

A Psychoanalytic Theoretical Study on 'the Familiar'

ZHANG Yanxiu

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I, ZHANG Yanxiu confirm that the work presented in my thesis is my own.
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Abstract

Freud's formulation of the repetition compulsion and the uncanny both can point to a strong tendency in human nature to seek out that which is familiar. Freud did not however further conceptualise this tendency. In discovering the potential psychoanalytic meaning and significance of this tendency towards the familiar across Freud's three models of the mind, by integrating other schools' relevant theories, and by interpreting the role of familiarity in clinical cases, this thesis seeks to identify different aspects of the concept of the familiar.

According to the new conceptualisation outlined here, the strong tendency towards familiarity is driven by a dynamic and responsive framework in mind, which I have called 'the Familiar'. This framework protects the subject from the fright caused by experiences of unfamiliarity, for example by recasting these in light of what is known by the subject, re-connecting him to a familiar psychical terrain.

The conceptualisation of the familiar effectively connects pathological repetitions to general repetitions, as well as to other clinical theories, and constitutes a new orientation which may have clinical applications. This could enrich a psychoanalytic understanding of trauma and psychopathology, which until now has mainly focused on the role of unfamiliarity and the alien.

A discussion of the uncanny in the COVID-19 pandemic further illustrates the utility of the conceptualisation of the familiar. In this context, the uncanny is seen to follow from the overwhelming intrusion of unfamiliarity and then by the reappearance of terrifying familiarity, in which the fragile nature of what we are familiar is shown.

Impact Statement

The human tendency to seek out that which is familiar, though recognisable in everyday life and in clinical situations, has not been fully conceptualised within psychoanalysis. Until now, psychoanalysis has focused more on the impact on the subject of the unfamiliar, which may even be experienced as traumatic. This thesis proposes a new psychoanalytic concept, 'the Familiar', following an entirely theoretical study. By deconstructing and connecting to other relevant concepts, such as the repetition compulsion and the uncanny, this new conceptualisation further accounts for the human tendency to seek after the familiar even when it is painful or destructive. 'The Familiar', constitutes a new theoretical bridge in psychoanalysis, through which many different concepts may be linked and extended. Thus it offers an opportunity to develop more psychoanalytic ideas and perspectives.

Some preliminary clinical observations were made in the course of this theoretical research, as various case studies were considered. In these, we saw the tendency towards the familiar in action. It is emphasised that it is only after becoming familiar with analysis and with a particular analyst, that an analysand can hear and take in psychoanalytic interpretations. Otherwise, any interpretation or analytic progress is felt as a strange threat that cannot be trusted and assimilated. It is only when some sense of familiarity with the analyst is obtained that analytic work can proceed.

Finally, discussion of the uncanny in the COVID-19 pandemic, with reference to the new conceptualisation of the familiar, further illustrates the potential of this concept. Firstly, it enriches our understanding of traumatisation by the unfamiliar and the uncanny, and illustrates this with the example of specific issues that arose during the pandemic. Secondly, it throws psychoanalytic light on the public health related decisions made in response to the Covid virus, such as the quarantine measures imposed on millions of people. This, thirdly, also develops the psychoanalytic understanding of some social attitudes aroused by public health anxieties, and may further contribute to understanding changes in approaches to mental health through the mediums of public health policy and management.

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Chapter 1 Introduction

Reading Freud's work on the uncanny, I noticed how the concept implies some recognition that we are drawn to what is familiar. Starting from there I explored the possibility that the familiar itself should be considered a psychoanalytic concept. In this thesis, I have tried to delineate this new concept, in particular in conjunction with repetition compulsion. When reading Freud's work on the uncanny, I was particularly struck by the importance of familiarity, which appeared almost as a precondition to the experience of the uncanny, and noted that this aspect was hardly mentioned. I started to hypothesise that the tendency to seek the familiar was intimately connected with the frightening nature of the uncanny and thought that this needed to be studied further.

The uncanny was introduced into psychoanalysis by Freud in 1919. Descriptively, it is a feeling which is "that class of the frightening which leads back to what is known of old and long familiar" (Freud, 1919c, p.220). It is a paradoxical feeling about an experience which is felt to be known and unknown at the same time. Such an experience may be felt when one is reading a novel which evokes scenes common in everyday life. Here, an individual may have trouble in differentiating between external reality and psychical reality, and this may be accompanied by an uncanny feeling.

From a linguistic point of view, 'uncanny' is the English translation of the German term 'Unheimlich', which refers to an idea or an object that should "have remained secret and hidden but [which] has come to light" (Freud, 1919c, p.224, my insertion in brackets). The opposite of 'Unheimlich' is "Heimlich" which means familiar, intimate, but also concealed, kept from sight.

In dynamic terms, an uncanny experience, Freud thought, is one which is characterised by repression; a feeling brought about by "something repressed which recurs" (p.241). The uncanny is not only characterised by uncomfortable feelings but can also be experienced as traumatic. It can be said that the

repressed content plays a decisive traumatic role in making any experience uncanny. For example, in Freud's reading of 'The Sand-Man', when Nathaniel re-encounters his father's associate, Coppélius, an aspect of Nathaniel's repressed infantile sexuality, his castration anxiety, reappears. He is uncertain whether Coppélius is also the Sand-Man, who, as a substitute for castration, "tears out children's eyes" (p.227). Nathaniel is so traumatised by this uncanny feeling that "with a wild shriek" cries "Yes! 'Fine eyes—fine eyes!'" and "flings himself over the parapet" (p.230).

Freud's discussion of the uncanny becomes an important idea in his theory of trauma (Laplanche and Pontalis, 1973; Quinodoz, 2005), because it illustrates the subtle relation between trauma and repression. Curiously, after the 1919 text, there is a dearth of discussion in the psychoanalytic literature about the various experiences which might be deemed uncanny. Neither does the idea of the uncanny appear in many clinical descriptions, which is surprising. It is cited more to account for everyday experiences than those in the consulting room, it would seem. This could be a consequence of Freud's limited development of the concept. Although he makes clear that the uncanny consists of both the familiar and the unfamiliar, Freud does not provide a detailed and comprehensive summary of what is familiar, what is unfamiliar, and the mechanism by which the uncanny is generated. In his own words:

"... [the] uncanny is in reality nothing new or alien, but something which is familiar and old-established in the mind and which has become alienated from it only through the process of repression." (Freud, 1919c, p.241, my insertion in brackets)

Freud therefore suggests that the familiar is a derivative of an older experience that has been repressed, but as he goes on to argue, it is not the only source capable of generating the uncanny. A feeling of this type can also be brought about through a loss of familiarity without the involvement of repression. Freud (1919c) provides the example, which will be discussed more fully later, of when a person suddenly realises they have been repeatedly returning to a certain place.

Uncanny experiences can also be linked to Freud's (1914a) notion of the repetition compulsion, wherein a subject's repetitive behaviour is unconsciously triggered by a traumatic experience. In such cases, the very fact of repeating is accompanied by an uncanny feeling, linked with what the behaviour reveals of the trauma. Repetition can powerfully generate a sense of familiarity, and bring about an experience of uncanny. A question arises from this connection: given that the uncanny is a frightening, in some sense negative experience, is it possible that the repetition compulsion, is a mechanism used by the psyche to avoid unfamiliarity? This might account for the fact that a subject seems determined to sustain and repeat familiar experiences even when they are psychically painful. It seems that a painful experience of the familiar is less intolerable than the loss of the familiar. Building up on these ideas, I wanted to investigate the nature of the uncanny and the repetition compulsion, both concepts drawing heavily upon familiarity while the concept appeared somewhat neglected by Freud.

In contrast with the traditional psychoanalytic interest in what is descriptively unfamiliar (the unconscious, repression, etc.), this investigation will pay particular attention to the role of the familiar in human experience. This theoretical research attempted to highlight the conceptual presence of the familiar in Freud's work and in the work of other psychoanalysts and hopefully could be taken up by clinicians for further examination in the consulting room. In addition to case interpretations, I have tried to apply the concept to clarify aspects of the human experience of Covid 19.

Chapter 2

A Flower that Failed to Bloom: The Repetition Compulsion - and, by Implication, the Familiar - in Freud's Paradigm

2.1 INTRODUCTION

When we consider the notion of a sense of familiarity, we might describe the experience as ranging from being vaguely acquainted to something, to knowing it well. Various psychological meanings have been applied to the term, including: a process that allows an individual to judge whether he has previously experienced a stimulus (Mandler, 1980), an automatic retrieval of the past (Jacoby, 1991), a “more efficient processing of a stimulus owing to its prior exposure” (i.e., something consciously attributed to the past) (Henson, 2015, p.515), a relationship bond generated by visual, olfactory, tactile, or acoustic exposure (Bergman, 2020), and remembering something without having re-lived it from a phenomenological perspective (Tulving, 1985).

The familiar is often encountered in daily life; we can feel that a song, a picture, a person, or a memory is familiar. Often, the process of familiarization results in our gaining intimate knowledge of something. One way this occurs is by experiencing an activity or object numerous times, in other words, through repetition. On the one hand, if something makes us feel happy and satisfied, we tend to repeat it; the experience might be said to produce a sense of enjoyable familiarity. As Freud points out, “if a child has been told a nice story, he will insist on hearing it over and over again rather than a new one” (1920, p.35).

Similarly, people enjoy celebrating certain anniversaries. In repeating such experiences, a sense of familiarity is not only created with the event itself, but also with the associated feelings. This may imply a wish to feel the related pleasure frequently, perhaps in an attempt to achieve a sense of happiness. Yet, as psychoanalysts commonly observe in their clinics, people

are also prone to repeat experiences that offer no promise of pleasure. Although such potentially traumatic repetition brings anxiety and pain, it is still actively sought by the patient. In psychoanalysis this has been identified as being driven by the repetition compulsion.

If what is repeated is painful, why does such familiarity draw us so powerfully? The answer may indeed reside in the notion of the repetition compulsion. Before being able to identify and explore the function of the familiar in this context, it is necessary to first address the question - what is the repetition compulsion? From early on, Freud endeavoured to solve this riddle. Describing the presence of repetition in his clinical sessions, he wrote:

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

The repetition compulsion is an important yet confusing postulation, precisely because the human subject seems compelled to repeat both painful and pleasurable experiences. As a theoretical construct within Freud's metapsychology, its importance is demonstrated by its presence both in patients' symptoms and ordinary human behaviour (Freud, 1920; Halfon and Weinstein, 2013). As a central psychoanalytic concept, it is also closely related to "the most vital notions of Freud's work, such as the pleasure principle, instinct, the death instincts and binding" (Laplanche and Pontalis, 1973, p.78). Because the repetition compulsion constantly creates psychic excitation through the re-evocation of trauma and incorporates a failure to bind this excitation,¹ Freud considered it to be *beyond* the pleasure principle – a system which aims at keeping psychic excitation "as low as possible" (Freud, 1920, p.10). In this way, the repetition compulsion is recognised as an expression of

¹ With the repetition compulsion, the repeated traumatic experience is felt to be contemporary rather than a memory. In Freud's view, this implies that the binding of psychic excitation, necessary for forming memories in the psyche, is absent.

the death instinct, which ultimately draws every living organism towards a state of inertia.

Confusion arises because at various stages in Freud's writing, different meanings of the repetition compulsion seem to exist (Bibring, 1943; Inderbitzin and Levy, 1998). In his affect-trauma model, the concept is observed in the repetition of fright, which, Freud argues, reappears in order to reduce psychic excitation. The latter becomes modified through contemporary experiences of "safety" that enable the original trauma to be retrospectively mastered (Breuer and Freud, 1893). In the topographical model however, repetition is viewed as a pathological form of remembering, in which the subject fails to recall a memory trace. At this stage, Freud posits an unconscious resistance to remembering - an irreducible phenomenon which he links to the death drive (Freud, 1914a; 1920).² Finally, in his structural model, Freud explicitly connects repetition to anxiety and a wish to undo traumatic experiences with the aim of negating unpleasure, while both are linked more to the defensive functions of the ego than to the drives (Freud, 1920; 1926; Inderbitzin and Levy, 1998).

Confusion additionally occurs because Freud's conceptualisation of the repetition compulsion bears an inherent ambiguity. It is often deeply entwined with other psychic phenomena such as transference (especially negative transference), masochism, and the negative therapeutic reaction, making it hard to isolate and observe in its pure state (Freud, 1920; Kubie, 1939; Levine, 2020; Inderbitzin and Levy, 1998).

Furthermore, the repetition compulsion is noticeably involved in the traumatic neuroses and hysteria. In the former, it manifests through the re-experiencing of trauma; a phenomenon which is particularly observable in the war neuroses where subjects repeatedly relive the same traumatic scene. In hysteria, the compulsion was observable in the repetition of a patients' symptoms as a

² For Freud, in contrast to the life drive, the final aim of the death drive is to restore an earlier inanimate state. In constantly evoking the same traumatic experience and overriding the pleasure principle, Freud considers the repetition compulsion to be a clear expression of the death drive.

defence (usually against experiencing sexual pleasure). Although Freud (1919b, 1920) attempts to identify the differences between the traumatic and other neuroses, he does not pay much attention to the distinction between different kinds of repetition.

Therefore, although the repetition compulsion is an irrefutable clinical datum of psychoanalytic experience, "there is disagreement among psychoanalysts as to the correct theoretical explanation of it" (Laplanche and Pontalis, 1973, p.79). Due to its unclear conceptualisation, complex meanings, and complicated connection to many of Freud's other constructs, the repetition compulsion becomes "a more revolutionary challenge to accepted psychoanalytic premises than any which Freud, or even any dissenter has heretofore formulated" (Kubie, 1939, p.390). Therefore, with the aim of better understanding the notion of the familiar, I will use this chapter to provide a clear and comprehensive understanding of the repetition compulsion. Encouraged by Freud's words, "what we cannot reach flying we must reach limping" (1920, p.64), I will investigate the concept while keeping the following questions in mind: (i) is it possible to discover the essential nature of the repetition compulsion? (ii) does a "good enough" theoretical conceptualisation already exist? (iii) was Freud in error regarding its centrality in psychic life?

2.2 THE REPETITION COMPULSION AS MOTIVATED BY THE DEATH DRIVE – A CONTROVERSIAL CLAIM

Having long considered the repetition compulsion from both a theoretical and clinical perspective (Freud, 1914a), in 1920, Freud finally postulates that its fundamental source is the death drive. He observes that the compulsion to repeat expresses the tendency of the death drive to return to an older, more familiar state; one which, he suggests, exists prior to birth and is characterised by total psychic inertia. For example, a person who ruminates on the same painful experience is unable to move forward, because the activity draws them closer to death than to life.

However, Freud does not appear to be entirely convinced by his own rather elegant hypothesis. As Kriegman and Slavin point out, “the compulsion to repeat appears increasingly in Freud's writings, without constant reference to the death instinct” (1989, p.218). Additionally, many of Freud’s followers do not sustain their support of the idea that the death drive is the motivating force (Kitron, 2003). This begs the following questions: why did Freud conceptualize the death drive if not to account for the repetition compulsion?, why was this idea so unwelcome?, and how do we think about Freud’s other attempts to explain the repetition compulsion? If we are to further elaborate the concept of the familiar, it is necessary to explicate these complexities.

2.2.1 The Appearance of the Repetition Compulsion

In 1914, Freud first postulates the term ‘*Wiederholungszwang*’,³ which can be understood to mean “compelled repetition”.⁴ At this time, he noticed that some neurotic patients did not remember traumatic experiences, but instead acted them out repetitively. He cites some examples from his analyses:

“For instance, the patient does not say that he remembers that he used to be defiant and critical towards his parents’ authority; instead, he behaves in that way to the doctor. He does not remember how he came to a helpless and hopeless deadlock in his infantile sexual researches; but he produces a mass of confused dreams and associations, complains that he cannot succeed in anything and asserts that he is fated never to carry through what he undertakes. He does not remember having been intensely ashamed of certain sexual activities and afraid of their being found out; but he makes it clear that he is ashamed of the treatment on which he is now embarked and tries to keep it secret from everybody. And so on.” (Freud, 1914a, p.150)

According to Freud’s description, the patient reproduces attitudes, experiences and feelings (most of them unpleasant) in the clinical session, but without an

³ According to the Cambridge Dictionary, “*wiederholung*” means “repetition” and “*zwang*” means “to exert pressure”.

⁴ In the English translation of Freud’s work by James Strachey, the translated terms “compulsion to repeat” and “repetition compulsion” were indistinguishable from each other (Schur, 1966; Laplanche and Pontalis, 1973).

awareness that they are repeating earlier experiences. This suggests that the experience was not consciously taken to be traumatic when it first happened. Rather, it seems that the traumatic aspect becomes unconscious, while the experience itself is acted out over and over, which keeps it fresh. Such repetition of an event could thus be seen as a resistance against remembering it (ibid.). With every repetition, the subject would re-live the experience as if it was contemporary. The most significant difference between the original experience and its repetition may be that the subject is now in a different relationship, for example, with the analyst in the sessions. This reproduction of old experiences within a different relationship, known as the “transference”, was considered a piece of repetition by Freud (ibid.).

For the patient, who from the very start of treatment seems determined to repeat, the tendency seems automatic and inexorable until he can find relief through the analysis. Indeed, as Freud writes, “as long as the patient is in the treatment he cannot escape from this compulsion to repeat; and in the end, we understand that this is his way of remembering” (ibid., p.150). Regarding what is repeated, Freud asserts:

“...he repeats everything that has already made its way from the sources of the repressed into his manifest personality — his inhibitions and unserviceable attitudes and his pathological character-traits.” (ibid., p.151)

In other words, it appears that the patient “remembers” the repression through repetition. For instance, instead of remembering his original angry feelings, the patient may assume a hostile unconscious attitude that he carries into various interactions. Freud suggests that technically, psychoanalysts should treat the patients’ repetition, which always expresses some form of resistance against the analysis, as a present-day force, and work through it with patience:

“One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, to work through it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis.” (ibid., p.155)

At this stage of Freud's thinking, we can sense that the repetition compulsion holds a significant position. He has observed it to appear regularly in clinical sessions and to take different forms, such as through the transference and acting-out (ibid.). In consequence, and as some authors have pointed out, one aim of analysis itself becomes to interpret repetitive phenomena (Roughton, 1993; Aisenstein, 2020). It seems to me, however, that in 1914, rather than searching deeper into the motivations behind the repetition compulsion, Freud brings such considerations to a halt and merely addresses its clinical manifestations. His thoughts about why repetition is such an important feature of psychic life describe something of its nature and how to deal with it technically, but do not sufficiently account for it theoretically. He may have been unable to do so at this juncture. However, Freud did not give up thinking about the concept as six years later he published his famous paper, "*Beyond the Pleasure Principle*" (1920) in which he presents a solution for what lies at the root of the repetition compulsion.

2.2.2 The Death Drive as the Source of the Repetition Compulsion – Truth Or Compromise?

In 1920, Freud's account of the repetition compulsion attained a new theoretical dimension. He now suggests that, to a large degree, the compulsion to repeat represents an instinctual characteristic that aims to restore an earlier state of existence. In acknowledgment of the conservative nature of this force, Freud names it the "death drive". Thus, the repetition compulsion is understood to be a manifestation of the death drive, which, together with Eros (the life drive, consisting of the sexual drive and the self-preservative drive), constitute Freud's second instinct theory, the dual-drive theory, one of the most important foundations in Freud's metapsychology (Quinodoz, 2005).

(1) The Repetition Compulsion in 1920 - The Deficiency of Freud's Earlier Theories

In "*Beyond the Pleasure Principle*" (1920), Freud begins his discussion with a hypothesis that the pleasure principle automatically regulates mental activities. For example, if the quantity of excitation which a subject experiences increases significantly, enough to create a high degree of tension, they experience unpleasure. Certain mental activities would therefore be motivated to lower this tension. Under the sway of the pleasure principle, "the mental apparatus endeavours to keep the quantity of excitation present in it as low as possible or at least to keep it constant" (ibid., p.9). According to this theory, if the pleasure principle dominates, all human activities must be characterised by, or result in, an experience of pleasure.

Because human experiences are not always pleasurable, and particularly because the repetition compulsion leads to repeated unpleasure, Freud recognises that the pleasure principle must be opposed by another force. In considering this, he initially refers to his existing theories, including the reality principle and the ego. The function of the reality principle does involve the prevention of impulses gaining satisfaction freely, but the ultimate obtainment of pleasure is merely postponed, rather than being abandoned entirely. The ego, though it can repress some instinctual impulses that may bring about unpleasure, cannot prevent the continuous striving of the repressed to gain expression, nor prevent repressed impulses from being gratified in a roundabout way. Thus, both the reality principle and the ego are observed to oppose the pleasure principle at times, but neither fundamentally contradict its dominance.

