have double functions. They resolve and maintain neurosis. They protect against dangerous unconscious wishes and gratify them. Their expressive, gratifying aspects as well as their suppressing ones are fostered and maintained by repression, among other factors.

Repression plays a part in forming the manifestations under discussion, by inhibiting the expression of dangerous impulses while making it possible for those impulses to be expressed and gratified, symbolically. Repression and resistance have several effects. They 1) limit the activity of unconscious wishes, 2) conceal their nature, and 3) participate in bringing about the difference between the latent, unconscious and the disguised, manifest. They also 4) limit awareness that the unconscious wishes are being gratified, even in their disguised, manifest form.
The analyst's task is to help patients resolve resistances to a considerable extent, to act as awakener, in Lewin's sense, to assist in making the unconscious conscious. This aim is opposed by repression which helps limit the influence of dangerous drive derivatives in order to avoid unpleasure and at the same time, promotes conditions that allow unconscious gratification of the same dangerous impulses to take place, albeit in a modified form, and without conscious awareness. Thereby, repression functions in the service of pleasure seeking.

Waelder, Hartmann, Brenner, Stein and Schafer, among other theorists, all agree that defense and gratification are interconnected.

Waelder (1930) wrote, "the principle of multiple function" asserts that "every attempt to solve a task is necessarily, at the same time, an attempt to solve other tasks... (p. 71) ...the specific methods of solution of the various tasks of the ego must always be chosen so that, no matter what the immediate goal of the solution may be, they will at the same time bring instinctual gratification... (P. 79) ..."

Brenner (1966) proposed "compromise formation is a general tendency of the mind, not an exceptional one (p. 393) ... Repression signifies a dynamic equilibrium between forces striving for discharge ... and other, opposing forces (p. 398) ..."

Hartmann (1951) expressed a similar view, "The necessity for scrutinizing our patients' material as to its derivatives from all psychic systems... is nowadays generally accepted as a technical
Schafer (1968) made the point, that the suppressive aspects of defense are often overemphasized at the expense of expressive aspects. He wrote, "the study of the defense mechanisms will remain incomplete so long as they are regarded chiefly as wardings off, renunciations and negative assertions; their study will have to be rounded out with an account of defences as implementations, gratifications, and positive assertions..." and that every defense "Inherently provides libidinal and aggressive gratification at the same time as it serves counter-dynamic purposes..."

Brenner (1982) disagreed with Schafer's statement, noting that such a statement "blurs the concept of defense as a component of conflict by making defense indistinguishable from compromise formation." A paranoid man's "conviction that another man wishes to attack him is a symptom, not a defense." (p. 79)

I think Brenner's objection is more to the introduction of a terminological confusion between symptom and defense than to Schafer's intention, to emphasize expressive consequences of suppressive forces and it can be met, while at the same time, preserving Schafer's suggestion. One might say, that it would be well to add to our understanding of how defenses foster gratification through their participation among the forces that enter into the formation of the compromises through which gratifications take place.

I suggest that repressions' contributions to the formation of
compromises that gratify, implement and assert positively, occurs at four points at least. Repression participates in suppressing dangerous impulses, it conceals their nature, it conceals the connections between latent wishes and their manifest disguised expressions, and it conceals the gratifications obtained by way of the manifest behavior.

The level of comfort an individual experiences parallels conflict intensity. Both are contingent on the degree to which unpleasure is minimized and pleasure is achieved. The level of comfort and conflict intensity are resultants of a combination of influences. Two are particularly important. They are the unpleasureable fearful anticipation of painful consequences imagined as likely to follow impulse enactment, which heightens defensive pressure, and the degree of gratification, both conscious and unconscious, obtained through more or less symbolic enactment.

Repression's role as a defensive suppressive force serving unpleasure avoidance is well known. Repression's role in fostering unconscious gratification through symbolic expression of unconscious wishes, which reduces conflict intensity, is underemphasized in theorizings and in clinical practice. In Stein's case illustrations, it is evident, if not emphasized, that repression is a tool in the service of expression and gratification.

People succeed in gratifying unconscious childhood wishes. Stein used the example of those who wish to seduce the analyst by
encouraging his belief that analytic work is going better than it actually is, with the aim of eliciting the analyst’s favorable attitude toward them. Acting out, he showed, has comparable consequences.