This implies that prior to his postulation of the death drive, Freud's metapsychology was unable to offer a valid explanation for the inevitable appearance of unpleasure (Johnson, 2008). As Kubie (1939) states:

"On this level (i.e., of psychological organization), Freud finds himself unable by reference to the pleasure principle alone to account for the dreams of a traumatic neurosis, the play of children, or the fact that unpleasant experiences of early childhood reproduce themselves in dreams, symptoms and transference reactions." (ibid., p.392)

Following Kubie's argument, I further suggest that it is the economic perspective of the pleasure principle that fails to account for the repetition of unpleasurable experiences. The fact that the quality of affective experience cannot be fully explained in economic terms has been mentioned by subsequent analysts (Schur, 1966; Applegarth, 1973), but they fail to provide a solution. In my view, the answer may lie in the fact that the economic model only describes the quantitative state of excitation and the feelings determined by "the amount of increase or diminution in the quantity of excitation in a given period of time" (Freud, 1920, p.8), but is unable to account for how and why the excitation changes beyond its original static nature. For example, in a situation wherein the pleasure principle does not dominate, the existence of the repetition compulsion - with its attendant high levels of psychic excitation - contradicts the economic principle, which requires a continuous reduction of psychic tension. However, the fact that the repetition compulsion evokes these changing levels of excitation and counteracts the pleasure principle does not account for (i) the reason such excitation suddenly increases, (ii) what motivates this up and down change, (iii) the mechanisms at work, and (iv) the nature of the conflict between the repetition compulsion and the pleasure principle (i.e., how the pleasure principle is overcome by the repetition compulsion).

Furthermore, even if we take the economic model to be merely descriptive of aspects of psychic life, we would continue to be disappointed, because it is unable to represent the contrast between the psychic experience of the pleasure principle and that of the repetition compulsion. Economically, the activity of the pleasure principle, which oversees the satisfaction of the instinct, incorporates the increase of psychic excitation (high tension) and its decrease (low tension). Similarly, every incidence of the repetition compulsion involves the increase and later decrease in tension. Hence, if we drew a line graph to show the alteration in psychic excitation in both situations, the two lines would be very similar to each other, rising up and down. However, in their nature, these two phenomena are absolutely divergent. As shown in Freud's 1920 paper, the pleasure principle aims at lowering psychic tension, while, in

endlessly re-evoking the familiar, the compulsion to repeat causes an increase in tension.

On the basis of the economic viewpoint alone, the entire function of the pleasure principle is quite obvious: when the drive presses and asks to be met, and is not yet met, the psychic excitation level goes up. Then, when drive achieves gratification, the excitation reduces. If we apply this same model to the repetition compulsion however, the only element that we find comprehensible is its oscillating tendency. With the economic perspective we are still left with the following questions: (i) when and for what reason does the repetition (which causes the increase of excitation) start?, (ii) under what conditions does the excitation begin to reduce?, and (iii) which regulatory principle or instinctual force determines this process?

Some psychoanalysts after Freud pay attention to other elements or processes in Freud's pleasure principle and continue to use these to explain the repetition compulsion. In my view, they do not succeed. For example, some want to attribute repetitive behaviours to the constant effort of the repressed to gain discharge, through which pleasure can arise (Kubie, 1939; Adams-Silvan and Silvan, 1990); some suggest that the unpleasure which arises when the repetition compulsion is at play does not derive from the repetition itself, but from the insufficiently disguised traumatic context in which repetition takes place. It is, they argue, a masochistic instinctual satisfaction which produces pleasure (Hendrick, 1942; Bibring, 1943; Stein, 1965; Renik, 1981). These authors seem to ignore that one characteristic of the repetition compulsion is that there is no discharge but repeated evocation of traumatic excitation. This means that undisguised traumatic experience cannot be separated from the repetition compulsion since the former is repeated in the latter. Besides this, the sexual factor, which is an essential factor in sadism and masochism, is not always present in every repetition compulsion, so that masochism cannot be taken as the comprehensive explanation, but at most as a feature of certain specific cases relevant only.

In conclusion, at this stage of Freud's theorising, the underlying mechanism and motives for seeking out familiar unpleasure lie outside the range for which his theories can sufficiently account. To bridge this gap, he is induced to postulate something new theoretically; to go beyond the economic framework with which he had established his existing theories, including that of the pleasure principle.

(2) The Drive for Mastery - A Casualty of Metapsychological Construction?

In Freud's next attempt to account for the repetition compulsion, he first identifies and begins to explore three categories of repetition: traumatic neurosis, hysteria, and neurotic repetition (Reis, 2019).

Regarding the traumatic neuroses, he describes the repetitive dreams of some patients as having "the characteristic of repeatedly bringing [them] back into the situation of his accident, a situation from which he wakes up in another fright" (Freud, 1920, p.13, my insertion in brackets). In Freud's earliest theory, dreams were regarded as embodying a process of wish-fulfilment (Freud, 1900). Because censorship is weakened during sleep, some unconscious wishes have an opportunity to achieve satisfaction through dreams, albeit usually in disguise. However, in traumatic neurosis, what is shown in dreams is the repetitive appearance of a traumatic experience with no apparent satisfaction.

By using the phrase, "in another fright" (Freud, 1920, p.13), Freud suggests that the patient confronts the traumatic dream without preparation; thus, in the same manner as they confronted the original traumatic scene. It is as if the original trauma has not become a memory but can only be relived, which accounts for its freshness. This is consistent with Freud's idea (1914a) that the patient acts out a repressed experience rather than remembering it. However, in 1920, the "dark and dismal" repetition of traumatic neurosis remains a vague element in Freud's theorising (1920, p.14).

Reflecting upon the second category of repetition, Freud (ibid., p.13) writes, “fixations to the experience which started the illness have long been familiar to us in hysteria.” In his earlier paper, he had stated:

“... the determining process [of hysteria] continues to operate in some way or other for years—not indirectly, through a chain of intermediate causal links, but as a directly releasing cause— just as a psychical pain that is remembered in waking consciousness still provokes a lachrymal secretion long after the event. Hysterics suffer mainly from reminiscences.” (Breuer and Freud, 1893, p.7)

This idea strongly suggests that the affect-provoking characteristic of the painful experience does not fade away over time. Instead, the patient is repetitively held in a state of hysteria in which the memory of a traumatic experience returns again and again. That is to say, rather than being a one-off experience, the psychical trauma “continue[s] to be regarded as an agent that is still at work” (ibid, p.6, my insertion in brackets) and thus continues to provoke symptoms. In both hysteria and traumatic neurosis, the patient seems to be “fixated to his trauma” (Freud, 1920, p.13).

Freud traced this kind of fixation back to an earlier stage of development - to children’s play, which belongs to the third category of neurotic repetition (Reis, 2019). He observed that his grandson,

“...had an occasional disturbing habit of taking any small objects he could get hold of and throwing them away from him into a corner, under the bed, and so on, so that hunting for his toys and picking them up was often quite a business. As he did this he gave vent to a loud, long-drawn-out ‘o-o-o-o’, accompanied by an expression of interest and satisfaction.” (Freud, 1920, p.14)

Freud thought that the sounds his grandson made when throwing the toy represented “fort” [gone], followed by a joyful “da” [there; back again] on reclaiming the toy. In his view, the child’s “fort” “da” composed a complete game, the motivation for which was “an instinct for mastery” (ibid., p.16). By

throwing away the object, the child's hostile wish "to revenge himself on his mother for going away from him" (ibid., p.16), might be satisfied.

"At the outset he was in a passive situation—he was overpowered by the experience; but, by repeating it, unpleasurable though it was, as a game, he took on an active part" (ibid., p.16)

The child's revenge is accomplished when he transforms a passive state, in which he is left by his mother, into an active one in which he actively abandons the toy, a cotton reel, representing her. It should be highlighted that even if activity and passivity can be connected to notions of masculinity and femininity in Freud (1915a), the sexual factor is not evident in this example. According to Freud's statement, activity and passivity here are mainly concerned with power and dominance.

Although one might assume that the pleasure principle could not be dominant in the child's repetition of an unpleasurable experience, Freud argues that the activity could be under its sway, because,

"the child may, after all, only have been able to repeat his unpleasant experience in play because the repetition carried along with it a yield of pleasure of another sort but none the less a direct one." (Ibid., p.16)

In other words, Freud (ibid, p.16) thought that the child gained pleasure through assuming an active role in mastering an unpleasurable experience – similar to a child kicking an animal after being beaten by their parents. In conclusion, Freud determines that "the impulse to work over in the mind some overpowering experience so as to make oneself master of it" still obeys the pleasure principle (ibid., p.15), yet the knowledge of what might be operating beyond it remains unclear.

(3) Reflections

Thus far, Freud's argument appears highly convincing. However, some inherent problems remain. Firstly, the nature of the instinct for mastery is left vague. It is introduced as a given concept – an individual is motivated by the wish to transform passivity into activity. But in Freud's work, even in the 1920 essay, this transformation is not the only explanation given for the instinct for mastery:

“In writings antedating *Beyond the Pleasure Principle* (1920g), the *Bemächtigungstrieb* [the instinct for mastery] is described as a nonsexual instinct which only fuses with sexuality secondarily; it is directed from the outset towards outside objects and constitutes the sole factor present in the primal cruelty of the child.” (Laplanche and Pontalis, 1973, p.217, my insertion in brackets)

This indicates that the meaning of the mastery also involves sexuality, yet the sexual factor does not dominate in the fort-da game. As Denis has highlighted however, before 1920, the notion of mastery was always connected with sexuality, and particularly with sadism:

“In Freud's work the connection between mastery and sadism first appears in *Three essays on the theory of sexuality*, unambiguously: ‘... the impulse of cruelty arises from the instinct for mastery’ (1905, p. 193). In 1915, Freud would add this clarification concerning the sadistic-anal organization: ‘The *activity* is put into operation by the instinct for mastery through the agency of the somatic musculature’ (pp. 109-140).” (Denis, 2016, p.769)

In 1905, Freud suggested that the sexual drive develops from the component instincts and its initial satisfaction is achieved through the differentiated erotogenic zones - oral, anal, etc. It is also clear that with certain zones there is a correspondence between the wish for mastery that is “destined to make to masculine sexual activity” and “the apparatus for obtaining mastery” (Freud, 1905b, p.188); thus, the aspect of mastery described at this stage is a primary wish related to sexuality, specifically, to masculine and feminine characteristics and to sadism and masochism:

"The activity is put into operation by the instinct for mastery through the agency of the somatic musculature; the organ which, more than any other, represents the passive sexual aim is the erotogenic mucous membrane of the anus" (Freud, 1905b, p. 198).

However, in 1920, the instinct for mastery revealed in the "fort-da" game did not obviously present any sexual element; the satisfaction gained from the substitute source is more associated to power. That is to say, in considering mastery from a perspective other than sexuality, Freud was postulating a new meaning for this instinctual phenomenon, which offered little coherence with his previous idea.

According to the literal meaning of the German term used by Freud in 1920, "*Bemächtigungstrieb*" ("the instinct for mastery" as translated by James Strachey), a subject may be driven to dominate an experience or an object (White, 2010; Denis, 2016). Thus, in the "fort-da" game, in changing a passive state into an active one, the child obtains the pleasure of dominating his distressing experience, even if this is achieved within a substitute relationship - with a toy, rather than with his mother. One might describe the field in which the mastery occurs as being that of power rather than sexuality. Also, because the complete game consisting of "fort" and "da" includes throwing the substitute object away and taking it back - as if the subject has enormous power to freely abandon and return the object to existence whenever he wants - it implies that the subject gains more power than with the singular "fort". In this way, the full activity seems to represent a thorough mastery of experience.

Furthermore, because the ego is overwhelmed by trauma when under the sway of the repetition compulsion, mastery, which takes time, is difficult to achieve (Levy, 2000). The re-presenting of traumatic experiences can be understood as repeated attempts to achieve mastery (Kubie, 1939; Bowins, 2010). For example, the "fort-da" game shows the child engaged in efforts to master his experience of unpleasure through his repetition of active and powerful dominance over a toy. In summary, the repetition compulsion can be seen as an attempt to achieve dominance over traumatic experience.

According to Freud, the key mechanism of mastery is the transformation from being passively subjected to an experience, to actively controlling it.

Noticeably, there is another version of the game in a footnote in "*Beyond the Pleasure Principle*" when Freud (1920, P.15 footnotes) notes the disappearance of the child himself when he says "Baby o-o-o-o":

"One day the child's mother had been away for several hours and on her return was met with the words 'Baby o-o-o-o!' which was at first incomprehensible. It soon turned out, however, that during this long period of solitude the child had found a method of making himself disappear."

According to this description, the boy throws himself away, rather than the toy (Ladame, 1991). In other words, he treats himself as an object and metes out a further revenge on his mother in the process. Even if this kind of revenge can bring harm to the subject, such as through the splitting of the psyche that obtains when the infant gives up a part of his ego identified with the abandoned object and postpones his reunion with mother by which his separation anxiety can be overcome, he may still get a sense of mastery by dominating the partial ego in identification and making himself disappear. This kind of revenge enriches the meaning of the mastery in Freud's paradigm: the activity can derive from dominating either an external object or an internal object – even the ego itself.

Another interpretation could be that in this "Baby o-o-o-o" activity the boy becomes the one who leaves his mother when she returns home, just as his mother left him previously. In this way, this activity reveals his thorough transformation from being abandoned by, to abandoning, the original abandoner, which can lead to genuine mastery. This also expands the range of the repetition compulsion – it can include the repetition with an inversion of passivity-activity, or of the subject-object relation.

As a result of the fact that the meaning of the term mastery in 1920 was somewhat vaguely defined, some psychoanalysts expanded its range to make it account more fully for the repetition compulsion. For example, some (Hendrick, 1942; Greenson, 1945; Lazar and Erlich, 1996) have postulated that mastery may aim to bind the intensive stimuli of traumatic events that are subject to the repetition compulsion, which can further reduce the helplessness of the ego (Silverberg, 1948). In this case, the pleasure principle may even govern the instinct of mastery, as the “narcissistic pleasure of the ego” (Bibring, 1943, P.509) is brought about by the subject’s actively overcoming the traumatic experience. In fact, the binding-oriented interpretation can be derived from Freud’s original term:

“It should be noted further that apart from ‘*Bemächtigung*’ Freud also fairly often uses the term ‘*Bewältigung*’, which has a rather similar meaning. As a rule he employs the latter term to denote mastery achieved over an excitation—be it instinctual or external in origin—and the ‘binding’ (q.v.) of this excitation (α). No strict distinction is drawn between the two terms, however—particularly since there is more than one point of overlap, so far as analytic theory is concerned, between mastery attained over the object and mastery of excitations. Thus in *Beyond the Pleasure Principle*, explaining the role of repetition in children’s play as in traumatic neurosis, Freud can postulate—among other hypotheses—that this ‘might be put down to an instinct for mastery’ (3c). Here the mastery of the object (which, in symbolic shape, is at the subject’s entire command) goes hand in hand with the binding together of the traumatic memory and the energy which cathects it.” (Laplanche and Pontalis, 1973, p.218, authors’ italics)

And Freud (1920, p.33) mentions the potential binding aspect of the repetition compulsion in dreams even if he still does not explain how the binding is achieved in them.

“May not dreams which, with a view to the psychical binding of traumatic impressions, obey the compulsion to repeat—may not such dreams occur outside analysis as well? And the reply can only be a decided affirmative.”

However, even if the foundation of these ideas – the notion that binding can be regarded as a driving factor in the repetition compulsion, I am afraid it has no direct relation with the mastery that Freud discusses, which is developed in the context of passivity and activity in a relation to an object. On the one hand, Freud (1920) explicitly stresses that the instinctual characteristic of the repetition compulsion is shown by its unbound excitation. This implies that mastery as a means to bind excitation within the repetition compulsion, is not as likely as some analysts suspect. On the other hand, it is the ‘*Bemächtigung*’ (dominance of an object) that is used in 1920. ‘*Bewältigung*’ (related to binding) is used mainly in 1915 ‘Instincts and Their Vicissitudes’ – in the context of instinctual energy in particular. This may suggest that Freud is able to use different words to refer to different situations. Therefore I suggest the binding-oriented motivation for mastery can be set aside temporarily. In this chapter, in examining whether the instinct of mastery can alone explain the repetition compulsion in the topographical model, I have to conclude that it cannot. It seems that the only aspect of traumatic experience upon which mastery can have an influence, is in the turning of passive into active. Mastery does not account for repetition beyond this.

Now, we turn to a second problem with Freud’s argument: the basic understanding of why we seek unpleasure is limited to the context of his early metapsychology – he only speaks about unpleasure in relation to the pleasure principle. At the beginning of “*Beyond the Pleasure Principle*”, Freud introduces the fundamental question:

“It must be pointed out, however, that strictly speaking it is incorrect to talk of the dominance of the pleasure principle over the course of mental processes. If such a dominance existed, the immense majority of our mental processes would have to be accompanied by pleasure or to lead to pleasure, whereas universal experience completely contradicts any such conclusion. The most that can be said, therefore, is that there exists in the mind a strong tendency towards the pleasure principle, but that that tendency is opposed by certain other forces or circumstances, so that the

final outcome cannot always be in harmony with the tendency towards pleasure.” (Freud, 1920, p.9)

The presence of so much unpleasure, sought repetitively, contradicts the notion of the dominance of the pleasure principle and leads Freud to further consider why the pleasure principle is inevitably overridden. The question as to why we seek unpleasure is obviously a fundamental one. Freud, however, does not appear to consider unpleasure to be an independent object, rather he sees it as coming into existence where there is an absence of pleasure. In posing the question, what lies beyond the pleasure principle?, he contextualises unpleasure as a metapsychological notion. In this way, the crucial concern for the presence of unpleasure is stealthily transformed into an opportunity for Freud to make a theoretical break from his previous metapsychology centred on the pleasure principle.

Because the essential purpose of this thesis is to gain an understanding of the pursuit of familiarity, which is manifest in the re-experiencing of unpleasure in the repetition compulsion, I believe Freud’s metapsychological concern to discern a force that works against the pleasure principle (or not), goes astray. The perspective he takes reveals his determination to explain the repetition compulsion by leaving behind his earlier theory of the pleasure principle, but in such a way as to conceal that this is the only way for him to reach an explanation. The pleasure principle is one of the key frameworks aiding our comprehension of the activity of repeatedly seeking unpleasure, but it is now positioned in such a way that it confines our considerations. Thus, the central task of Freud’s 1920 paper is not to elaborate on the reasons for a repetitive seeking after unpleasure, but to go beyond his previous theory by disrupting the fixed linkage with the pleasure principle. It therefore offers us little indication about the nature of the repetition compulsion, let alone the familiar.

As we have observed, evidence of an urge for mastery goes some way towards explaining the repetition of unpleasure. The necessity of achieving mastery seems to account for the painful re-presenting of difficult experiences, perhaps because they would be impossible to overcome without such attempts

(Kubie, 1939; Bowins, 2010). In repetition, even if pleasure is obtained from controlling the substitute source (e.g., the cotton reel) - in Freud's view, a mechanism in obedience with the pleasure principle - the original unpleasure does not entirely disappear and the subject continues to suffer. The pleasure obtained from these repetitive attempts and the stimulus of unpleasure appear to be two sides of the same coin – that of mastery. This co-existence of pleasure and unpleasure may further imply that there is a parallel relation between the longing for mastery and the pleasure principle. We can at least observe that, in not preventing the appearance of the unpleasure, the pleasure principle does not dominate the process of achieving mastery.

However, it appears that Freud declined explaining the repetition compulsion from the perspective of mastery in some cases because he thought that mastery was not totally *beyond* the pleasure principle. Given that Freud equates unpleasure with what is beyond the pleasure principle, to move past his previous metapsychology, any element including pleasure does not conform to his new hypotheses concerning why people seek to repeat unpleasurable experiences. This is why the mastery is rejected by Freud as an adequate metapsychological explanation for the repetition compulsion.

In offering examples of unpleasure in the form of children's imitative play and the enjoyment of tragic opera, Freud writes:

“... even under the dominance of the pleasure principle, there are ways and means enough of making what is in itself unpleasurable into a subject to be recollected and worked over in the mind. The consideration of these cases and situations, which have a yield of pleasure as their final outcome, should be undertaken by some system of aesthetics with an economic approach to its subject-matter. They are of no use for our purposes, since they presuppose the existence and dominance of the pleasure principle; they give no evidence of the operation of tendencies beyond the pleasure principle, that is, of tendencies more primitive than it and independent of it.”
(Freud, 1920, p.17)

He discovers, therefore, that the process of working through unpleasure also exists in situations in which the pleasure principle dominates. Instead of considering the possibility of a positive motivation for seeking unpleasure, Freud uses this notion to support his abandonment of the idea that mastery through the repetition of what is unpleasurable does not factor beyond the pleasure principle. Here, we encounter a contradiction. Although Freud's awareness of the activity of seeking unpleasure provokes the need for explanation, clinical evidence of the overriding of the pleasure principle - which suggests the failure of his previous theory - leads him to question the presence of an opposing force. However, in what seems to be an act of convenience, when he discovers a new and reasonable explanation, he rejects it to avoid theorising involving the pleasure principle. At this stage, Freud avoids pursuing the complexities of the repetition phenomenon in different contexts. In referring the notion of unpleasure to what is beyond the pleasure principle, he instead seems determined to construct a particular hypothetical resolution, i.e., a metapsychological shift. His initial concern for why unpleasure is repeatedly sought is thus diverted.

As Fayek (1980) has pointed out, in 1920 Freud changed his theory "from an interplay of forces of the same nature—such as conscious versus unconscious, or id versus ego, to conflict of forces that seem to be related in an oblique way" (p.449); in other words, the metapsychological conflict between the pleasure principle and its opposite - eventually, between the life drive and the death drive. The presence of unpleasure presented an essential problem to be resolved, but, in reality, became an opportunity for Freud to break out of his existing metapsychology frame and accomplish a challenging shift from single- to dual-drive theory. Regrettably, in failing to support Freud's metapsychological breakthrough, the drive for mastery became a casualty of the reformulations of 1920, in the sense that it really fades into the background as an explanation for the subject's being compelled to repeat.

There are perhaps other reasons why Freud did not consider the mastery of earlier traumatic experiences to be the sole factor behind the repetition of unpleasurable experiences. According to Freud, the repetition compulsion is a

force the subject cannot resist. Mastery may only be a mirage in most instances. Returning to the 'fort-da' game, in both interpretations above, the game can be understood in the following way: After separation the boy repeatedly keeps a distance from his toy and his mother in a form of repetition or representation of his mother leaving him. It is the separation from the object in the original experience, which is traumatic, that can induce the boy's unconscious repetition compulsion. Thus, the boy is again, in a slightly different way, passively traumatised during his repetitions by keeping the separation with both his mother or the substitute mother, the toy, without fully achieving dominance of trauma itself – actively eliminating the separation, e.g., by finding and staying together with the thrown toy. In this way, the mastery also cannot prove its accomplishment.

Furthermore, compared with the earlier descriptions of the repetition compulsion in 1920 - repetitive dreams and repetition in hysteria - in the "fort-da" game the transformation from passivity to activity takes place in an obvious object-relational context. According to Freud's description, the former two categories (in which the subject directly re-experiences the affect and the experience) seem to contain a repetition of the entire situation. For example, in the reproduction of traumatic experience in dreams, or the repeating fright of hysteria, the transformation of passive into active does not appear to play a part. In other words, the subject may master a substitute situation in that he becomes a more active participant in it, but other than this, he does not master it; he is still traumatised by it. For example, there is no mastery where the subject keeps playing a passive role in both original and substitute relationships (such as some having similar interpersonal relationships ending in the same way (Freud, 1920), in which the subject is passive to the failure of relationships), nor where the original traumatic scene reoccurs without the sense of mastery of it (such as repetitive traumatic dreams or fixation to trauma (ibid.)). The repetition compulsion seems to be at play in all these situations where the subject goes on reliving the trauma, yet mastery is only able to account for specific instances of the repetition compulsion.

If the 'fort-da' game can be seen as the achievement of the mastery according to Freud (ibid.), why does it need to be constantly repeated, or even developed into an activity in which the child throws himself away? Actually not many cases of the repetition compulsion can be brought to an end. Furthermore, even if some mastery over trauma is achieved, as in the case of the fort da game, in most cases it is a progressive process needing repetitive efforts (Kubie, 1939; Levy, 2000; Bowins, 2010). Though by dominating the toy in the "fort-da" game, the child gains indirect mastery in a substitute relationship, in many other cases, one merely observes an endless repetition without any sign of mastery. There is no evidence of domination or transformation from passive to active in either the original relationship or the substitutive one, only a continued experience of painful suffering without pleasure. In other words, in this kind of repetition, the subject only replicates traumatic experiences at a sensory level and there is no achievement of mastery, which entails the necessity of more psychic work (Bibring, 1943; Loewald, 1971). In conclusion, mastery cannot be obtained in all cases of repetition, only in some, and only in a substitutive sense; that is to say, in cases where the subject becomes the dominant party in a substitute traumatic situation. However, this fact is not pointed out by Freud. Mastery merely becomes a casualty of his metapsychological construction without further discussion.

(4) The Death Drive – Theoretical Integration Through a New Metapsychological Model

In delineating the metapsychological aim of "*Beyond the Pleasure Principle*", necessary context is provided which helps the reader to comprehend and accept Freud's elaboration of the death drive. Having given up on the drive for mastery as an explanation for the repetition of unpleasurable experiences, Freud continued to seek answers to what lies beyond the pleasure principle. He first clarifies that the existence of the repetition compulsion prevents pleasure being experienced by the ego (because repetition is painful for the subject) or by the repressed impulses, since these are not satisfied. Regarding patients' repetition of unpleasurable experiences, especially in the transference, Freud writes:

“Patients repeat all of these unwanted situations and painful emotions in the transference and revive them with the greatest ingenuity. They seek to bring about the interruption of the treatment while it is still incomplete; they contrive once more to feel themselves scorned, to oblige the physician to speak severely to them and treat them coldly; they discover appropriate objects for their jealousy; instead of the passionately desired baby of their childhood, they produce a plan or a promise of some grand present — which turns out as a rule to be no less unreal. ... They are of course the activities of instincts intended to lead to satisfaction, but no lesson has been learnt from the old experience of these activities having led instead only to unpleasure. In spite of that, they are repeated, under pressure of a compulsion.” (Freud, 1920, p.21)

Freud also describes situations in everyday life where it is common for people to experience “the perceptual recurrence of the same thing”. For example, being afraid to leave a personal comfort zone, repeatedly failing to end a painful relationship or continuing to engage in relationships which “have the same outcome” (ibid., p.22). Based on these observations and, above all, based on his new metapsychological construction, Freud hypothesises that in returning a person to a previous painful experience, the repetition compulsion overrides the pleasure principle.

What follows in Freud’s work is a deeper metapsychological discussion. He first introduces his new hypothesis of the presence of a shield that protects the ego against external excitations but not against those that are internal. The ego can therefore still become overwhelmed by disturbing internal stimuli or the action of the instincts. Only when this excitation is bound by the psychic apparatus to lower its tension, can it be further processed into advanced functions, such as forming conscious memories, making connections between an idea and its representation (Freud, 1950; Laplanche and Pontalis, 1973), and so on. As mentioned earlier, with the repetition compulsion, disturbed patients take the re-presenting occurrence to be contemporary rather than as a memory, i.e., they re-experience the trauma instead of remembering it. It appears that no conscious memory trace is generated through the binding of

free excitation, hence what is repeated relates to unbound excitation. Freud illustrates this in the following description of one of his patients:

“... the repressed memory-traces of his primaeval experiences are not present in him in a bound state and are indeed in a sense incapable of obeying the secondary process.” (Freud, 1920, p.36)

A state of free psychic excitation and the domination of the primary process (where unbound excitation is liberally discharged) are characteristic of the instincts. Therefore, the repetition compulsion exhibits “to a high degree an instinctual character” (ibid., p.35). At this point, Freud updates his understanding of the repetition compulsion, stating that it is driven by an unpleasurable instinct, which in repetitively evoking large amounts of unbound internal excitation causes the ego to suffer.

According to Freud’s speculations in “*Beyond the Pleasure Principle*”, the instinct to repeat refers to a conservative quality in the psyche that aims to restore an earlier state of existence. Utilising evidence from biology, such as when he claims, “it is probable nevertheless that infusoria die a natural death as a result of their own vital processes” (ibid., p.48), Freud confirms that this instinct tends towards an inanimate state or death. The repetition compulsion is now explained as being a response to the death drive that pulls the subject back towards earlier experiences. Therefore, Freud’s new metapsychology pits the death drive against the life drive and argues that all of life is characterised by the opposing force of each instinct. In the life drive, the ego instinct (i.e., the self-preservation instinct) and the sexual instinct reach an integration for the first time (Quinodoz, 2005; Symington, 1986). The ego instinct, or wish to live and thrive, opposes the pull towards death, which the ego, Freud argues, wants to achieve “in its own fashion” (Freud, 1920, p.39). The sexual instinct endeavours to prolong life through the union of men and women, whereas the death drive aims to bring the subject to death directly. Freud does not conceal his joy when competitively announcing the essential nature of his new framework:

“Our views have from the very first been dualistic, and today they are even more definitely dualistic than before—now that we describe the opposition as being, not between ego instincts and sexual instincts but between life instincts and death instincts. Jung’s libido theory is on the contrary monistic; the fact that he has called his one instinctual force ‘libido’ is bound to cause confusion, but need not affect us otherwise.” (ibid., p.53)

2.2.3 Criticism

From here on, Freud’s discussion indulges in the construction of a new dual-drive theory and he appears to forgo further discussion of the repetition compulsion. Although the concept had proved foundational, once he delineates his new model, he appears to abandon it. However, it is worth noting that at the end of “*Beyond the Pleasure Principle*”, Freud postulates “the Nirvana principle” of the death drive, which aims “to reduce, to keep constant or to remove internal tension” (ibid., p.55). He then deduces that the Nirvana principle and the pleasure principle lead to a similar economic result – the diminishment of psychic tension. In this way, the pleasure principle is linked with the death drive:

“Another striking fact is that the life instincts have so much more contact with our internal perception—emerging as breakers of the peace and constantly producing tensions whose release is felt as pleasure—while the death instincts seem to do their work unobtrusively. The pleasure principle seems actually to serve the death instincts. It is true that it keeps watch upon stimuli from without, which are regarded as dangers by both kinds of instincts, but it is more especially on guard against increases of stimulation from within, which would make the task of living more difficult.” (ibid., p.63)

That the pleasure principle shares the same economic aim as the death drive (that is, resisting tension from both outside and inside) both enriches the meaning of the principle and illustrates a theoretical paradox brought by the failure of the pleasure principle to explain the repetition compulsion. Because the existence of the repetition compulsion may indicate that the pleasure principle can be overcome, from early on in this paper, Freud continues to

search for what is working against or beyond it. But having asserted that the death drive is the ultimate answer, he postulates that instead of the pleasure principle being opposed to the death drive, it could be its servant. Also, the repetition compulsion is no longer an exception to the domination of the pleasure principle, but a result of dual-drive activity in which the pleasure principle repetitively diminishes the psychic tension caused by the life drive. According to this paradoxical metapsychological position, the pleasure principle seems either to be driven by the life drive or the death drive and repetition may be in the service of either. The existence of this paradox could be the result of Freud inappropriately combining the economic dimension of the pleasure principle with the biological perspective of the death drive (Parkin, 1981; Kriegman and Slavin, 1989; Boulanger, 2002a). It has been argued that the biological view of the death drive should not be directly applied to the psychoanalytic metapsychology, particularly the economic dimension, because, as mentioned earlier, within the paradigm of psychoanalysis, the economic dimension is already deficient in dealing with the problem of the repetition compulsion.

Besides, even if Freud (1924) continues to develop the pleasure principle to distinguish it from the nirvana principle, such as by postulating that the pleasure principle does not only aim at reducing excitation, but to reducing it just enough so as to produce pleasure, he does not return to the repetition compulsion, attempting to explain it with this modified idea. Neither is the qualitative factor (the nature of the trauma) mentioned afterwards, whereas the economic factor (the extent of excitation) is still considered as the most important factor in understanding trauma (Freud, 1926). This can both illustrate Freud's assurance of the essential inability of the pleasure principle to explain the repetition compulsion, and reveals his metapsychological abandonment of the repetition compulsion.

Furthermore, numerous psychoanalysts disagree with the exclusive attribution of the repetition compulsion to the death drive (Kitron, 2003). For example, some argue that the repetition compulsion, which responds to the insistent activity of repressed instinctual impulses, is not the privilege of the death drive,

but a feature of the drives in general (Laplanche, 2004; Hurst, 2014). The life instinct can also inevitably evoke the repetition of uncomfortable experiences, such as hunger (Kubie, 1939). According to Freud's statement that the repetition compulsion is characterised by the repetition of unpleasurable experiences (Freud, 1920), it could be concluded that the repetition compulsion may be the representative of either the life or death drive (Lipin, 1963; Kriegman and Slavin, 1989; Green, 2008).

As we have discovered, the death drive might not be the sole reason for the repetition compulsion, and it may not even be a good explanation of it. In support of my claim that Freud was aiming to construct a new metapsychological framework rather than to further understand the repetition compulsion, Laplanche (2004) argued that the death drive was a product of Freud's wish to postulate something to balance self-eroticism (Freud, 1905b) and narcissism (Freud, 1914b) which, in the earlier metapsychology, belonged to the life drive:

“... the ‘death drive’, then, is a concept which can only be correctly situated at a specific moment in the drama of the Freudian discovery. Outside of that context, it becomes an empty formula.” (Laplanche, 2004, p.462)

In other words, in conceptualising the death drive, Freud was aiming to complete a metapsychological theory in which some forces (such as the pleasure principle and narcissism) are countered by other forces (the death drive). Therefore, the repetition compulsion is not the starting point for the establishment of the death drive, but, rather, a specific catalyst to a new discovery. The concept appears in the 1920 paper because it forms the intersection of the death drive, the pleasure principle, and other metapsychological forces.

Laplanche (1997) also discusses the death drive as having parallels with the Ptolemaic model, in which supplements to the theory of planetary movement were added to cover gaps in the basic hypothesis. Just as Ptolemy posited enormous planetary epicycles in order to explain discrepancies between actual

observation and his geocentric theory, in 1920, Freud supplements his metapsychology with the death drive, using it to account for the repetition compulsion:

“All these discoveries, products of an enlarged field of experience—and one could list others—have to be integrated into a doctrine which, partly or totally, has effaced the initial revolution. Hence, exactly as in the Ptolemaic system, the trick is to integrate the new at the cost of supplementary complications, adventitious hypotheses intended to ‘save appearances’. The major instance of one of these ad hoc, if not factitious, concepts is the death drive.” (Laplanche, 1997, pp.656-657)

I suggest that the most obvious Ptolemaic element of Freud’s notion of the death drive is the fact that he deviates from explicating the repetition compulsion towards the formation a metapsychological construction. His attempts to prove the existence of the death drive, such as borrowing from biology or explaining it economically with recourse to the pleasure principle, cannot conceal that the conceptualisation was established out of theoretical necessity and is incapable of solving the problem of the repetition compulsion (Hanly, 1978; Dufresne, 2017). This is not to mention the inconvincing nature of the appeal to biology (Parkin, 1981; Kriegman and Slavin, 1989; Boulanger, 2002a) and the paradox created by the economic relation. The relationship between the repetition compulsion and the death drive, rather than representing the appearance and the truth, offers merely a compromise.

Although it was the discovery of the repetition compulsion that ultimately led Freud to question his first drive theory, he seemed intent on establishing the death drive without more deeply investigating the earlier concept. He was initially dependent on the notion of the repetition compulsion as a way to avoid the suggestion that the death drive was a work of imagination and to develop his new framework more comprehensively. In conclusion, the repetition compulsion represents a flower that fails to bloom – at first sight it holds Freud’s curiosity and attention, but it soon becomes a transient interest in the development of his rapidly evolving metapsychology.

2.3 A NEW UNDERSTANDING OF THE REPETITION COMPULSION – SOME SUGGESTIONS

Despite the fact that the need to master unpleasurable experiences does not account entirely for the existence of the repetition compulsion, and the fact that the death drive cannot be the only explanation for the presence of it (for reasons discussed above), I suggest that in his discussion of the repetition compulsion, Freud still offers meaningful clues which inspire a continued search for the truth concerning the nature of the repetition compulsion.

Firstly, the instinctual character of the repetition compulsion is universally agreed upon. The appearance of unbound energy, the insistence on evoking the repressed, and indeed the prevalence of the phenomenon, all indicate that the repetition compulsion is at the basis of psychic behaviour and is motivated by the workings of the drives. Given that in the Freudian paradigm the repetition compulsion has not been fully understood, a review of the concept becomes necessary. A descriptive or clinical account of it, showing a patient's repetition of an uncomfortable relationship or experience, may be a good place to start. According to its nature, the repetition compulsion continuously returns the subject to a specific earlier state, or, more precisely, to a familiar experience. The subject appears to maintain contact with an unpleasurable familiarity in the form it originally occurred, as if drawn by gravity or arrested by it. The familiar core is not only derived from the factual existence of the subject's original experience but is also generated by the experience of its subsequent repetition.

In considering the relationship between repetition and the familiar, Freud's statement about how to overcome the repetitive resistance to treatment seen in the transference, supports our understanding:

“From the repetitive reactions which are exhibited in the transference we are led along the familiar paths to the awakening of the memories, which

appear without difficulty, as it were, after the resistance has been overcome.” (Freud, 1914a, pp.154-155)

Here, Freud (ibid.) stresses that experiences in the transference give access to the patient’s memory. That which has long been familiar to the patient once more comes alive in the present, in the relationship to the analyst. This seemingly endows a familiar experience with a function: the capacity to activate memory traces. This opens up possibilities for the analyst; much understanding can come through an experience in, and understanding of the transference. Freud also states that the analyst must be patient and “... allow the patient time to become more conversant with this resistance with which he has now become acquainted, to work through it, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis” (ibid., p.155). Generated by repetition as well as the working-through, it appears that the familiar becomes a useful tool for overcoming resistance.

On the other hand, familiarity can also provoke a patient’s resistance as it can offer a comfortable environment in which to live (Feldman, 1997). More generally, “the constant presence of familiar things makes it easier for the child to maintain its minimum level of safety-feeling” (Sandler, 1960, p.355). Naturally, some patients who are fearful of deviating from experiences which are familiar will hold on to earlier experiences or modes of being, and will refuse to change (Bergstein, 2013; Feldman, 1997). This may be the reason why the compulsion to repeat occurs in this form: the patient resists the unfamiliar and instead goes on repeating painful experiences which are familiar. Consistent with Freud’s ideas regarding the compulsion to repeat, including in the transference, the patient would live out “an archaic, familiar object relationship” (Feldman, 1997, p.237) in many later relationships. An experience of the familiar, which is generated by repetition, can therefore also be the reason why the patient repeats. This may encourage us to examine the strong association between repetition and the familiar and to further approach the repetition compulsion from this angle.

Furthermore, there may be a connection between the repetition compulsion and external excitation. In 1920, Freud suggests that the ego's protective shield only protects against external excitation. Internal excitation therefore, or the patient's experience of the drives pressing for satisfaction, is a fairly constant problem. Thus Freud closely relates the repetition compulsion - which disturbs from inside - to internal excitation. He theorises that because of the unbound internal excitation and the incapacity of the drives to obey secondary process, the repetition compulsion displays instinctual characteristics. However, it is also possible that the same problems appear when the protective shield of the ego is overwhelmed by massive external excitation, which causes ego functioning to be severely incapacitated. In such circumstances, instead of being a direct manifestation in response to internal displeasure, the repetition compulsion presents as a reaction to external stimuli.

Finally, the repetition compulsion may incorporate a positive aspect. As discussed above, the familiar re-enacted by the repetition can work towards overcoming resistance in clinical situations. As Quinodoz (2005) has pointed out, in Freud's framework:

“... just as in the case of external stimuli, the mental apparatus has above all to control and to bind the excitations that come from within: it is here that the compulsion to repeat operates; only thereafter can the pleasure principle come into play.” (ibid., p.189)

This not only underlines the primary characteristic of the repetition compulsion; it also highlights that repetition may occur when internal excitation is in the process of being bound. Although we do not have a full and detailed picture of the mechanism of this phenomenon (e.g., does it occur when the binding process fails, or is it the by-product of the on-going management of traumatic excitation?), the awareness that either excessive external or internal excitation can cause trauma (Freud, 1920) enables us to surmise that it could in some way be connected to a positive transformational psychic process. If we consider that the repetition compulsion brings both pain and potential relief,

our understanding of it may become dualistic. These theoretical inspirations alone confirm that continuing to “return to Freud”, in an attempt to understand the repetition compulsion and, by implication, the familiar, is a valuable enterprise.