Gratifications are achieved in everyday life in the same ways. Individuals use the realities of the social context, which they influence or elicit by enactments, to help create experiences colored by dream-like wish influenced perceptions, to achieve gratification. Repression is a necessary factor in creating these constructions.

Section 2

I now discuss how patients and analysts use the analytic context to provide a seeming reality that corresponds to their unconscious fantasies and permits these fantasies to be gratified.

Bak (1968) proposed that the perverse solution of the phallic conflict "derives its strength from the orgastic affirmation of the truth of the primal fantasy, on the one hand, and by the participation of the external world, on the other. By actually engaging dramatis personae, the fantasy becomes indisputable reality (p. 35)." I think this observation should be expanded to include behavior in general. People gratify unconscious fantasies by means of enactments that engage the "real" context in a way that permits an unconscious sense of correspondence between the inner fantasy world and perceptions of reality.

In a paper in which a major purpose was to debate Kohut’s ideas, Kernberg (1973) remarked, discussing a gratification in
fantasy akin to dream satisfaction, "idealization of the analyst...represent(s) the gratifying fantasies...that the analyst...(has) something valuable that the patient needs to-and will-make his (p. 261)." As to people's taking advantage of the participation of the external world, Kernberg wrote, "Secondary gain of illness, such as life circumstances' granting unusual narcissistic gratification to a patient with socially effective narcissistic personality structure, may be a major obstacle to the resolution of narcissistic resistances (p. 264)." At the same time, Kernberg argued, idealization and depreciation of the analyst represent "the acting out of unconscious need for omnipotent control of the object...(analyst or other object) reflects defenses against aggression (P. 263)."

Abend (1979), in a paper designed to argue against forms of analysis in which analysts adopt extra-interpretative behavior to help patients overcome difficulties, reviewed some of the literature related to his subject, patients' fantasies of cure through analysis. His primary intention was not to call particular attention to the important part unconscious gratification plays in such fantasies of patients, and in theories of analysts. Nevertheless, his discussion illustrates the double function of repression, to limit the force of dangerous impulses and to permit unconscious gratification to take place.

The literature he cited describes reality aspects of analysis capable of matching, and thereby supporting unconscious gratifications, among them, constancy of environment (Macalpine
(1950), replication of the infantile situation of care by a responsive mother (Waelder 1956, Spitz 1956, Winnicott 1956, Nacht 1962, Gitelson 1962), and what Applebaum (1972) had noted, the "opportunity to defeat, undermine, and ridicule the would-be helper" (p. 582-3).

Abend discussed two analyses. One patient evinced a persistent unsophisticated interest in how analysis was supposed to work. He intended this behavior to influence the analyst's behavior. If successful, he would create a vehicle for the gratifying expression of unconscious wishes for sexual enlightenment, for competing with the analyst, and for learning to be a man through homosexual submission, while at the same time, to protect him from unconsciously feared consequences of these wishes. Social, professional and sexual inhibition, expressed through naive behavior in everyday life, paralleled his naive, apprentice-like behavior in the analysis, and, it turned out, had similar unconscious functions.

A second patient described sado-masochistic sexual fantasies and behavior in his life and also enacted them in the analysis. "He thought of himself as expressing his rage and frustration at his mother by treating me as he would have liked to treat her," Abend wrote, while, "although unaware of it for a long time, enacting his regressively distorted versions of infantile sexual interaction at the same time expressed these angry wishes and feelings (p. 589)."

Abend argued that analysts' theories about how their
treatment helps, like those of their patients, are influenced by unconscious childhood desires. He claimed that appreciating this might help to explain why theories that advocate that the analyst gratify patients' wishes for practical help are proposed.

The analyst, for his part, when he succumbs to the patient's seduction, may gratify rescue or other unconscious wishes. Arlow (1986) gave a number of examples of unconscious gratifications available to analysts. Like Abend, Arlow argued that some theories of pathogenesis have appeal because they may generate a "'psychological compliance' consonant with the (analyst's) unconscious motives and fantasies, for example, supplying in the therapeutic relationship what the patient and therapist both feel they missed as children; rescuing the patient by being a better, more empathic parent; undoing for the patient the humiliation the therapist feels he himself endured as a child; or using the psychoanalytic situation to fulfill some ideal of perfection or grandiosity—to be the perfectly reasonable and compassionate therapist, to bask in the reflected glory of the patient's achievements or in the warm glow of the patient's adulation."