2.4 LITERATURE REVIEW - THE PERSPECTIVE OF THE FAMILIAR IN PSYCHOANALYSIS

After Freud, the argument about the nature of, and what drives repetition compulsion develop, but is mostly restricted to an elaboration of Freud’s own perspectives on the subject. In terms of mastery, some analysts follow Freud’s claim that repetition aims at mastery, and thus at overcoming trauma (Bibring, 1943; Kubie, 1939; Hendrick, 1942; Greenson, 1945), while others think that mastery can hardly be achieved at all (Kohut, 1984; Levy, 2000; Kitron, 2003), hence repetitive failures. Regarding another answer to the repetition compulsion, Freud’s postulation of the death drive is adopted by the Kleinian school, whilst some outside of this particular tradition consider the repetition compulsion to be an expression of the general drives (Laplanche, 2004; Hurst, 2014), i.e., it is not an exclusive characteristic of the death drive. The attraction of the familiar itself as an explanation for why we seek after painful familiarity is given little attention. Actually, psychoanalysts have preferred to consider the role of ‘unfamiliarity’ rather than ‘familiarity’. This can be seen in their emphasis of the revelation of that which is unconscious, and on repression which ensures our unawareness of particular mental contents.

Another view, relevant to a study of the familiar, is suggested by Van der Kolk (1989), outside the field of psychoanalysis. Citing research into animal behaviour (Mitchell, Osborne, O’Boyle, 1985) which shows that mice under stress or in hyper-aroused states will avoid unfamiliar places and seek instead the familiar box in which they were originally given electric shocks, even where rewards could be found in the unfamiliar places, Van der Kolk argues that the repetition compulsion can be seen as a non-associative learning similar to what happened in mice - an automatic return to the familiar under a high arousal caused by trauma.

Relating to biological discoveries in animal experiments of opioid system as a key factor in association and attachment but can be activated by stress (Kling, Steklis, 1976; Panksepp, Najam, Soares, 1979; Amir, Brown, Amit, 1980), and to the potential physiological habituation of or addiction to the painful but familiar experience along with repetitions of it (Solomon, 1980; Erschak, 1984), Van der Kolk (ibid.) suggests re-experiencing the trauma may function as an analgesia providing a relief of anxiety that can be compared to a release of opioids, therefore this kind of repetition of familiarity can reduce psychical pain by an affective regulation. His work provides an additional biological argument which supports my view that the repetition compulsion is oriented towards attaining situations or states which are familiar, and that seeking after the familiar is a major motivation for an individual's seeking even those relationships or experiences which are painful.

2.4.1 The Perspective of 'The Familiar' in Psychoanalysis

The first particular attention given to familiarity in psychoanalysis was in "*The Uncanny*" (Freud, 1919c). Here, the familiar was introduced as an important topic that has strong influences on one's psyche. In his essay, Freud explains that an experience of the uncanny is produced by a combination of the familiar and the unfamiliar - "[the] class of the frightening which leads back to what is known of old and long familiar" (Freud, ibid., p.220. my insertion in brackets). This juxtaposition of familiarity and unfamiliarity, which comes with the undoing of repression, is uncomfortable for the subject, and can be even traumatic, Freud argues.

Noticeably, one year after publication of *The Uncanny*, Freud (1920) reiterates his findings in 1895 that memory-traces are laid down in the mind by "excitations" arriving from the outside world which leave psychical marks or impressions. Further, he writes,

“It may be supposed that, in passing from one element to another, an excitation has to overcome a resistance, and that the diminution of resistance thus effected is what lays down a permanent trace of the excitation.”(p.26)

This may suggest the work of the familiar, in that resistance to the admission into the psyche of new impressions is diminished where these impressions are somewhat familiar. Repetition will follow naturally, since the psyche seems to look for experiences that are already known.

However, firstly, in Freud’s essay on the uncanny, as elsewhere, the term ‘familiar’ is used in an everyday sense, without exploring its psychoanalytic meaning. Secondly, he treats the fact of being familiar with an object, which usually takes some time, as overdetermined, and does not explore the developmental process by which one becomes familiar with an object. Thirdly, and above all, he regards the uncanny as a derivative of repressed sexuality in essence. It is this essence that exerts its psychoanalytic influence, and thus the idea of the familiar does not have the chance to reveal its own independent significance. After Freud, attention to the topic of familiarity is also not manifestly increased. The familiar is still, mostly, considered as a description of an affective experience deriving from the repetition of psychological experiences.

Considered in relation to repetition, the familiar can be seen as an affective state that is generated by repetition (Bowins, 2010). What can become familiar may not only be an object or behaviour, but also a pattern that produces particular behaviours; such a pattern can heighten the sense of something being natural, so that familiarity is usually taken for granted and is even an experience that is outside conscious awareness (ibid.). A feeling of familiarity can be felt by an infant lying on his mother’s lap, which is secure and comfortable (Agnel, 1999). Here, familiarity can also be linked to a sense of control or predictability (Waska, 2012). This protective and positive attention further leads the infant to seek out such experiences, hence it motivates repetition (Bowins, 2010; Winborn, 2012). This can be linked to Freud’s (1926a) notion of signal anxiety, referring to a specific kind of anxiety defensively activated under a familiar danger situation. For example, when faced with the

prospect of separation from its mother, an infant is motivated to seek the old and familiar positive contact with her. Thus a familiar experience of contact functions in the background, driving the infant to seek it.

This signal anxiety process also suggests a recognition in the present according to the familiarity, by which the unfamiliarity is treated as the familiar – the present danger is seen through the lens of the familiar. This kind of discovering familiarity in the unfamiliar may be motivated by a need to manage anxiety (Arlow, 1959), because where a new experience can be viewed as familiar in some way, some reassurance against the threat from unfamiliarity is obtained (Boesky, 1973). That is to say, there can be a general tendency to avoid the unfamiliar (Agnel, 1999). A linguistic example is metaphors we use to understand a complex, unfamiliar experience by comparing it to a familiar one (Modell, 2000), which takes advantage of pre-established knowledge to avoid an independent cognition of the unfamiliarity. This can be linked to Freud's (1905c) notion that an unfamiliarity is easier to be understood when it "is alleged to tally with something familiar" (p.210). Venturing into the unfamiliar may only be possible if enough familiarity is established (Winborn, 2012), and in this way potential dangers can be controlled (Shepherd, 2014).

Another aspect closely relevant to the familiar is narcissism, an attitude of self-love, referring to a libidinal investment/re-investment in the ego with no portion in external objects (Freud, 1914b). Narcissism implies a distinguishment of self and not-self. The former is the familiar part supporting psychical identity, preparing one for unexpected experiences, while the not-self strangeness impedes psychical continuity (Boulanger, 2002b). Unfamiliarity will endanger "integrity, coherence, and well-being of the self"(Solan, 1998, p.178), and thus should be tamed by being familiarized. To some extent, it can be said that only the secure object or experience can be familiarised (ibid). This relevance of familiarity to psychic protection can be linked to Freud's idea of the protective shield, which protects the individual from unfamiliar frights, and to his idea of the uncanny, in which the sudden appearance of the unfamiliar threatening the familiarity may cause trauma.

Following these perspectives, and considering its potential function in driving the repetition compulsion, the familiar can be regarded as an “emotional home” (Shepherd, 2014, p.66). It helps us avoid threatening change, wherein “new feeling may be much harder to tolerate than the old familiar one” (ibid., p.67), even if the latter is painful. That is to say, people often do not wish to change, and they are actually afraid of unfamiliarity. Thus the repetition compulsion can be seen as driving us back to a painful but familiar situation (Bromberg, 1996, 2001; Orlandini, 2014).

This may reveal the negative aspect of familiarity. Stern (2017) suggests that “Anxiety leads us to search for the familiar and comfortable in experience, and throw out the rest” (p.75), therefore once one finds a solution to anxiety, so long as it can keep the subject from anxiety, one may apply it continuously and indiscriminately. A psychological problem can be seen as “the best possible compromise to life circumstances”, therefore it is this familiar and balanced compromise, instead of genuine well-being, that is sought by the subject (Hirsch, 2018, p.291). Faced with the anxiety brought by any change, the familiar constitute a defense, a boundary, within which an individual’s experiences and his comprehension of change is contained . This can be seen in clinical situations where familiarity is used as a defence against the unfolding analytic progress (Winborn, 2012). And while the patient avoids further anxiety, they also avoid therapeutic opportunities. Freud’s postulation of a negative therapeutic reaction when a patient “refuses” to get better but clings to a pathological stage (Freud, 1923) – the familiar but painful status – is a testament to this. From this perspective, interactions between familiarity and unfamiliarity should be allowed, indeed are necessary for psychical growth (Charles, 2001, Gentile, 2016), it is otherwise impossible to escape the limiting repetition of the familiar.

In conclusion, on the one hand, the familiar seems to have significant potential to protect and influence an individual. On the other hand, the familiar is not elaborated as a concept within psychoanalysis, but is only seen as a derivative of psychological processes. Its meaning and formation is taken for granted, hence no attention has been paid to the nature of it, its function and

mechanisms. Therefore, there is a need to systematically establish the familiar as a psychoanalytic concept, to explore the nature of it, and to determine if and how it explains the repetition compulsion. There may also be other meaningful aspects of it. To achieve this, a 'going back to Freud', in order to check his direct and indirect discussions of it, is the appropriate method.

2.4.2 The 'Familiar' in Psychology

Though it also isn't identified as concept in fields outside of psychoanalysis either, there is interest in the notion of the familiar/familiarity. For example, in the field of cognitive psychology and neural psychology, theoretical controversy abounds "with respect to both the cognitive and neural characteristics of familiarity" (Paller, Voss, Boehm, 2007, p.243). In other words, controversy abounds as to what familiarity actually is. In cognitive psychology, familiarity is seen as a necessary condition for recognition (Titchener, 1915). The recognition of familiarity depends, rather than on a concrete impression, on an abstract or relational sense of an object or experience (Schumacher, Seymour, Schwarb, 2010). The study of familiarity within cognitive psychology has been mainly focused on its relation to memory and positive feelings.

Regarding the role of familiarity in memory, a recollection may be characterised as "*a reconstruction along the lines of least resistance*" (Titchener, 1915, p.190, author's italics). This implies two aspects. One is that the feeling of familiarity "is the essential phenomenological experience of remembering" (Whittlesea and Williams, 2000, p.559). Even if recollection and the recognition of familiarity seem to be two different processes, the feeling of familiarity can be understood as a reflection of memory; a natural response which is not concerned with perceived context (Mandler, 1980), or "a low-confidence act of remembering" (Whittlesea and Williams, 2000, p.561).

The second implied aspect of the familiarity as a facilitator of memory is that it follows a path of "least resistance" (Titchener, 1915, p.190). That is, recalling

the familiar demands less psychological expenditure than recalling something unfamiliar. Thus, an indirect connection between a familiar feeling and memory is built (Jacoby, Dallas, 1981). In this way, the feeling of familiarity is sought in an automatic, continuous way, such that perceptions are interpreted as if they were familiar representations in the mind, through a process which is functionally independent from recollection, a more conscious, controlled process (Jacoby, 1991; Yonelinas and Jacoby, 1996). Thus, the automatic process of seeking after the familiar is non-critical, or non-analytic.

Regarding the connection of familiarity to positive feelings, on the one hand, the familiar can itself trigger positive affect (Titchener, 1915), hence it is frequently sought. Also, repetition, which facilitates the feeling of familiarity, may bring further positive affect (Whittlesea and Price, 2001; Zajonc, 2001). Even where experiences are not identical to those which have brought positive affect in the past, if they are similar, positive affect still results (Zajonc, 2001, p.224).

On the other hand, the positive affect can become the reason for seeking a feeling of familiarity. The familiar is sought because it feels good, and increases the perceived positive value of an object (Monin, 2003). That is to say, one can feel familiar with an item because of its positivity (Garcia-Marques, Mackie, Claypool, Garcia-Marques, 2004; Dodson, Westerman, 2022).

However, the extent of the connection between familiarity and positive affect will also depend on the situation. Firstly, positive affect may only be manifest when a sense of familiarity is strongly activated (Hertwig, Herzog, Schooler, Reimer, 2008), or the presence of positive affect may depend on the specific content of the activity itself instead of the frequency of it. Secondly, the preference for familiarity can become particularly manifest in distressing situations, while it fades away in a situation which is felt to be safe (de Vries, Holland, Chenier, Starr, Winkielman, 2010). That is to say, it seems in certain cases that the more displeasure the subject feels, the more the familiar object/activity/relationship is clung to by him. Thirdly, in some situations, a

disturbing sense of familiarity may overshadow any sense of positivity, hence instant recognition may not link to positivity (Westerman, Lanska, Olds, 2015). This also suggests there may not be a relationship between frequency of experience and positive feelings; much depends on the nature of the experience. Sometimes the more familiar an object is, the more the subject dislikes it, such as in the case of very negative familiar experiences (Vogel, Ingendahl, Winkielman, 2021) or where human faces are recognised which are strongly disliked, or feared (Gerger, Forster, Leder, 2017).

In neuropsychology, there is still no definite understanding concerning which areas of the brain respond to situations/experiences which are familiar (Paller, Voss, Boehm, 2007). There are three regions that may be functional when one is experiencing something familiar. Firstly, fMRI (Functional magnetic resonance imaging) shows that anterior MTL (the medial temporal lobe) (likely the perirhinal cortex) becomes less responsive along with repetitions regardless of whether a recollection occurs (Henson, Cansino, Herron, Robb, Rugg, 2003), which consists with a neurological interpretation of feeling familiarity by repetition - repetition suppression, a reduced neural activation following the repeated presentation of a stimulus (Henson, 2003). Secondly, in monkeys, neural recording by anatomical magnetic resonance images shows that the inferior temporal cortex produces more signals when a primate encounters a new stimulus as opposed to a familiar one (Mehrpour, Meyer, Simoncelli, Rust, 2021). Thirdly, through the observation of ERP (Event-Related Potentials⁵), it is seen that mid-frontal FN400 (a frontal negativity peaking around 400 ms) has a significant difference in distinguishing the old and the new stimuli, and this does not differ in recollecting further details of the old stimulus (Curran and Hancock, 2007, p.468), which seems to indicate a function of feeling familiarity – an automatic process independent from a controlled recollection in a cognitive view as introduced before.

⁵ Referring to “very small voltages generated in the brain structures in response to specific events or stimuli”. (Sur and Sinha, 2009, p.70)

In conclusion, research in the field of cognitive psychology and neuropsychology reveals much about why the familiar is preferable, and therefore why we tend to seek such experiences out. But it does not sufficiently discuss the extent to which this influences an individual's decision making and behaviour, nor does it explain why a destructive, painful familiar pattern or activity can be sought repeatedly as in the repetition compulsion.

However, there is interesting research in cognitive and neural psychology that gives some inspiration. Firstly, the experience of familiarity may often fall outside of our conscious awareness, i.e., we are often not even aware that an experience is familiar. Yonelinas (2002) suggests that in addition to explicit memory (that which is consciously recalled), implicit memories, which do the same may arise without our being conscious of them, may also drive familiarity in the background. Secondly, fMRI shows that, different areas within the MTL are activated according to the extent of familiarity that one feels in a given situation (new formation or pre-existed familiarity) (Gimbel, Brewer, Maril, 2017). This can be interpreted as that, the structure of the psychical familiarity at the early stages of repeating something is different from that in playing an a very long standing pattern. This may imply psychical structure of the familiar can be changed along with the development.

Finally, although there is a significant overlap in terms of neuroanatomical processes when one is experience something familiar, and remembering, these are usually distinct in terms of function. Such as, in addition to the difference between an automatic recognition and a controlled process, compared with familiarity-associated traces characterized as unitisation, recollection-associated traces can be used more flexibly (Ozubko, Moscovitch, Winocur, 2017). That is to say, familiarity is a felt experience whereas remembering is an active process. One may freely recollect a specific trace as he wishes, while a recognition of what is familiar depends on a unitised, solid, but relatively fixed and concrete traces that seem to have close internal correlations with each other. This may imply that the mental structure of familiarity can be an associative framework that is hard to be changed, and

that what is within the familiarity may represent a more integral experience, such as an object relational pattern instead of a specific object.

2.5 PRELIMINARY HYPOTHESIS AND METHODOLOGY

In my hypothesis, the familiar is more than an affective experience. As implied in the psychoanalytic literature, it seems to function as a motivating element that can strongly influence an individual's psychic functioning and behaviour. Firstly, the familiar seems to be an independent factor, rather than a derivative without psychoanalytic meaning depending on the association with other factors, such as the reappearance of repression. However, its potential status as an independent force seems not to be acknowledged within the existing psychoanalytic literature. Secondly, repetition can be seen as a manifestation of influence of the familiar. Specifically, the familiar can be generated by repetition, as well as itself motivating repetition. Thirdly, the familiar compels an individual to succumb to it, even if the familiar experience which is relived is sometimes painful. This suggests that the tendency towards the familiar can at times override the pleasure principle, or the tendency towards health and well-being. Fourthly, the familiar offers some protection from fright or unknown threats. Thus it can regulate anxiety and facilitate a sense of psychical security, continuity and stability. Finally, where one acknowledges a familiar aspect to experience, a new idea or experience can be allowed and processed in one's mind. Thus, even experiences which are unfamiliar, when they are seen through the lens of familiarity, i.e. where some familiar aspects of them are recognised, can be permitted. Thus some anxiety is avoided, and the sense of complete alien otherness can be avoided.

Although the familiar is clearly acknowledged as meaningful in the psychoanalytic literature, it is not explicitly defined as a psychoanalytic concept. In this thesis I intend to systematically comprehend it, and to define it as such. Because most of our current understanding of the term can be traced back to Freud's implied sense of it, I shall begin by 'going back to Freud', that is to say

by finding and interpreting the term 'familiar' in Freud's work. In Strachey's translation *The Standard Edition of the Complete Psychological Works of Sigmund Freud*⁶, the English term 'familiar' is mainly translated from the German words 'Vertraute' and 'Bekannte', which refer to being well known and acquainted with, respectively⁷. Since the English translation is very loyal to Freud's original work, it is appropriate to use the Standard Edition for the present research.

Because Freud's ideas constantly develop and evolve throughout his career, the specific meaning of any given term should be interpreted according to the corresponding context. Therefore, the interpretative work should be also divided into three parts following Freud's three psychoanalytic models. The sampling process is searching for text including 'familiar', 'familiarity', 'familiarize', etc. The choice of text data for further analysis depends on whether or not the word contains or implies psychological meaning. The kind of use merely representing a characteristic of natural language itself with non-psychological or non-theoretical meaning, such as that in idiomatic expressions like 'we are familiar with the idea that...', will not be analysed. The words used to describe mental processes, analysis, or clinical situations will be interpreted and analysed within Freud's paradigm.

The preliminary analysis of textual data is only a preparation for my formal discussion of Freud's treatment of the familiar, therefore it will not be shown in this thesis. The representative text, i.e., that with the most psychoanalytic meaning, will be selected for further interpretation, and for further connections to other relevant theories, which composes the formal discussions in this context.

⁶ I check the translation of the term 'familiar' in all Freud's work in affect-trauma model (from 1892 to 1899); 'Interpretations on dreams' (for it uses the term most, 58 times), 'Jokes and its relation to the unconscious' (for it uses the term second most, 48 times), and 'The Uncanny' (for it is representative, directly relevant to the topic of familiarity) in the topographical model; 'Inhibitions, Symptoms and Anxiety' (for it can be the major support in discussing the role of familiar) in the structural model.

⁷ And some of them are translated to acquaintance, known, recognized, etc., which are closely related to familiarity from a descriptive and cognitive perspective.

Chapter 3

Freud's Attention to Repetition and the Familiar in his Different Models of the Mind

Freud's discussion of the repetition compulsion commenced in 1914, with his initial conceptualisation undergoing revision in 1920. His texts from these dates, *"Remembering, Repeating and Working Through"* and *"Beyond the Pleasure Principle"* can be viewed, respectively, as the starting point and culmination of his research on the subject (Aisenstein, 2020; Wallace, 1982-83). I will argue, however, that Freud was concerned with the repetition compulsion throughout his career, and that his attention to the issue can be demonstrated by examining his thinking on repetition and, by association, the familiar during the various stages of his theorising.