Section 3

I now proceed with illustrations from two cases.

In 1979, in a paper focussing mainly on other points, like Stein's, Abend's and Arlow's papers just described, I discussed a patient who somewhat resembled Abend's first case. This was a twenty four year old man who felt his life was unsatisfying because he lacked interest in work, in other people, and
especially, in women. He began the analysis with an attitude of respect and deference, and concern about proving an adequate patient. He tried to divine what my feelings about him might be, and he worried about whether or not I approved of his life decisions. He spoke about similar attitudes and worries in daily life, such as whether he would be respected and admired by supervisors when he made presentations at work.

The patient also had repeated examination dreams. The analysis revealed a number of explanations of the common elements in his transference attitude, behavior in life, and examination dreams. All three manifestations defended against and at the same time, gratified unconscious wishes. Among them were wishes for homosexual satisfaction, punishment, and exhibiting.

This man needed to protect himself against the overt expression of rivalrous wishes toward a depreciating and rejecting, but also, accomplished, father who had, overall, paid him little attention. He needed to suppress hostile wishes toward a younger brother. He needed to gratify desires to feel successful and powerful, by showing he was able to remain independent of others from whom, at the same time, he wished to derive greater power for himself. He wished to maintain a sense of continuing his intimate relationship with his mother.

Childhood illnesses and probably, some deficit in the area of impulse control, had influenced him to avoid overt competition and to substitute gratifications embedded in somewhat grandiose unconscious narcissistic fantasies.
The relationship with the analyst as wise man, with the supervisor as critic, with the dream examination and examiner, satisfied all these defensive and wish fulfilling tendencies. A premature termination took place, seemingly forced by reality factors, but also, fueled by the patient’s reluctance to investigate his transference attitudes further.

A period of further analysis some years later revealed that though this man had become more open and had formed better sexual and professional relationships, and been able to marry and succeed at work, he had left analysis with continuing fears about competing, and with important continuing attachment to unconscious fantasy gratifications.

He had left with conscious ideas that helped conceal these unconscious fantasy arrangements. These ideas were, that his behaving in what he thought I would regard as a mature way would please me. He wanted to spare both of us the distress he believed would follow if he confronted me with angry, vengeful, critical ideas about me. He left with a fear that pursuing the analysis might cause him to change his opinion of his mother for the worse, thus, in his thinking, causing him to become a complete orphan. He wished to preserve his gratifying feeling of being loved by, and loving her, which he thought, I threatened. A parallel idea was that I might disapprove of his choice of woman.

The termination had permitted him to avoid expression of hostile and passive homosexual and incestuous wishes, which he feared, and it had helped him to maintain unconscious
gratification of these same inclinations.

As an example, the theory that I would interfere in his relationship with his mother was an aspect of his father complex that had not been uncovered in his analysis. This theory gratified his homosexual longings by way of the expectation that I wanted to attack him, his wishful fantasy for primacy with his mother, and it also satisfied his wish to defeat the father-sibling-analyst who wanted her.

The patient became able to discuss "realistic" aspects of the analytic relationship that had supported these unconscious gratifications. They included his impression that my tone could be sarcastic, especially when he spoke of his exploits, that I was competitive in the face of his success with women, as evidenced by my silence upon hearing him describe these successes, that I was anxious about his possible attractiveness to my wife, evidenced by my failure to introduce my wife to him when we met on the street, and so on.

Another example of how repression serves resistance by concealing unconscious gratification and by inhibiting dangerous wishes as well, comes from a supervisory experience. The patient was a woman who professed great eagerness to become pregnant and bear a child, but said she had been prevented from doing so in an early marriage to a man who refused to have a family. After some years during which she had been unable to find a match with another man, the patient remarried.

She took great pleasure in the prospect of pregnancy, but
rejected the analyst's efforts to understand the importance and meaning of this desire. She claimed that the wish to have a child needed no explanation beyond what was self evident. It would be wonderful to have someone to love, foster, and watch grow up, who would, in turn, love her, and having a child would enhance her relationship with her husband too. She reported memories of how happy she had been as a three year old, at the time her younger sister was born. She said she remembered caring for and playing with the sister with delight, and looked forward to an even happier experience with her own child.