3.1 THE AFFECT-TRAUMA MODEL

The affect-trauma model was the initial framework utilised by Freud to analyse human psychic organisation. Although the significance of this model is often overlooked by later psychoanalysts, there is no doubt that within this period "many of the concepts introduced ... remained, in one form or another, in Freud's later thinking (and also in subsequent psychoanalytic theory)" (Sandler, Holder, Dare, Dreher, and Wallerstein, 1997, p.42).

Before considering the role that Freud gave to traumatic repetition within this model, it is helpful to recall what had already been theorised regarding trauma at this stage. For the most part, the theories put forward in this framework stem from Freud's (1896b) research on hysteria, which, in his view, was the result of a traumatic experience and led to a patient's repeated reproduction of symptoms. According to the affect-trauma model, the psyche aims to maintain a state of equilibrium and can only deal with a certain amount of excitation at one time. If the psychic organisation becomes overwhelmed by excessive excitation, particularly the external stimulation of a sudden event, as well as internal psychic tension, the subject will likely be traumatized.

In hysteria, the considerable psychic excitation experienced during an early traumatic experience is later transformed into somatic symptoms via the mechanism of “conversion” (Freud, 1893b, p.86). In addition, “the affect that accompanies the trauma persists in consciousness as a component of the subject's state of feeling” (ibid., p.87), which repeatedly generates fright in the individual. To defend against these disturbing affects, the threatening traumatic memory and its association with the painful affect are pushed out of consciousness into the unconscious through a form of splitting that serves to protect the conscious mind. The traumatic experience and associated feeling cannot therefore be abreacted or processed by the conscious ego. This defensive process is described as “repression”.

The split-off affect that has now become detached from the traumatic experience still needs to be discharged. However, because the conscious ego is defending against the affect, the psyche is forced to achieve this in ways that bring about less excitation, such as by expressing the affect in a distorted way through neurotic symptoms, transforming it into thought, replacing it with another affect, or abreacting it through speech in analytic treatment. If the affect cannot be released, an accumulation will result; a “quota of affect” (Freud, 1893e, p.166) or sum of excitation that causes psychic pain. Alternatively, the memory of the trauma may over time become associated with other experiences or less distressing affect, resulting in the gradual disappearance of the terribly painful affect (Breuer and Freud, 1893; Sandler, Holder, Dare, Dreher, and Wallerstein, 1997; Diamond, 2020).

3.1.1 Repetition and the Fixation of a Symptom

Repetition is first mentioned by Freud in a draft paper from 1892, in which he notes down the repeated pain experienced by one of his patients:

“These [pains] are not an actual sensation of a fixation, but an intentional repetition of it. The child knocks up against a corner, a piece of furniture, etc., and so makes contact ad genitalia, in order to repeat a scene

in which what is now the painful spot and was then pressed against the corner led to fixation.” (Freud, 1892, p.249, my insertion in brackets)

I suggest that this statement that can be interpreted as a reliving of some sexual experience has several implications. Firstly, that what was repeated by the patient can be painful. Secondly, that the pain reproduced in the present moment has been experienced before. In other words, through repetition, the freshness of an earlier pain is maintained. This indicates that the original emotional reaction cannot be accessed by memory, but is only recollected by being revived and re-experienced. Thirdly, the term, “an intentional repetition” (ibid.), suggests that the repetition of what is painful is mobilised, although Freud does not specify what drives it. Thus, the latent notion of repetition put forward here is similar, at least descriptively, to Freud’s outline of the repetition compulsion from 1914 and 1920.

Freud provided a further explanation of this process of symptom fixation when he wrote, “if this same symptom appears several times accompanied by a particular affect, it becomes fixated and chronic” (1893a, p.32). It is worth noting that the actual experience which is repeated, to which there is a measure of fixation, is accompanied by an affect with attendant psychic excitation. Through repetition, this psychic excitation is therefore revived again and again. However, because Freud merely states that the affect is revived through the repetition, and does not describe the exact nature of the repetition itself, it is not clear whether it is the patient’s conscious ego that is negotiating the repetition (e.g., defending against the excitation or gradually transforming it into a less disturbing experience), or whether it is simply that the excitation is discharged without undergoing transformation.

3.1.2 The Function of Repetition

The following year, Freud (Breuer and Freud, 1893) added to his speculations on the function of repetition. He suggested that for a ‘normal’ individual, if the dissociated affect fails to be abreacted, the memory of the trauma with its complex of associations and the repetition of the affect could become

connected to other experiences through a "rectification" with other ideas. As a result of this process the affect could disappear. Freud's new postulation is partially unclear and thus some clarification is necessary:

"After an accident, for instance, the memory of the danger and the repetition of the fright becomes associated with the memory of what happened afterwards — rescue and the consciousness of present safety. Again, a person's memory of a humiliation is corrected by his putting the facts right, by considering his own worth, etc. In this way a normal person is able to bring about the disappearance of the accompanying affect through the process of association." (ibid, p.9)

Freud does not provide further examples to illustrate this statement but draws the conclusion that, as a result of this process, the affect of fright could disappear and the ideas "that are no longer affectively operative" (ibid.) due to the dissociation, could also be forgotten. In so doing, he appears to suggest that the individual could make a recovery from the trauma.

In this example, repetition appears to incorporate three functions. The first (and the most manifest in Freud's hypothesis) is the modification of traumatic memory. Following a trauma, the subject's conscious mind cannot bear or process the unbearable experience and associated affect, thus the common outcome is that these are repressed. However, the revival of the split-off affect appears to offer an opportunity, because through this process it can become associated with other positive conscious memories. If this transformation does not occur, the traumatic memory too is unable to be processed by the ego due to the presence of its defences. That the repetition enables this process of association demonstrates its second function. According to Freud's description, the association of the traumatic memory to other memories takes time; repetition can therefore be understood as a necessary condition for this development.

A third function of repetition refers to those circumstances where the freshness of the original excitation is preserved. If, according to Freud, the "rectification"

of trauma depends on it becoming associated with other benign experiences and memories, the “repetition of the fright” (ibid.) would necessarily impede this recovery process. As previously mentioned, the more of fright is in contact with the ego, the more the ego is required to defend against it because of the possibility of the affect re-associating with the traumatic memory and both being repressed. Although the affect is separated off from the traumatic memory, through processes such as transformation or displacement it may modify its form. In other words, it is imperative that the reappearing affect is disguised to avoid the risk of being repeatedly repressed and to increase the opportunity for abreaction. However, with the “repetition of the fright” (ibid.) the tendency is for the affect to remain arrested and unchanged, thus it is repressed by consciousness again and again, with the ego intentionally allowing its repetition. As depicted in the affect-trauma model, the repetition is neither consistent with the rules of the ego - because the ego usually avoids excessive excitation and distressing affect - nor with that of the repressed – because the repressed seeks to be satisfied.

Given that the affect of fright does not become tolerable for the ego through becoming distorted, transformed, replaced, etc., it is reasonable to speculate that it is through the process of repetition that the fright affect is introduced into consciousness, and its impact mitigated. One could surmise that, through such repetition, the mental excitation associated with the affect becomes more tolerable to the conscious ego. By becoming accustomed to its regular appearance – and to a high quantity of excitation specifically - the ego may permit the affect to enter consciousness. This process may be the first step in healing a trauma, because it enables the subject to sense that they can bear the affect and not be overwhelmed. After gradually being accepted into consciousness, the affect is considered safe enough to be borne by the conscious ego, including by becoming associated with other benign memories. This association promotes “rectification” and through this, trauma is being dealt with successfully, i.e., the affect of fright becomes detached from it and psychic equilibrium is regained.

This interpretation of the function of repetition may be supported by Freud’s

descriptions of the concept at this time. For example, in the context of hysteria, he states that “everything goes back to the reproduction of scenes” (Freud, 1897a, p.247) and that the hysterical subject “suffer[s] mainly from reminiscences” (Breuer and Freud, 1893, p.7, my insertion in brackets). Regarding these traumatic scenes he determines that:

“If the traumatic scene which has been arrived at in this way [in memory] is reproduced vividly, accompanied by a generation of affect, the symptom which has hitherto been obstinately maintained disappears.” (Freud, 1897b, p.244, my insertion in brackets)

In such situations, repetition is necessary as both a tentative attempt at, and a fundamental path towards recovery. In the case of Miss Lucy R. (1893c) and of Fräulein Elisabeth von R. (1893e), Freud, using his “concentration” technique,⁸ insisting that each patient repeatedly describe what appears in their mind. In this way, a reproduction may be generated that helps the patient abreact and overcome past trauma. Here, the repetition may include recollection of a traumatic scene *and* its accompanying affect, and this coupling plays a role in resolving the problem at its root. In these instances, it appears that through repetition, the effect of the trauma fades away, as if it gradually loses its power with each reappearance.

In my view, this form of repetition also prevents the accumulation of repressed affect and the excessive use of defences against such a “quota of affect” (Freud, 1893e, p.166, my insertion in brackets), both of which may overwhelm the ego due to the excessive psychic excitation they cause. That is to say, repetition protects the psychic apparatus from intense attempts to either discharge or pathologically defend against traumatic affect. If we relate this to

⁸ Regarding the use of this technique, Freud recounts, “I ostensibly dropped hypnosis, and asked only for ‘concentration’; and I ordered the patient to lie down and deliberately shut his eyes as a means of achieving this ‘concentration.’” (1893c, p.109). He later adds: “I placed my hand on the patient’s forehead or took her head between my hands and said, ‘You will think of it under the pressure of my hand. At the moment at which I relax my pressure you will see something in front of you or something will come into your head. Catch hold of it. It will be what we are looking for.—Well, what have you seen or what has occurred to you?’” (ibid., p.110). The technique was adopted with his patients, Miss Lucy R. and Fräulein Elisabeth von R. because Freud had struggled to hypnotise them leading to a lack of progress.

Freud's earlier notion of the intentional repetition of the affect via symptoms (Freud, 1892, p.249), repetition could be understood to be a motivated activity that mitigates against psychic excitation by slowly introducing it to the conscious ego and discharging it in a moderated way. This process further aims at a progressive restoration of the psychological organisation which has been damaged by psychic trauma.

3.1.3 Discussion

If we now consider this particular interpretation of repetition critically, it could be argued that if the activity has a mitigating function (i.e., it enables the subject to re-encounter a traumatic experience in a controlled way), it could also help an individual to cope with other, less painful affects, such as those that the original traumatic affect is substituted for or transformed into, enabling them to be more easily tolerated.

However, the repetition could also imply that there is an inherent tendency to refuse change or improvement and, instead, to maintain what is familiar. Regarding the particular content that is repeated (the specific memory which is re-presented to the mind), it may also refuse modification and remain intact. The same is true of the ordinary repetition of happy experiences, as well as traumatic ones, such as a child repeatedly asking their parents to read the same enjoyable story before bed (Freud, 1920, p.35). This may suggest that repetition is not determined by whether the content is comfortable or uncomfortable for the subject. Rather, it may indicate that repetition is driven by the sense of the familiar which accompanies both the act of repetition and its particular contents. With each repetition of the original trauma, the subject becomes increasingly familiar with the distressing affect. Managing trauma by way of this gradual familiarisation satisfies the urge for discharge of the excitation whilst, at the same time, avoids challenging the equilibrium of the conscious ego, which would trigger its use of defence. Given the fact that at this stage in his theorisation, Freud had not yet identified what was driving the repetition of the traumatic affect, I suggest that this element of the familiar could be considered a motivating factor.

Nevertheless, our hypothesis concerning the function of mitigation cannot be applied to all repetitions. For example, when Freud discussed the persistence of repressed traumatic memories over a long period, he concluded that in some cases the disposal or working-over of the affect by normal association was not possible. He stated:

“It may therefore be said that the ideas which have become pathological have persisted with such freshness and affective strength because they have been denied the normal wearing-away processes by means of abreaction and reproduction in states of uninhibited association.” (Breuer and Freud, 1893, p.11, author’s italics)

It should be noted that, here, Freud is primarily referring to cases of hysteria. However, his account of repetition in the traumatic neuroses (Freud, 1920) is not manifestly different:

“... the memories which have become the determinants of hysterical phenomena persist for a long time with astonishing freshness and with the whole of their affective colouring. ... these experiences are completely absent from the patients’ memory when they are in a normal psychological state, or are only present in a highly summary form.” (Breuer and Freud, 1893, p.9)

In pathological situations, despite continual repetition, both traumatic ideas and their associated affect remain beyond the ego’s control. Unlike Freud’s 1892 account of repetition, which had the functions of mitigation, introducing excitation into consciousness, and restoration of the damaged psychic organization, in pathological situations (the traumatic neuroses and hysteria) these functions appear to be absent. Subsequently, it becomes necessary to re-evaluate if the disposal of and working-over of trauma in normality can be fully accounted for by repetition, and whether there are other factors in hysteria that determine the endless reproduction of trauma. In light of these considerations, I suggest that on its own, repetition cannot mitigate trauma, but,

instead, could be an expression of a more primary force which can achieve this.

To locate evidence of the existence of such a force, a comparison of the two types of repetition is necessary (the repetition which mitigates traumatic experience and that which does not). We know that both forms may be subject to the same defence, that is, repression, and that they share the characteristic of an insistence of excitation. However, the pathway the repetitions take are divergent and each type produces different results. In the first type, the repetition leads to a working through of the trauma through its association with other experiences, while in the second the dissolution of the freshly reproduced trauma through association is prohibited, as if the subject cannot move beyond this state. Furthermore, a major difference can be observed in the content that is repeated. For example, although both forms of repetition express the original excess of excitation (a fact that once again reminds us of the tendency to refuse change and maintain the familiar), hysterical repetition with its quality of an intensely fresh reproduction of the traumatic idea and affect, when compared to the “repetition of the fright” affect, for example, appears to consist of a more complete impression of an event. In other words, the more severely pathological the repetition, the more intact the reiteration of the original situation.

In his early affect-trauma model, Freud’s basic conception of the content of both types of repetition was limited to the quantities of excitation involved (Sandler, Holder, Dare, Dreher, and Wallerstein, 1997). Certainly, looking at this model alone, we lack enough information to support a further exploration of the differences involved. We must therefore place a bookmark at this stage of Freud’s conceptualisation and continue to search for answers in his later work. However, before doing so, it would be valuable to consider the notion of repetition from a wider perspective.

3.1.4 Some Aspects of the Familiar - a Further Consideration

In the types of repetition just discussed, it is noticeable that during this period,

Freud's attention was focused on the repetition of symptoms or the reproduction of traumatic scenes, such as the through the repetition of certain behaviours, experiences and affects. However, there are several other forms of repetition, relevant to the notion of the familiar, which are useful to consider.

Firstly, beyond the concrete repetition of traumatic scenes or affects in symptoms, more subtle imitations of the familiar can be observed to exist. For example, in the case of Miss Lucy R. (Freud, 1893c), the patient's original symptom of being upset by the smell of burnt pudding shifts onto that of cigar-smoke. The former troubling odour relates to the original scene where her repressed love for her employer was aroused; the latter derives from a second scene in which she discovers her employer's true feelings – that he does not love her. As Freud writes: "The second auxiliary moment repeated the mechanism of the first one fairly exactly" (ibid., p.124). In other words, although the two symptoms have a different quality, the form or mechanism they take - the sensation of a smell that is familiar to the patient - is repeated.

On this same theme, in a further essay, Freud writes:

"... it turned out that blameless children were the assailants; these were mostly brothers who for years on end had carried on sexual relations with sisters a little younger than themselves. No doubt the course of events was in every instance similar to what it was possible to trace with certainty in a few individual cases: the boy, that is to say had been abused by someone of the female sex, so that his libido was prematurely aroused, and then, a few years later, he had committed an act of sexual aggression against his sister, in which he repeated precisely the same procedures to which he himself had been subjected." (Freud, 1896a, pp.163-164)

Here, a boy, who was abused by an older female, then abuses another female in the form of his sister. In other words, an original action done *to* the subject is repeated *by* the subject. This repetition influences the subject's actions in the external world, and sees him causing physical and emotional harm to an object. This is very different from a repeating memory occurring in the mind or the

repetition of a word, which, although it may have impact others, is not necessarily directed towards an external object.

In this example, the traumatic scene involving sexual aggression appears twice, but the second scene is not an exact replica of the first. We can observe that the subject's role changes from that of victim to aggressor (as if he aims at mastering the trauma, as discussed in the last chapter), whilst the original structure of the traumatic scene is maintained, i.e., a woman, a man, a sexual attack. What occurs in the second scene could therefore be considered a form of imitation, with the subject taking on the role of the other in the initial traumatic scene that is so familiar to him.

Secondly, repetition can play a fundamental role not only in the area of creation of symptoms, but also in determining an individual's typical mode of defence. In repetition, that which is familiar to the subject may incorporate an early traumatic experience, the subject's defence against it and also the outcome. When anxiety associated with the original trauma is aroused, the patient will begin to repeat his defence, as in the reproductions performed in hysteria (Freud, 1893d). One of Freud's patients, for example, Frau Emmy von N., repeatedly repeated the protective formula, "Keep still! - Don't say anything!- Don't touch me!" (1893b, p.55) to defend against and escape anxiety when she encountered frightening memories during the treatment. According to Freud's description: "after this [repetition of her defence] her face smoothed out and she became cheerful" (ibid., my insertion in brackets), it appears that the patient was adept at repeating the defence as a familiar means of protecting herself. Frau Emmy proved to be well exercised in rejecting or resisting traumatic negative feelings and this was accompanied by a feeling of satisfaction.

In the case of another of Freud's patients, Fräulein Elisabeth von R, the repetition of defence is discussed in more detail:

"When I pressed her head she would maintain that nothing occurred to her. I would repeat my pressure and tell her to wait, but still nothing appeared. ...

I noticed, in the first place, that the method failed in this way only when I found Elisabeth in a cheerful state and free from pain, never when she was feeling badly. In the second place, that she often made such assertions as that she saw nothing, after she had allowed a long interval to pass during which her tense and preoccupied expression of face nevertheless betrayed the fact that a mental process was taking place in her. I resolved, therefore, to adopt the hypothesis that the procedure never failed: that on every occasion under the pressure of my hand some idea occurred to Elisabeth or some picture came before her eyes, but that she was not always prepared to communicate it to me, and tried to suppress once more what had been conjured up.” (Freud, 1893e, p.153)

Instead of an honest response to Freud’s question, the patient’s obstinate claim that nothing appeared in her head was a repetition of a defence against the experience provoked by her reminiscences. By refusing to abandon this familiar mechanism, the patient was able to protect herself from psychic pain.

This same case provides us with an example of a latent repetition. Fräulein Elisabeth is eventually able to forgo her defence and Freud obtains “the unhappy story of this proud girl with her longing for love” (ibid., p.143). However, her confession offers limited help to the treatment because “there was nothing about it to explain why it was particularly from hysteria that she fell ill or why her hysteria took the particular form of a painful abasia” (ibid., p.144). Fräulein Elisabeth repeatedly complains that she does not feel better even when she has provided a confession, which forces Freud to re-assess the case:

“During this first period of her treatment she never failed to repeat that she was still feeling ill and that her pains were as bad as ever; and, when she looked at me as she said this with a sly look of satisfaction at my discomfiture, I could not help being reminded of old Herr von R.’s judgement about his favourite daughter—that she was often ‘cheeky’ and ‘ill-behaved’. But I was obliged to admit that she was in the right.”

At this stage, Freud had already successfully located the authentic source of

the patient's hysterical abasia, therefore the patient's ongoing complaints can be more clearly understood to be a latent variant of the initial defence. After the failure of her first defence, Fräulein Elisabeth continues to resist the reproduction of the trauma by providing a reluctant and irrelevant confession. The form and outcome of the second defence are similar to that of the first in that they share a quality that is familiar from the patient's relationship with her father, i.e., the frustration of the object.

The different types of repetition are altogether diverse, although they do bear certain similarities, such as the seemingly common aim to maintain the familiar by refusing change. Their diversity can be seen most acutely in pathology, including in repetitions that involve an oath of loyalty to their origin (one which demands no change), and others involving modified or distorted repetitions. As Freud writes,

“... hysteria is in the habit of repeating its mnemonic symbols without modification, whereas mnemonic hallucinations in paranoia undergo a distortion similar to that in obsessional neurosis: an analogous modern image takes the place of the repressed one.” (Freud, 1896a, p.184)

That the unique psychopathology of hysteria excludes the distortion of psychical symbols may be due to the fact that hysterical symptoms occur mainly in the patient's body rather than in the mind. The transformation of excitation from mind to body enables the subject to repeat the symptom without having conscious awareness of the pathogenic ideas, allowing them to remain repressed and undisturbed with no cause for distortion.

Thirdly and finally, from this period onwards, Freud's clinical use of repetition became a prominent aspect of his treatment process. He makes a first reference to the “familiar” when discussing common outcomes of the pressure technique and the psychological factors involved:⁹

⁹ The pathogenic idea would be located through a chain of associated ideas or series of recollections.

“The idea that is first provoked by the pressure may in such cases be a familiar recollection which has never been repressed. If on our way to the pathogenic idea the thread is broken off once more, it only needs a repetition of the procedure, of the pressure, to give us fresh bearings and a fresh starting-point.” (Freud, 1893f, p.272)

Freud’s description suggests that the familiar recollection, which is initially drawn out under pressure is an important psychic component in which a pathogenic idea has left its trace. It also illustrates that the process of its appearance can be repeated. However, in some situations,

“... the pressure of the hand provokes a memory which is familiar in itself to the patient, but the appearance of which astonishes him because he has forgotten its relation to the idea from which we started. This relation is then confirmed in the further course of the analysis.” (ibid.)

Here, Freud infers that some familiar recollections may contain unconscious elements. In these instances, although the recollection itself is consciously known, the association between the familiar memory and trauma lies beyond consciousness. Through the process of the analysis, the connection gradually becomes conscious.

As touched upon earlier, repetition was necessary in order for the patient to reproduce the traumatic scene from which the elimination of symptoms could derive. As part of the process, Freud would also guide the patient to repeat the reproduction:

“... the patient only gets free from the hysterical symptom by reproducing the pathogenic impressions that caused it and by giving utterance to them with an expression of affect, and thus the therapeutic task consists solely in inducing him to do so;...” (Freud, 1893f, p.283)

It was the analyst’s responsibility to,

“... lead the patient's attention back from his symptom to the scene in which and through which that symptom arose; and, having thus located the scene, we remove the symptom by bringing about, during the reproduction of the traumatic scene, a subsequent correction of the psychical course of events which took place at the time.” (Freud, 1896b, p.192)

Through his ongoing clinical experience, Freud was able to develop his trust in utilising the repetition of the familiar to overcome trauma, particularly through the reproduction of traumatic experience and the mitigation of the related affect. However, at this stage, he believed that “only the strongest compulsion of the treatment can induce them [his patients] to embark on a reproduction of them [traumatic scenes]” (Freud, 1896b, p.204, my insertions in brackets). In other words, he had not yet observed and recorded the automatic nature of repetition. Later he will be obliged to state that, “the patient will begin his treatment with a repetition of this kind [a traumatic experience]” and, “as long as the patient is in the treatment he cannot escape from this compulsion to repeat” (Freud, 1914a, p.150, my insertion in brackets).

3.1.5 Conclusion

In the early 1890s, Freud was already aware of the presence of different types of motivated repetition involving affects, ideas, and symptoms. His clinical use of repetition developed significantly during this period, becoming a more frequent aspect of the treatment. Freud understood that what was repeated by his patients was often something painful which caused them to suffer. However, he did not postulate a full explanation of the phenomena other than to offer descriptions regarding the measure of excitation involved, and whether the repetition was either gradually introduced into the conscious ego or remained unconscious.

Although Freud did not focus on the tendency in repetition to maintain an element of the familiar, it is important to emphasise this aspect as central in symptoms in hysteria and traumatic neuroses. It is also a normal means of managing trauma: in the presence of the familiar the subject attempts to

mitigate the psychic excitation experienced in earlier trauma. Through a moderate discharge of excitation he also avoids further damage to the psychological organisation. An analysis of the different types of repetition described by Freud during this period has further drawn our attention to an inherent propensity for the familiar in the process of overcoming trauma.

3.2 THE TOPOGRAPHICAL MODEL

From 1897, Freud began to construct his second model of the mind, known as the topographical model. This model provides a deeper and clearer portrait of the psyche and holds a significant status in the history of psychoanalysis. Described by Freud using the analogy of an iceberg, the model consists of three levels of the mind - the unconscious, the preconscious, and the conscious. Representing the tip of the iceberg, the conscious part of the mind - the majority of what is knowable from our attention and perception - constitutes only a small portion of our psyche. In contrast, the preconscious, represented by the submerged centre of the iceberg, consists of thoughts and ideas that can be recalled with effort. Also submerged and lying at the bottom of the iceberg is the unconscious, which forms the largest and deepest part of the mind. It consists of those ideas that are unknown to us or can hardly be known as a consequence of repression. The unconscious also contains wishes that are unacceptable to the conscious mind, and which are also repressed (Sandler, Holder, Dare, Dreher, and Wallerstein, 1997).

From the Seduction Theory to an Emphasis on Phantasy

The most obvious difference between the topographical model and that which preceded it lies in Freud's understanding of the source of trauma. In the affect-trauma model, Freud (1896b) thought that "patients must really have experienced what they reproduce under the compulsion of analysis as scenes from their childhood" (p.205). That is to say, trauma was considered to be the result of an actual event, particularly sexual abuse or seduction in childhood. If at the time of its occurrence, the subject is unable to register such an event as destructive, at a later developmental stage, they may become traumatised when realising the true nature of the original experience. Furthermore, if the subject is not traumatised by the original incidence of sexual abuse due to the experience being repressed, a new event may revive the previous one (Freud, 1950[1895]). Therefore, internal factors, i.e., the ways the subject understands their experience, are far more central to a psychoanalytic understanding of trauma (Laplanche and Pontalis, 1968).

However, with the increase of his clinical experience, Freud began to doubt the authenticity of seduction; he identified that not all his patients' memories were factual. He now questioned the prevalence of actual sexual abuse, concluding that a patient's phantasy of being abused or indeed their wish to be seduced could also create the decisive traumatic 'memory'. Thus, a phantasy cathected with affect cannot be distinguished from a truth in the external world (Quinodoz, 2005). As such, Freud discovered that the root of many seduction phantasies did not lie in the perverse actions of adults, but in the instinctual sexual wishes of children. Freud (1897c) thus gives up his belief in "his neurotica" (p.259) and shifts his interest to psychological internal forces, particularly to sexual wishes and wish-fulfilling psychic activities.

Going forward, we note that although the trauma still takes place at the level of mind, the reason for the traumatising has changed. Instead of an external event causing excessive psychic excitation, a more complex process is involved. A new area, phantasy, mediates between the event and the traumatised subject, and has the power to distort the event according to the subject's fiction (or feelings), as well as to weaken the effect of reality on the subject. The phantasy, or we could say, the mental representation of an event or of a subject's idea of it in psychological reality (Laplanche and Pontalis, 1973), is now understood to be the traumatic element that cannot be tolerated by the subject. This suggests that patients who repeat their traumatic experiences or go over them in their minds, are actually repeating aspects of their phantasies. Therefore, in regard to patients' repetitions (such as in dreams, symptoms, etc.), it is the repetition of phantasy that is the element that is sought out, rather than the repetition of an experience in the external world, separate from the phantasy. Taking this into account, when we consider the familiar, we must now consider this concept at the level of a mental representation of an experience, whether this be internal or external, or an admixture of both.

3.2.1 Freud's View of the Uncanny and its Connection to the Familiar

Freud's (1919c) first discussion which is relevant to the notion of the familiar is to be found in his 1919 paper, "*The Uncanny*". Before we deconstruct Freud's concept of the uncanny to find the trace of the familiar, it is important to point out that, at this stage, according to his description of the alienation of the familiar by way of repression, he considers 'the familiar' to be a conscious feeling. There are noticeable occurrences where we can observe Freud combining the terms 'familiar' and 'conscious' (1914a, p.149; 1916-17, p.202; 1919a, p.198). Specifically, Freud (1914a) indicates that,

"Moreover, we can ascertain for ourselves that the patient, after his resistances have been overcome, no longer invokes the absence of any memory of them (any sense of familiarity with them) as a ground for refusing to accept them." (p.149)

This implies that the familiar can refer to a feeling or *recognition* of an object that is accessible to conscious memory. It is no wonder then that in "*The Uncanny*" (1919c), the familiar seems to be regarded as something that is neither unconscious nor repressed. However, as I suggested in the previous section, it is also the case that a patient may experience a sense of the familiar about something that is not immediately conscious, and which only becomes conscious in later sessions after much psychological work has taken place.

We are told that the key elements of the uncanny are the old experience and/or the wish that is repressed, the mechanism of repression itself, the reappearance of the old experience or wish due to the failure of repression, and the current object or experience that induces this failure. With Nathaniel, for example, his childhood castration anxiety was an intolerable idea that had been repressed, but in encountering a contemporary object (in the form of Coppélius) that reminded him of his early relationship with his father, the repressed castration anxiety was reawakened. Thus, the question, what does Freud's concept of the uncanny reveal about the familiar and the unfamiliar, can be further discussed in two situations.

Firstly, following Freud's line of thinking, we understand that what is familiar to the subject is either the outcome of the process of repression (i.e., a compromise formation) or an old idea that has been repressed, which returns. If the former, then the uncanny feeling is the result of a failed repression: an unfamiliar but also familiar idea arises from a situation that has been under the influence of repression. If the latter, then when the repression fails, the subject will find the once alienated familiarity has returned, but in a different environment, hence the appearance of the uncanny feeling. Following this hypothesis, Freud (1919c) considers that the element of familiarity is especially relevant to infantile experiences:

“Our conclusion could then be stated thus: an uncanny experience occurs either when infantile complexes which have been repressed are once more revived by some impression, or when primitive beliefs which have been surmounted seem once more to be confirmed.” (p.249)

In this situation, the whole process of the formation of the uncanny could be described as “a hidden, familiar thing that has undergone repression and then emerged from it” (Bergler, 1934, p.215). The uncanny is thus caused by a kind of reappearance: “The repressed content which is experienced as uncanny can be traced back to the revival of an infantile complex which was once familiar” (Quinodoz, 2005, p.168). During this process, it is the activity of the repression failing (i.e., the reappearance of the repressed) that makes the familiar idea unfamiliar. Or, on the other side of the coin, when the repression fails, leading the previously banished element to reappear, what was unfamiliar (because it had been repressed) once more becomes familiar, as well as frightening – as in the case of Nathaniel's castration anxiety.

This phenomenon can be understood in two ways. First, as Freud implies, a familiar feeling is originally experienced in conjunction with an *old idea* that is later repressed. The sense of the familiar is therefore lost at the moment of repression. Only after its reappearance through the failure of the repression can the subject recall the old idea and can the familiar feeling return. Momentarily, the familiarity combines with the unfamiliar feeling brought about

by the failure of repression, which causes the sense of the uncanny to arise. In this context, an unfamiliar feeling is experienced towards an object that is also familiar, i.e., the subject realises that an old idea has been hidden somewhere in his mind and applied to a new object.

Furthermore, according to Freud's (1919c) idea that "... an uncanny experience occurs ... when primitive beliefs which have been surmounted seem once more to be confirmed" (p.249), we observe that in addition to the concrete reappearance of an idea or experience formerly repressed, a key element is that following the failure of repression a change in one's state of mind also takes place. For instance, in Hoffman's story, Nathaniel's suspicion that the Sand-Man actually exists (the old idea, which has been repressed) is confirmed by his encounter with Coppelius (the repressed idea returns). However, as we will recall, this concrete reappearance of a repressed idea coincides with the failure of repression. Thus, by implication, we might also conceive the following: that a familiar feeling is generated by the subject's experience of an ongoing repression, but that the failure of the repression restores the original idea, forcing the subject to re-confront it. This hypothesis also seems to be in harmony with Freud's notion of the uncanny as "that class of the frightening which leads back to what is known of old and long familiar" (p.220).

In this respect, the unfamiliar occurs due to the interruption of an ongoing repression and the sudden reappearance of a repressed idea or experience. In contrast, what is familiar is not only the repressed idea that returns, but also the experience of its continuous repression. I therefore suggest that what the subject is familiar with is not only the old, previously repressed element, but also the process of repression itself, i.e., the continuous experience of pushing something out of consciousness. The uncanny is thus born from the intersection of the familiar and the unfamiliar that takes place when an intolerable idea returns due to the failure of an ongoing repression.

Whilst the familiar sense that is part of the uncanny is intimately connected with repression, what is familiar to the subject could also be a current idea or

experience, and not one that has been repressed. Freud offers an example of this from daily life:

“As I was walking, one hot summer afternoon, through the deserted streets of a provincial town in Italy which was unknown to me, I found myself in a quarter of whose character I could not long remain in doubt. Nothing but painted women were to be seen at the windows of the small houses, and I hastened to leave the narrow street at the next turning. But after having wandered about for a time without enquiring my way, I suddenly found myself back in the same street, where my presence was now beginning to excite attention. I hurried away once more, only to arrive by another *détour* at the same place yet a third time. Now, however, a feeling overcame me which I can only describe as uncanny ... ” (p.237)

It is interesting to observe that despite sexual activity not being involved in the formation of an uncanny feeling, it is certainly implied in this scene, where “painted women” presumably refers to prostitution. As regards the process at work, in this situation it appears that Freud was unaware that he was repeatedly returning to the same location until he finally realised the fact on the third occasion. Then, an unfamiliar experience of shock or fright interposed with the familiar, i.e., the ordinary impression of the place. In this scenario, therefore, the uncanny is derived from the sudden loss of the sense of familiarity about a particular idea or experience. Another notable aspect of this example is that repression is not involved.

As illustrated in “The Sand-Man”, when an aspect of Nathaniel’s repressed sexuality re-emerges in his encounter with Coppelius, in Nathaniel’s mind, the mental representation of Coppelius is no longer familiar. Consequently, he perceives Coppelius to be the uncanny figure of the Sand-Man. This hypothesis does not eliminate the influence of repression in the creation of an uncanny experience, as Freud emphasises, because the return of the repressed is still the necessary condition. However, this example highlights that an uncanny feeling is generated when the sense of familiarity with a current idea or experience is interrupted.

If we follow this hypothesis using another example, it enables a different interpretation of an aspect of the “Little Hans” case (Freud, 1909a). In Freud’s study, Hans experiences horses to be terrifying objects as a result of his having repressed an element of his sexuality, his castration anxiety. This anxiety resurfaces and attaches to the ordinary, familiar mental representation of the horse, inducing an experience that combines the unfamiliar and the familiar. The object of the horse thus acquires an uncanny characteristic that results in Hans’ phobia.

Although it is still a failure of repression that represents the intersection where familiar and unfamiliar meet, in this situation, rather than being associated with the repressed idea and its ongoing repression, the familiar now relates to the current “thing” that is encountered by the subject in the present moment. What is encountered is an object that is reminiscent of ideas or thoughts that have been repressed; for Hans the paternal castration threat is revived when he sees an ordinary, familiar horse. With the failure of repression, a previously banished idea approaches consciousness and intersects with the current familiar “thing”, which causes the uncanny feeling. An everyday example would be a person being scared to visit their bathroom after watching a horror movie at night; the familiarity of the bathroom has been impacted by the terrifying strangeness (which may or may not be repressed) of the film’s scenes and soundtrack.

Furthermore, this also implies that the repressed idea - the castration fear - can be felt in the present in relation to the current object (in Hans’ case, the horse), instead of in relation to the original object from which the repressed idea is first derived (Hans’ father). There is an inherent paradox in Freud’s explanation of the formation of the uncanny, which is interesting to consider. As we have seen, where the sense of familiarity relates to a current object, an uncanny feeling may be experienced when an unfamiliar repressed idea is revived in association with that object. For Little Hans, the familiar representation of the horse was invaded by an unfamiliar idea – that horses are threatening and frightening. Where the familiar feeling relates to that which

was once repressed (e.g., the castration threat), the uncanny occurs when this repressed idea combines with an unfamiliar object (e.g., the horse instead of the father). These interpretations of the uncanny essentially form two sides of a coin.

At this stage, two of Freud's hypotheses concerning the formation of the uncanny have been discussed. Although these propositions differ in terms of how the familiar and the unfamiliar intersect, the reappearance of a repressed idea is central to both. This reappearance is inevitably linked to the repetition compulsion. With the uncanny, we find that Freud is dealing with both the return of the repressed and the repetition of the repressed (Freud, 1914a). At this juncture, therefore, it is worthwhile revisiting Freud's understanding of repression within the topographical model.

3.2.2 The Dynamic Nature of Repression

With the topographical model and its reference to the three compartments of the mind, the dynamic dimension is most fundamental to the model. Freud (1900) establishes this dynamic perspective through his illustration of the mobility of psychic excitation between the unconscious, the preconscious, and the conscious. An unconscious idea or instinctual wish that has been repressed is always striving to reach consciousness. However, the achievement of gratifying discharge is inherently problematic. The unconscious idea inevitably encounters the censorship existing between the unconscious and the preconscious, and the preconscious and the conscious mind. Only by disguising itself, and successfully maintaining this disguise (i.e., by not being identified and expelled by either the preconscious or the conscious) can an unconscious idea access the conscious and gain satisfaction. To add to the difficulty, the preconscious and the conscious remain continuously alert; without hesitation, even a trace of an unconscious idea attempting to break through the censorship is met with repression (Laplanche and Pontalis, 1973; Sandler, Holder, Dare, Dreher, and Wallerstein, 1997).

With the topographical model, I therefore suggest that there are three dynamic aspects to repetition: (1) the indefatigable attempts of the unconscious wish to reach satisfaction in the system conscious, (2) the persistent resistance against unconscious wishes by the conscious and preconscious systems, whose defences aim to block such wishes through their 'anticathexis', and (3) the back-and-forth or energetic mobility of psychic excitation between the unconscious and conscious systems.

We are provided with an initial sense of these three movements in a description of an experience of paramnesia in which Freud (1901b) discovers that he cannot recall the name of an artist he is familiar with. Two names come to his mind, Botticelli and Boltraffio, although "they were immediately and decisively rejected by my judgement as incorrect"¹⁰ (p.2). The correct answer turns out to be Signorelli, and following further analysis, Freud recognises that the incorrect names are associated with two locations, Bosnia and Trafoi, which are highly relevant to some distressing memories involving sexuality and death. This information reveals the source of the paramnesia: sexuality and death are exactly the themes of the frescoes by Signorelli that Freud had previously encountered. In this case, the resistance of the system conscious is highlighted by Freud's repression of the artist's name - the intolerance of sexuality and death leads to the repression of an aspect of the article he is observing. The attempts by the unconscious to break through the censorship are represented by the substitute names, which have the ability to evoke the repressed idea through subtle associations. The back-and-forth mobility enabled by the two incorrect names can be recognised in the compromise they offered. As Freud describes:

“... the substitute names no longer strike me as so entirely unjustified as they did before the matter was elucidated: by a sort of compromise they remind me just as much of what I wanted to forget as of what I wanted to

¹⁰ Interestingly, in this reminiscence, the negation of mental content is similar to that defined in clinical sessions, such as a patient's negative response to what appears in free association (Freud, 1925c). This may suggest that the repressed thoughts about sexuality and death made an appearance in his recollection of the substitute names of Bosnia and Trafoi, because their appearance is immediately negated due to the force of the repression.

remember; and they show me that my intention to forget something was neither a complete success nor a complete failure.” (p.4)

As Freud points out, his forgetfulness about the artist's name is not enough to get rid of the distressing impression, yet the substitute names are also not entirely successful in bringing back the repressed idea. In essence, his paramnesia is a compromise between the system unconscious (including the unconscious and the preconscious) and the system conscious: the repressed name is displaced onto the substitute names, thus protecting the conscious mind from being exposed. At the same time, the repressed idea moves towards consciousness by allowing the associated words to appear. How then, we may ask, does this seemingly one-off repressive movement or compromise formation contain a repetition? The answer may lie in the fact that this movement has to be repeated many times, because rather than being an event that takes place once, repression is a constant process that requires a permanent expenditure of psychic energy (Freud, 1915b, 1926). The repressed idea keeps pushing to be known, and the conscious mind constantly exerts resistance to such knowing.

In the same essay, “*The Psychopathology of Everyday Life*” (1901b), the frequency of Freud's use of the words ‘repeat’ and ‘familiar’ is impressive¹¹. For example, in his description of parapraxes, he records how an entirely familiar name repeatedly slips away, while a substitute term keeps appearing. As discussed above, this may imply a constant conflict between the systems unconscious and conscious, in which the unconscious continually attempts to achieve discharge and is repeatedly resisted, while, at the same time, a compromise formation occurs in respect of these interactions. A parapraxis achieves a mitigated discharge and prevents excessive excitation from overwhelming the mental apparatus. Thus, the three dynamic movements of the topographical model are actually three dynamic repetitions.

¹¹ This includes alternate forms of these words, e.g., ‘repetition’, ‘repetitive’, ‘repeated’, etc., which appear 113 times, and ‘familiarity’, which appears 38 times.