When she conceived, she felt quite glad, but also, somewhat anxious, for the stated reason that she was somewhat old to have a first child. Unfortunately, in the second trimester, the fetus failed to develop and a therapeutic abortion became necessary. There followed a stormy period during which the patient's mood varied between grief and rage.

She became adamant that this disappointment was someone's fault. She held various people responsible. Her obstetrician had failed to suggest a proper diet, her husband smoked and drank, which she thought might have damaged his sperm, the analyst had failed to help her be less anxious. She also blamed her job, which, she thought, was too stressful for her, considered ending her analysis, and decided to look for another job and another obstetrician. She rejected the suggestion that the intensity of her feelings merited investigation.

An opportunity to investigate her secrecy came when she
received a job offer, and refused to allow a chest X-Ray, which the employer required, on the grounds that this might affect her fertility. When her car had a flat tire, the patient cancelled her analytic appointment, but said only that she felt ill. At her next session, when the analyst learned that her patient had substituted an inaccurate explanation for her absence for the true one, she questioned her about the reason for this example of secrecy. The patient revealed that she had not wanted to keep the appointment. Pleading illness was presenting an acceptable excuse.

In response to the analyst's question her about thoughts she had about using illness as an excuse, the patient told a frightening dream she had dreamed the night before the missed appointment, in which she fought off an intruder who wanted to get into her house. By way of association, she said that she had had a positive tuberculin test in grade school. She had been taken to a doctor who ordered an X-Ray. This had shown she had "nothing wrong." She had felt very angry at the time. The doctor had looked inside her, intruding on her privacy, and had found nothing. Now, she had nothing inside, whereas a few weeks before, she had had a child inside—until the doctor looked.

Attention to the patient's wishes to conceal what was inside her, led, over a period of time, to a number of conclusions about what some of her unconscious, dangerous impulses were, how they were manifested in transformed and disguised forms, and how they were gratified.

Having a baby had as one of its gratifying meanings, having
something inside her, something secret, as her mother had had her sister inside her. This something, the patient could control, eliminate, and retain.

In the transference, she could control, withhold, or express her thoughts, or she could attend or cancel sessions. She could keep secrets, and frustrate the analyst, or make up ailments and seduce her, as long as neither knew what was taking place. She had to conceal these wishes and the fact that her behavior in analysis gratified them, from the analyst, because of her fear that if the analyst knew, she would reject her, or take advantage of her, and from herself, because of guilt.

All the more so was this to be hidden because she also wished the same in relation to a baby, that is, to retain and not let out, to control, dominate and seduce, but these wishes had to be concealed. The analyst represented the father, who had put the baby in her, the patient’s mother, who had kept her from having it; whom she now vengefully blamed and rejected, who wanted to intrude, but from whom she could withhold, and who, at the same time, might be seduced and make her pregnant. At the same time, her provocative behavior in the analysis and at work would enlist outsiders to help her suppress and restrain these desires, and to punish her for harboring them.

Conclusion

I have summarized two of Stein’s many contributions to the
analytic literature. These papers reflect some of Stein’s main interests, in character, consciousness, resistance, and acting out. In addition, they clearly present his technical approach, to examine manifest contents in a way to uncover the various unconscious functions they serve. The patient’s attitudes toward the analyst, the analyst’s toward the patient, and the interactions between them, are such manifest contents.

I have referred to Stein’s work and to the work of other authors to support the suggestion that the wish fulfilling aspect of behaviors deserves greater analytic attention. I argue that repression, manifested through resistance in the transference, influences the handling of instinctual wishes. It supports inhibition, by participating in the suppression of dangerously regarded impulses, it promotes and preserves the transformation of the latent desired into the symbolic manifest, and it supports gratification, and consequent easing of conflict intensity, by concealing the fact that gratification of the unconscious latent wishes is taking place.

To regard the suppressive, inhibitory and the expressive, gratifying consequences of repression as independant of each other is incorrect. One or the other effect may receive more attention at a given point in an analysis, but both are aspects of the same activity.

Individuals, influenced by desires and guided by anticipations of potential pleasures and sufferings, construct unconscious fantasies which achieve both satisfaction and
inhibition by means of behavior and its effects, and they combine the real and symbolic to create personal meaning. Repression participates in forming the constructions that foster unconscious gratifications, and resist their being uncovered.

References


Hartmann, H. (1951) Technical Implications of Ego Psychology. in: Essays on Ego Psychology. N.Y. IUP