Noticeably, in his analysis of the act of writing, Freud highlights that the writer's repeated use of a word may reveal an unconscious idea:

"If the writer repeats a word he has already written, this is probably an indication that it was not so easy for him to get away from it: that he could have said more at that point but had omitted to do so, or something of the kind." (p.129)

Again, this brief discussion reveals the presence of the repetition compulsion, wherein the subject repeats something without conscious awareness. It also implies a noteworthy relationship between repetition and the familiar. When Freud states that the writer "could have said more at that point but had omitted to do so", he postulates that the writer seems to intentionally give up searching for other possible words, albeit unconsciously, and instead continues to repeat a familiar word. Thus, he repeats a familiar compromise even if he does not realise it. This suggests that the outcome of the back-and-forth mobility between the systems unconscious and conscious could be familiar to the subject. The familiar compromise draws the subject so strongly that whenever this process occurs, he is compelled to repeat the familiar outcome, rather than recognising an alternative. This illuminates a paradoxical phenomenon: although mental forces are typically dynamic, here, the outcome always appears to be the achievement of equilibrium, i.e., the familiar compromise of a repetition. Furthermore, this notion would explain why the failure of repression can trigger an uncanny feeling: the return of the repressed causes the previously banished idea (which is more or less familiar to the subject) to be revealed to the conscious mind. Furthermore, in the process, both the previous compromise formation and the repression are broken.

In conclusion, through a deconstruction of the uncanny, we recognise that repression plays a key part in the experience of the familiar. Freud's understanding of parapraxes illustrates that it is possible for the subject to become familiar with the compromise formation produced by the three dynamic repetitions, to the point that this compromise is repeatedly induced.

This familiarity with the process of repression appears to have such power over the subject that it is difficult to avoid. That the subject seeks out the familiar in this particular way begs the following questions: In the context of the topographical model, what characteristic does this type of familiarity have, to the extent that the subject is compelled to repeat it? Also, how is this sense of the familiar generated, and what are its components? By now shifting our attention to Freud's discussion of dreams, we may have the opportunity to form a preliminary understanding of these issues.

3.2.3 Dreams Which Revisit the Familiar

(1) Dreaming for Freud

"The Interpretation of Dreams" is the first essay in which Freud (1900) extensively uses the term "familiar", with the word occurring 58 times. Prior to its publication, the appearance of the term never reaches double figures in a single text. This perhaps suggests that the psychoanalytical significance of the familiar may be discovered in this paper.

Dreams are an important means of understanding what Freud called "the manifestations of repetition in analysis" (Aisenstein, 2020, p.1204). Dreams which seem to evidence repression, rather than those experienced in traumatic neurosis, will be discussed in this section. In terms of the essence of a dream, Freud suggests that it is an unconscious wish-fulfilment. It is also a compromise production (Kluzer, 2016), like a parapraxis, which is shaped by two forces:

"... one of these forces constructs the wish which is expressed by the dream, while the other exercises a censorship upon this dream-wish and, by the use of that censorship, forcibly brings about a distortion in the expression of the wish. It remains to enquire as to the nature of the power enjoyed by this second agency which enables it to exercise its censorships." (Freud, 1900, p.144)

That is to say, dreams are formed as a result of the conflict between the unconscious and the conscious, in which the three dynamic repetitions, previously discussed, are involved. The unconscious never ceases its attempts to be discharged, and the censor, even if impacted, demonstrates that the system conscious does not weaken entirely during sleep. Once it finds its way past the censor, a dream, as the disguised fulfilment of an unconscious wish, is also a compromise between two of dynamic repetitions (i.e., the attempt by the unconscious to gain discharge, and the resistance against this by the conscious mind), and is therefore a form of repetition.

The formation of dreams serves the dreamer's wish to sleep, because "*Dreams are the guardians of sleep and not its disturbers*" (ibid., p.233, author's italics). In order to avoid raising the alarm of consciousness, a repressed dream-wish only finds expression after multiple distortions by the dream-work, including condensation, displacement, considerations of representability, and secondary revision (Freud, 1900, 1901a), by which it can pass two censors (one located between the unconscious and the preconscious, and the other located between the preconscious and the conscious). In other words, the source of the content of the dream (that which can be recalled by an individual) may belie the dreamer's genuine wish, which remains repressed in the unconscious. Freud postulates that both the dream's wish and its latent content are concealed by the manifest content.

For example, in Freud's dream about his patient, 'Irma', he tells her, "*If you still get pains, it's really only your fault*" (ibid., p.107, author's italics), and allows her to be observed by another physician who provides an absurd diagnosis. The manifest content of the dream is then analysed by Freud, who recognises the distorted fulfilment of an unconscious wish to evade responsibility for his previous medical mistakes in the treatment of this patient.

(2) The Familiar in Dreaming – Repeated Scenes and Infantile Wishes

Dreams have the ability to become familiar when they appear repetitively. In "*The Interpretation of Dreams*", Freud (1900) frequently mentions his patient's

repeating dreams. In one example, he refers to a patient having the same dream over a period of time. I suggest that the foundations of this familiar repetition are two-fold: a repetition of a past scenario often forms the basis of a dream-thought, and a dream-wish is repeated before it is discharged.

Similar to other unconscious ideas, a dream-wish continually endeavours to be discharged. Whenever a dream occurs, a wish is repeated. The difference between previous repetitions and that of the dream is that the modified and disguised wish successfully finds expression through dreaming. Furthermore, Freud (1900) points out that “*a wish which is represented in a dream must be an infantile one*” (p.553, author’s italics). This means that, in the context of dream formation, as modified reproductions of old scenarios, an infantile wish exists at their core. After repression, the infantile wish, perhaps along with the original scene, is repeatedly aroused. Through modification, these elements finally avoid censorship and, during sleep, are able to enter the preconscious in the form of a dream:

“... dreaming is on the whole an example of regression to the dreamer's earliest condition, a revival of his childhood, of the instinctual impulses which dominated it and of the methods of expression which were then available to him.” (p.548)

Following Freud’s argument, a dream can therefore be understood as a form of psychic activity which revives an earlier stage when an old wish was able to be gratified in an available and acceptable way, i.e., through constant and modified repetition. From this perspective, a dream could be described as a return to the “old and long familiar” (Freud, 1919c, p.220). This also constitutes a necessary condition of the uncanny, although it is an aspect that Freud failed to identify. If the old and familiar wish is combined with something unfamiliar, such as being expressed through unfamiliar representations, an uncanny feeling would inevitably enter the dream. For example, when dreaming of a particular person, the figure in the dream, rather than conforming to the dreamer’s expectations, turns out to be someone else.

(3) The Manifest Content of a Dream - The Familiar or the Unfamiliar?

On occasion, the manifest content of a dream may not point to a remote period of the dreamer's life. In fact, as Freud (1900) suggests, "Dreams show a clear preference for the impressions of the immediately preceding days" (p.163). A daytime impression may contain a link to an old unconscious wish that then enters a dream. According to the nature of this dream-wish, particular objects are used for its representation and discharge in the dream. These daytime impressions, "the day's residues", usually form the selection pool used by the dream, although Freud confesses that he has not been able to "explain the necessity for this addition [daytime impressions] to the mixture that constitutes a dream" (p.562, my insertion in brackets). With his dream of the botanical monograph, he suggests that it was "stimulated by his having seen a book devoted to a specific flower, the cyclamen, in a bookshop window earlier in the day" (O'Donoghue, 2005, p.158). In this example, Freud (1900) tries to illustrate that "they [dreams] make their selection upon different principles from our waking memory, since they do not recall what is essential and important but what is subsidiary and unnoticed" (p.163, my insertion in brackets).

Notably, Freud claims that the day's residues relate to a sense of the 'familiar' in one's mind. He states that "stimuli arising during sleep are worked up into a wish-fulfilment the other constituents of which are the familiar psychological 'day's residues'" (p.228). Here, the meaning of the familiar can be linked to typical responses to various daytime impressions - that they are 'common', 'ordinary', or constitute something with which we are 'acquainted'. In fact, Freud (1905c) had discussed this form of the familiar previously:

"It [the joke] is concerned rather with a particular category of what is familiar, which must in addition possess the characteristic of being fresh, recent and untouched by forgetting. In the formation of dreams, too, we come across a special preference for what is recent and we cannot escape a suspicion that association with what is recent is rewarded, and so facilitated, by a peculiar bonus of pleasure." (p.124, my insertion in brackets)

Thus, the dream's use of recent impressions can still be considered a specific means of leaning upon the familiar, despite such influences having only a slight effect on the mind and being easily forgotten.

Freud (1900) suggests that during dream formation this special preference for recent impressions is necessitated by the censorship. He hypothesises that “for reasons of censorship it [the dream process] transfers psychological intensity from what is important but objectionable on to what is indifferent” (p.589, my insertion in brackets). Here, the psychological intensity presumably refers to that of psychological excitation generated by the unacceptable thought. This intensity also “coincides with psychological value: the most intense elements are also the most important ones—those which form the centre-point of the dream-thoughts” (p.330).

If a psychic element or activity such as the dream process is of high psychological intensity, it would attract the censorship of consciousness and risk the subject awakening. Thus, in order to either “evade the censorship” (p.507), or to protect the dreamer's sleep, the dream process has to carefully select elements that carry less excitation.

It is a fact that in every dream a connection exists between an element of the manifest content and a recent daytime impression. As a vital source of this content, the day's residues (which leave memory traces in the subject's mind) are the necessary raw material for the constitution of a dream. On the one hand, the dream process must maintain a low intensity to avoid raising the alarm of consciousness. On the other hand, the central element, the latent wish, inevitably has a fairly high level of intensity, and must therefore be transferred to a dream representation by which it can reach the preconscious. I further hypothesise that the choice of situation or the figures who appear in the manifest dream must be those that preserve low levels of excitation, allowing the dream to be formed without causing excessive stimulation. Hence, the choice of manifest content tends towards subsidiary and unnoticed elements, i.e., those less connected to the dream-wish, and with less possibility of triggering the defences of the system conscious.

Interestingly, Kluzer (2016) describes dream formation as a transition from “alienness to familiarity”:

“... the unconscious contents must, in their attempted transition from unconscious clandestine alienness to the familiarity of consciousness, assume a dreamlike representational form that reconciles two conflicting demands [unconscious wishes to discharge and conscious wishes to resist].” (p.239, my insertion in brackets)

I argue that if the familiar characteristics of a dream relate to the memory traces of daytime impressions, then its manifest content can be experienced as relatively unremarkable, as unworthy of note, or, at the very least, as familiar. In other words, from among the familiar options (i.e., the numerous day’s residues), the dream selects those with little, or, in fact, the least psychical importance, value, and capacity to leave a trace. This is consistent with Freud’s (1901b) notion that “by unfamiliar paths, and by the way of external associations, unconscious thoughts find expression as modifications of other thoughts” (p.278). Meaning, that the less familiar the material utilised by the dream, the less possibility of alarm and the provocation of defence. I would also suggest that the reason this combination of repetitive familiar latent content (the old wish) and unremarkable manifest mental representations does not usually incur an uncanny feeling (to the point that Freud does not refer to this in his 1919 paper), is that in comparison with long-standing objects, these types of impressions are far from familiar. In consequence, encountering their unfamiliar meaning in dreams is less likely to bring about a sense of the uncanny.

Given that a dream’s manifest content is selected from unfamiliar, or at least, not very familiar objects so as to convey (and disguise) an unconscious repressed idea, to avoid excessive excitation, and to evade the censorship vigils during sleep, does this mean that the use of the unfamiliar mobilises less excitation than the familiar? If it is the case that the unfamiliar is psychically safer and more economic, then how is it that the familiar holds a central

position in the mental activities discussed above (i.e., in dreams, parapraxes, and repression), to the extent of an evident tendency? In order to answer these questions, the notion of the familiar itself must be more deeply investigated.

3.2.4 The Economic Implications of Seeking the Familiar

In light of the previous discussion, it is possible to draw two conclusions. Firstly, loss of the familiar is uncomfortable or even traumatic for the subject, to the extent that familiarity represents a feeling that is important to maintain. Secondly, dynamic repetitions that are both unconscious and conscious, and the ceaseless search for compromise formations (via repression, dreams, parapraxes, etc.) suggest that repetition can be recognised as a core psychic tendency. In other words, the familiar appears to occupy a position of precedence in these mental processes.

When one attempts to theorise this prioritisation of the familiar, a few causative factors can be hypothesised. Firstly, because the familiar appears to continuously accompany the unconscious, it may present itself by accident, or association. For example, in dreams, revisiting something familiar (e.g., an old object choice or experience) is almost always connected with an unconscious wish that is seeking discharge. It seems impossible to clearly identify whether such an activity illustrates the power of the familiar or of the unconscious in general. Prioritisation of the familiar may therefore be a consequence of the continuous use of common, unremarkable phenomena by the unconscious in its search to find release, to the extent that these familiar elements leave a trace in the mental processes. On the other hand, the familiar may be an independent mental entity, one that is fixed in the mind and which haunts the subject, as observed in dreams that feature the day's residues. Alternatively, this mental entity could perhaps have a certain gravity, which attracts other psychic elements into its sphere, such as representations, ideas, and memory traces. The example given earlier about a writer continuing to use a familiar word may support this explanation. If we consider the characteristics of the repeated word to be like a black hole, it would act to eradicate the writer's curiosity and imagination, depriving them of alternative options.

Although these postulations may appear to digress in terms of how the familiar works and whether it exists independently of the unconscious or not, in my opinion, they offer a point of convergence in that there is an agreement that the familiar is something that is readily accessible for mental activities. In other words, regardless of the way the familiar exerts its influence, we find a similar outcome – that it is a feature of almost all mental processes and may be called upon whenever required. This idea can be considered in economic terms. That is to say, when a familiar idea is presented (rather than one that is less familiar or unfamiliar) the least amount of energy is expended. In his discussion of how jokes reveal the unconscious, Freud (1905c) suggests that they share similar mechanisms to dreams and parapraxes, a factor relevant to our consideration of the familiar:

“In all these cases of repeating the same connections or the same subject-matter in the words, or of rediscovering what is familiar or recent, it seems impossible to avoid deriving the pleasure felt in them from economy in psychical expenditure—provided that this line of approach turns out to be fruitful in throwing light on details and in arriving at new generalities.” (p.124)

“... in each of them [various kinds of jokes such as unification, similarity, modification, and allusion] something familiar is rediscovered, where we might instead have expected something new. This rediscovery of what is familiar is pleasurable, and once more it is not difficult for us to recognize this pleasure as a pleasure in economy and to relate it to economy in psychical expenditure.” (p.120, my insertion in brackets)

Freud points out that an economy of psychical expenditure (which refers to the least fluctuation of psychic excitation, and, according to the pleasure principle, that low levels of psychic tension induces pleasure) can be achieved by utilising the familiar in a mental activity. Rediscovering the familiar is observed to be both a basic mechanism in all types of jokes and an important source of what makes them pleasurable. As Freud elucidates,

“The main attribute that we enquire after in an analogy is whether it is apt—that is, whether it draws attention to a conformity which is really present in two different objects. The original pleasure in rediscovering the same thing (Groos, 1899, 153 [and above, p. 121 f.]) is not the only motive that favours the use of analogies; there is the further fact that analogies are capable of a use which brings with it a relief of intellectual work—if, that is to say, one follows the usual practice of comparing what is less known with what is better known or the abstract with the concrete, and by the comparison elucidates what is more unfamiliar or more difficult.” (p.210)

In other words, here, the familiar not only refers to something that, in being re-accessed, can bring pleasure by keeping the psychic excitation at a steady level, but also involves a recognition process that, in brief, treats something unfamiliar, difficult, and complicated as something familiar, easy, and simple, through which psychic expenditure can be conserved. In Freud’s words,

“When an unfamiliar thing that is hard to take in, a thing that is abstract and in fact sublime in an intellectual sense, is alleged to tally with something familiar and inferior, in imagining which there is a complete absence of any expenditure on abstraction, then that abstract thing is itself unmasked as something equally inferior.” (pp.210-211)

Therefore, the familiar seems to be a significant factor in the way one understands new objects; from an economic perspective, to repeat or recall old mental representations and processes can induce pleasure. Initially, this raises the question as to whether or not the retrieval of these familiar representations is dominated by the pleasure principle or if the familiar itself has the capacity to independently drive this kind of activity? We will leave this question to one side, momentarily, and return to it in a later discussion. For now, it is important to note that, above all, Freud’s description appears to endow the re-finding of the familiar with the characteristics of being soundless, convenient and enjoyable. In other words, the process occurs frequently but without attracting much attention, it can take various forms, and it induces pleasure. Therefore, although we are still unclear about how the familiar is established, its repetition seems to denote that it offers a

preferential, 'easy' way to accomplish mental activities. For this fundamental reason, the familiar attains priority in the mental processes.

To clarify this description of leaning upon the familiar as 'easy', it is necessary to identify its use in specific situations. First, I offer an example from Freud regarding children's play, in which he discovers the mechanism of repeating similar material:

"Play—let us keep to that name—appears in children while they are learning to make use of words and to put thoughts together. This play probably obeys one of the instincts which compel children to practise their capacities ... In doing so they come across pleasurable effects, which arise from a repetition of what is similar, a rediscovery of what is familiar, similarity of sound, etc., and which are to be explained as unsuspected economies in psychical expenditure. It is not to be wondered at that these pleasurable effects encourage children in the pursuit of play and cause them to continue it without regard for the meaning of words or the coherence of sentences." (p.128)

In this case, one observes that the use of familiar words or sounds conserves psychical expenditure by avoiding the addition of new excitation. For the child, this induces a facile kind of pleasure, because the lower levels of energy expenditure signify less psychic tension.¹² In addition to economic conservation and its enjoyable side effects, the fact that the child is encouraged to repeat and reinforce the familiar suggests that it may be an aspect that operates in accordance with the pleasure principle.

Certainly, if their use of speech is to progress, a child's disregard for the meaning of words and the coherence of sentences cannot continue forever. As they grow and develop this play must come to an end, and only when "overtaken by a pleasurable mood which, like the child's cheerfulness, lifts the

¹² This may explain why, in daily life, pleasure gained from the familiar is less intense than that gained from a surprise. According to Freud (1900, 1905c), the more intense pleasure may arise from the release of an appropriately greater amount of psychic tension.

critical inhibitions” (p.128), can the individual reattain pleasure in this old way. However, as Freud continues:

“... the individual does not want to wait for this to happen nor to renounce the pleasure that is familiar to him. He thus looks about for means of making himself independent of the pleasurable mood, and the further development towards jokes is governed by the two endeavours: to avoid criticism and to find a substitute for the mood.” (p.129)

Initially, one may be impressed by the appeal to pleasure derived from the familiar, which cannot be abandoned even when encountered as an adult. This implies the subject possesses a desire to maintain the familiar. Jokes, the purpose and function of which is “the protection of sequences of words and thoughts from criticism” (p.130), are conducted to regain this type of pleasure. In light of our consideration of the advantages and appeal of the familiar, I suggest that, here, these ‘sequences’ specifically refer to familiar patterns used by an individual in their childhood. Secondly, the phrase, “to avoid criticism and to find a substitute for the mood” (p.129), implies that for the subject to successfully compose a joke in such a way that this pleasure is re-experienced, it is necessary to process the familiar element in various ways, as is seen in dreams. This process may be observed when the familiar is detached from an older childish mood and attached to a new substitute. It can also be seen in some specific mechanisms used in jokes, which are also utilised by dreams. For example,

“... condensation, in other words saying little in order to express much; displacement, which enables prohibitions to be circumvented, particularly those which censorship places on repressed aggressive or sexual content ... ; and finally the process of representability, which modifies the form of words, creating double meanings or plays upon words, transforming thinking by creating something nonsensical or replacing one thought by its opposite.” (Quinodoz, 2005, p.50)

Thus far, we have been able to identify the following factors which may drive the utilisation of the familiar due to its characteristic of being ‘easy’: (1) the

psychic organisation exerts less effort dealing with a smaller mass of excitation - an advantage offered by the familiar; (2) the familiar is always ready and available for selection by the mental processes and this convenience increases its fluency; 3) less psychic tension induces pleasure, which the subject is encouraged to repeat, thus the familiar is reinforced through repetition; 4) flexibility in the ways the familiar is used, such as condensation, displacement, being re-found.

In light of this knowledge, the relationship between repetition and the familiar can be re-interpreted. We have observed how a seeking after that which is familiar also indicates a preference for familiar psychical mechanisms, e.g., a trajectory for connecting to a representation or a defence pattern. In other words, in repetition, the 'easy' characteristic of the familiar extends to the recurring mechanism used to re-find the familiar. For example, when a joke is repeated, the subject gains enjoyment both from revisiting the original pleasure, and from the mechanism of repetition, which is the vehicle for re-finding the familiar. In addition, for the listener, as Freud (1905c) suggests, "When a joke is repeated, the attention is led back to the first occasion of hearing it as the memory of it arises" (p.154). That the repetition of the joke mobilises such a memory suggests that a psychic connection between these two entities is also repeated. It is therefore reasonable to postulate that in addition to the repeated words or sounds becoming familiar, so do the mechanisms employed to re-find them. Both aspects of the familiar are expenditure-economic and process-convenient, meaning psychic recourse to them is 'easy'.

Therefore, when we speak about the familiar and repetition, as well as familiar mental representations (of words, experiences, etc.), we must also include the mechanism used to seek out and re-experience that familiarity. A statement supporting this point can be found in Strachey's introduction to 'The Interpretation of Dreams':

"'Nervous excitation' was to be interpreted as a 'quantity' flowing through a system of neurones, and such a current might either be resisted or

facilitated according to the state of the 'contact-barriers' between the neurones. (It was only later, in 1897, that the term 'synapse' was introduced by Foster and Sherrington.) The functioning of the whole nervous system was subject to a general principle of 'inertia', according to which neurones always tend to get rid of any 'quantity' with which they may be filled—a principle correlative with the principle of 'constancy'. Using these and similar concepts as his bricks, Freud constructed a highly complicated and extraordinarily ingenious working model of the mind as a piece of neurological machinery." (Strachey, in Freud, 1900, p.xvii)

This suggests that both neurones and the nervous system are 'lazy' because they avoid any excess 'quantity'. On this basis, a Freudian interpretation can be postulated - that this tendency is also shared by the psychical energy or cathexis (Laplanche and Pontalis, 1973) attached to mental representations, and the mechanism by which psychical energy is distributed and attached.

If we then consider the context of the principle of inertia (less excitation) and the pleasure principle (less tension), and in relation to our earlier hypothetical conclusion - that a familiar mechanism, in addition to a familiar mental representation, is expenditure-economic and process-convenient – it is possible to develop a further retrodiction. That is, usage of a familiar mental representation (such as the choice of a familiar word) consists of both its cathexis and the deployment of psychic energy to mobilise the mechanism that detects and processes the representation. In other words, the familiar includes the energetic investment in a mental representation and the mental process of accessing it. Under the sway of the inertia principle and the pleasure principle, the cathected investment and its mobility will be constrained. Hence, when the familiar is formed in the mind, it has already had its share of cathexis and been borne by a specific mechanism of mobility. This implies that a familiarity-centred cathected pattern has been constituted, one which is maintained by these same principles. Therefore, in addition to a smaller mass of psychic excitation, a key economic factor for utilising the familiar is this regular and fixed pattern of cathexis. This investigation of how repetition is involved in the search for the familiar facilitates a better sense of the concept

itself, and also, how it is generated. In other words, processes such as re-finding the familiar, regressing towards old and familiar cathectic patterns, and experiencing a sense of familiarity may be closely related to cathexis. Thus, cathexis could perhaps be viewed as an aspect of the familiar. Our focus on economic factors has therefore yielded further insights, not only concerning the amount of psychic excitation involved but also the mechanisms of energetic investment.

For example, in dreams, the dream-work ensures that the familiar repressed idea acquires an unfamiliar disguise in order to escape censorship. Thus, instead of being identified as something new, the idea and its familiar cathexis can continue to be processed. With subsequent repetitions, this compromise formation becomes increasingly familiar to the dreamer, to the extent that the formation itself becomes a familiar economic pattern. In this way, dream-work does not make the familiar strange, but stealthily endows the unfamiliar with the familiar cathexis, and contributes to an economic compromise formation by which the repressed idea can repeatedly achieve satisfaction.

This knowledge may offer us a new understanding of anxiety dreams. An anxiety dream can be seen as an exception to the idea that dreams always contain a wish-fulfilment, because normally a thought which arouses anxiety would not be considered as expressing a wish. Freud (1900) suggests, however, that unpleasure may be relevant to repressed wishes, stating that “the mind has wishes at its disposal whose fulfilment produces unpleasure” (p.235). An anxiety dream can therefore be interpreted as one which causes pain as a result of its disguised expression of a wish. In this situation (which is similar to the description of the repetition compulsion), a wish, under incomplete censorship, seems motivated to be repeatedly expressed even if the only outcome is discomfort or pain.

It should be noted that Freud also reduces the occurrence of anxiety in dreams to the context of a transformation regarding sexuality. In postulating that sexual excitation, or libido, is transformed into anxiety by the process of repression, he concludes that dream anxiety is specifically connected to sexuality. Within

the current context, however, Freud's reduction can be put to one side, because before classifying the anxiety that arises, it is necessary to consider the obvious presence of the familiar in anxiety dreams – particularly how familiar content can be repeated despite causing pain. One assumption is that the unpleasurable, anxiety-inducing wish, in which the subject is libidinally invested, and its presentation in a dream, have the same ability as an ordinary dream to select familiar elements that are psychically economical. Although the anxious feelings brought about by the hallucinatory fulfilment of the wish increase psychic tension internally, the familiar and economically advantageous characteristics of the repeated dream content and/or the dream process itself may ensure the dream is not too disturbing. From this perspective, the familiar appears to be attractive enough to overcome a certain level of unpleasure (in this case, anxious feelings), which further implies that a painful repressed wish, as well as the dream mechanism oriented to it, will be motivated to be repeated utilising the power of the familiar.

We note then, that a general non-anxiety dream is usually constituted from a *familiar* dream thought (derived from the original repressed wish) and *unfamiliar* manifest content (derived from the day's residues with the least psychic value), while by contrast, in anxiety dreams, *both* the dream thought and manifest content appear to depend on the *familiar*. Perhaps, in the case of an anxiety dream, the dreamer is unable to locate and select an unfamiliar representation to absorb the investment of the original experience (as with an ordinary dream), and instead, the original anxiety-inducing scene and its trajectory is repeated, including, of course, its familiar and economical cathexis. Unfortunately, this inability to transfer the cathexis of a painful representation to a new one cannot be explained by our current postulation. However, it is certainly a significant issue, one that is intimately related to the relationship between trauma and the repetition compulsion, and which we will endeavour to resolve in later parts of this thesis.

In essence, dream formation, in comparison with acting something out in the external world, is a less unpleasurable way of repeating psychic elements that are familiar yet painful:

“None of these things [the unwanted situations and painful emotions of the repetition compulsion] can have produced pleasure in the past, and it might be supposed that they would cause less unpleasure to-day if they emerged as memories or dreams instead of taking the form of fresh experiences.”
(Freud, 1920, p.21, my insertion in brackets)

In other words, from an economic viewpoint, re-experiencing in external reality involves more psychological expenditure than dreaming. This may also imply that, in the case of more severe trauma, the psychic organisation of patients for whom the repetition compulsion continuously expresses itself through acting out cannot develop towards a more energy-efficient mode such as dreams. On the other hand, this in turn indicates the driving power of the familiar, because repeatedly acting out under the sway of the repetition compulsion implies that rather than surrendering the familiar, the subject's mind continues to be burdened operationally by the high load of psychic excitation caused by the familiar cathexis of the original trauma. In addition to overcoming certain unpleasure, it appears that the appeal of the familiar is its ability to overcome the mind's resistance to the uneconomical psychic expenditure of the inertia principle or the pleasure principle. This may suggest that the familiar can act as a factor that is independent of these economic principles; specifically, that it operates to mobilise these principles at a more basic motivational level.

Furthermore, with these new findings about the familiar relevant to energetic investment, it is pertinent to return to our earlier discussion regarding compromise formation, and in particular, to repression. What is special about repression is that it employs both cathexis and anticathexis – mechanisms of economic defence¹³ towards a repressed idea which are key factors in the close and complicated relationship between repression and the familiar. As previously discussed in my deconstruction of the uncanny, whether an experience of familiarity is derived from a repressed idea, from the ongoing repression itself, or from an unrepressed ‘thing’, any failure of repression

¹³ e.g., “a defensive struggle—for the Pcs. in turn reinforces its opposition to the repressed thoughts” (Freud, 1900, p.36).

always gives birth to an unfamiliar and uncanny feeling. The entire repression formation consists of the cathexis and anticathexis of an idea, which finally becomes repressed in a compromise formation. This implies that, compared to the conscious use of a familiar word, which usually only involves the investment of an idea, a representation, and its psychic mechanism, the formation of the repression may involve numerous psychical efforts from various sources, which also means that more aspects will be influenced once the formation collapses.

In addition, it should be noted that any failure of repression involves a re-investment in a familiar idea that was previously forbidden. For example, when, through the failure of repression, an old idea is able to reach consciousness again, it is re-cathected through a libidinal shift that takes a familiar path. Therefore, it is not simply a matter of an all too familiar and formerly repressed idea reappearing, but that the trajectory of cathectic choice is also psychically familiar. This also explains why, as evidenced by the uncanny, the failure of repression leads to the sense of familiarity undergoing an intense and complex shift.

3.2.5 Shifting Cathexes in Narcissism and Transference: the Pull towards the Familiar

Unfortunately, due to a sharp decrease in Freud's use of the term, 'familiar' after 1905, particularly in terms of psychic processes or influences, we are obliged to explore the psychoanalytic meaning of the familiar by locating relevant examples in his other theories, such as, following the notion of the familiarity in psychical investment, narcissism and transference.

(1) Narcissism – A Retreat to a Most Familiar Object (the Ego)

i) Freud's Thinking on Narcissism and its Relevance to the Familiar

After considering narcissism as a pathological object choice related to homosexuality (1905b, 1911a), following continued clinical observation, Freud

begins to consider it to be primary and a regular stage in psychosexual development (1914b). In his 1914 paper "*On Narcissism*", he briefly refers to narcissism as a state in which sexual energy, or libido, is invested in the ego and is unavailable both to external objects and at the level of phantasy. Freud (1914b) describes narcissistic symptoms presented in clinical cases as secondary and therefore subsequent to a primary narcissism.

During the earliest stages of life, and under the sway of the self-preservative instinct, a subject's libidinal investment in a sexual object is in the process of being identified. During this phase, the subject typically achieves satisfaction through, or directs this investment towards, his own body. Freud said this phase was one of primary narcissism. With continuing development, awareness that an external object provides the needed gratification enables the subject to direct a measure of libidinal cathexis from the ego towards such objects. Freud suggests that primary narcissism, with its "original libidinal cathexis of the ego" (p.75) is therefore an ordinary stage between auto-erotism and object-love. Thus, secondary narcissism refers to the withdrawal of libidinal investment in an external object back towards the ego.

With his classification of 'ego-libido' and 'object-libido' to identify different forms of libidinal investment, Freud also describes narcissism as a libido type. We observe that the move from auto-erotism towards object-love is able to "transform narcissistic-libido into object-libido" (Freud, 1938, p.150), which further implies that the ego can be cathected as an object or invested with libido. Additionally, the presence of an economic antithesis between ego-libido and object-libido is recognised, so that "the more of the one is employed, the more the other becomes depleted" (Freud, 1914b, p.76). In this way, it was possible for Freud to propose an economic interpretation of pathological secondary narcissism as a state where the distributive quantity of ego-libido and object-libido is out of balance.

The occurrence of secondary narcissism has two implications relevant to the notion of the familiar. Firstly, this later form of narcissism involves a return to a familiar state, that of primary narcissism. In this primary state, because the

totality of libidinal investment is in the ego, which is able to achieve satisfaction by itself, there is contempt for objects. In secondary narcissism, the subject does not return to this earlier state by transforming the representation of the object (seeing it as if it were the ego) or the frustrating or traumatizing experience into an older version (one in which there is no satisfaction or trauma) in order to adjust the current situation. Rather, the subject radically returns to the previous stage, wherein no libido remains available for external objects or their internal representation at all. In other words, in addition to the traumatic experience of object loss where the object is completely decathected, there is a return to a familiar stage involving a full re-experiencing of the old 'relation' in which only the ego is invested in.

Secondly, this later stage of narcissism involves a shift in cathexis which enables it to be linked economically to the familiar. To further elucidate, before being withdrawn back into the ego, a libidinal investment undergoes a shift from ego to object. This withdrawal can therefore be considered as a thorough regression towards an older and more familiar status. The term, 'thorough' implies that in this process, both the object that is cathected and the category of cathexis, the libido type, are restored (from object-libido to ego-libido). Moreover, regardless of which force motivates the narcissistic withdrawal, according to its economic characteristics, a regression towards the familiar can be an extremely effective and efficient way of responding to the excitation that experiences with an object provoke.

ii) Withdrawal to the Ego: A Defensive Reaction to Protect a Familiar Libidinal Investment

Having established a connection between narcissism and the re-finding of the familiar, it is important to identify why and how this type of narcissistic retreat occurs. It is worth noting that although primary narcissism arises naturally, similar to an automatic process, secondary narcissism usually appears as a reaction to experience, specifically as a defence against experience (Freud, 1914b). Although a precise definition of narcissistic defences cannot be located in Freud's work, psychoanalysts following Freud have described the

defensive aspects of narcissism (Rosenfeld, 1964; Segal, 1964; Blos, 1967; Mitchell, 1988; Dodes, 1990; Kernberg, 1990). Moreover, it is possible to recognise the implications of defensive narcissism in Freud's theories. To do this, it is first necessary to consider his discussion of how a subject's narcissism is attractive to another subject, who has renounced part of his own narcissism in search of object-love:

"The charm of a child lies to a great extent in his narcissism, his self-contentment and inaccessibility, just as does the charm of certain animals which seem not to concern themselves about us, such as cats and the large beasts of prey. Indeed, even great criminals and humorists, as they are represented in literature, compel our interest by the narcissistic consistency with which they manage to keep away from their ego anything that would diminish it. It is as if we envied them for maintaining a blissful state of mind—an unassailable libidinal position which we ourselves have since abandoned." (Freud, 1914b, p.89)

With this postulation, Freud not only points out the jealous feelings experienced by one seeking love from a subject who is strongly narcissistic, but also implies that the subject naturally wishes to maintain their narcissistic libidinal cathexis of their own ego, while surrendering a measure of investment in objects during development. In situations where the ego encounters a threat, the subject will mobilise certain mental activities, likely narcissistic in nature, to protect the narcissistic ego, giving the secondary narcissism a defensive character. Indeed, after 1914, Freud (1917) continues to imply that narcissistic regression is a defensive reaction to object loss. Take, for example, the depression caused by the loss of an intimate object:

"... the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object. In this way an object-loss was transformed into an ego-loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered by identification." (p.249)

In this type of situation, in which an object cathexis ends due to the sudden abandonment or loss of the object, the subject, as a defence, does not withdraw his libidinal investment immediately and displace it onto another object. Instead, he identifies with the lost object and subsequently transforms his narcissistic cathexis into a pseudo-object cathexis. In other words, because the subject continues to cathect the now 'object-like' ego, the connection to the object does not need to end. As Freud states:

“The narcissistic identification with the object then becomes a substitute for the erotic cathexis, the result of which is that in spite of the conflict with the loved person the love-relation need not be given up.” (p.249)

This process can be considered a narcissistic regression, because through identification, the subject retracts any object cathexis back into the ego. It should be noted that in order to restore a previous stage of libidinal investment, this movement will follow a familiar trajectory. In situations of frustration which threaten the sudden end of an intimate relation, narcissistic regression will be mobilised to protect both the integrity of the ego and the familiar libidinal cathectic pattern. That is to say, the economic nature of the familiar can motivate this withdrawal towards an old pattern, enabling the ego to defend itself against such abrupt change. Narcissism, or specifically, the withdrawal to the familiar, is both the defence itself (as a result) and the way of defence (as an economic path to operate the defence). This potentially indicates the existence of a close relationship between narcissism, the familiar, and defence. Narcissism seems to be strongly coloured by a tendency towards the familiar, and vice versa. We have observed in narcissism how the act of recathecting the ego as an object implies that the ego is holding on to a familiar object (itself). However, it is not possible to distinguish whether the narcissistic regression itself or the return to the familiar is the protective or defensive resource. Hence, at this point, our investigation into the relationship between narcissism and the familiar will need to be suspended, with this particular distinction to be sought later in the thesis.

Before bringing an end to the current discussion however, it should be said that according to Freud (1914b), narcissistic individuals were inaccessible to psychoanalytic treatment. As a result of their libidinal investment into the ego, it was understood that such patients could not establish a transference, which is necessary for an analyst to locate traces of cathexis (i.e. to understand the way his patient is relating to him) and gain insight into the workings of the patient's mind.

In outlining the contrast between narcissism and transference, we are afforded a further theoretical opportunity to examine the function of the familiar. If the transference (which, as noted, differs from narcissism but is paradigmatically similar in terms of a shift in libidinal investment) is also deeply involved with the familiar, presenting similar defensive and protective features, then it too warrants further examination.

(2) Transference – A Defence Against Investment in Unfamiliar Objects

i) Freud's Understanding of Transference – From a Localized Phenomenon to a Generalised Resistance to the Unfamiliar

Compared with that of narcissism, Freud's understanding of transference underwent a longer journey involving several stages. Initially, in 'Studies on Hysteria', inspired by Breuer's experience of a patient falling in love with him, Freud (1893f) wrote about Anna O. In relation to this case, he considered transference in its emotional and relational aspects. In regard to a patient's trust in a physician, Freud implies that a positive transference is a likely precondition for treatment success. In continuing to identify factors that can affect the quality of a therapeutic relationship, Freud suggests 'transference' takes place through a 'false connection' made by the patient. Herein, a patient, without awareness that he is doing so, transfers onto the physician various emotional attitudes which he originally felt in relation to his primary objects. In 'The Interpretation of Dreams', transference had appeared in the dream-work as a displaced unconscious wish "in masked form through the material furnished by the preconscious residues of the day before" (Laplanche and

Pontalis, 1973, p.457). Now, transference, is seen as a particular instance of displacement in which an old relational mode, infused with powerful affect, is brought into the current therapeutic situation. Also at this stage, it is viewed as a by-product of the treatment, and, rather like a symptom, as an obstacle which must be consciously revealed and overcome by the patient (Freud, 1893f) for the therapeutic relationship to be able to continue.

Later, in the case of Dora (Freud, 1905a), who seems to unconsciously displace her feelings for her father and her previous seducer on to Freud (eventually abandoning the treatment eleven weeks after its commencement), Freud comes to the crucial realisation that detecting the transference is a necessary element of analytic technique which can transform this obstacle into an ally, thus preventing the interruption of the analysis. He then postulates a preliminary but fundamental hypothesis regarding transference:

“What are transferences? They are new editions or facsimiles of the impulses and phantasies which are aroused and made conscious during the progress of the analysis; but they have this peculiarity, which is characteristic for their species, that they replace some earlier person by the person of the physician. To put it another way: a whole series of psychological experiences are revived, not as belonging to the past, but as applying to the person of the physician at the present moment.” (Freud, 1905a, p.116)

According to Diercks (2018), Strachey's translation of the last sentence of this crucial statement did not capture the essence of the original German meaning and can be more aptly translated as, “a whole series of former psychic experiences comes alive not as the past but as *the present relationship to the person of the physician*” (p.63). In other words, an old relationship is acted out in the current therapeutic relationship and is treated as a fresh relationship. From this perspective, transference appears to be very much influenced by the repetition compulsion.

A considerable development in Freud's understanding of transference comes in 1912. Many psychoanalysts focus on the comments he made regarding the role of internal figures in the transference in his paper from this year, 'The Dynamics of Transference' (Laplanche and Pontalis, 1973; Quinodoz, 2005). However, before paying closer attention to the 1912 development, I would argue that the most important new aspect of it is that the pathological aspect of transference is more deeply clarified. We discover that what is transferred is a libidinal cathexis, a fact which fortuitously offers an opportunity to identify whether or not the familiar plays a role in driving the transference. Freud (1912) describes how in the psychoneuroses, due to the frustration of satisfaction and the stimulation of unconscious complexes, the withdrawal of libido from external reality formulates transference. He recognises that,

“... the portion of libido which is capable of becoming conscious and is directed towards reality is diminished, and the portion which is directed away from reality and is unconscious, and which, though it may still feed the subject's phantasies, nevertheless belongs to the unconscious, is proportionately increased.” (p.102, author's italics)

In an analysis, traces of introverted libido, for example as it appears in the subject's phantasies, can be understood and redirected (e.g., to reality), bringing the patient relief. Inevitably, conflicts are encountered during this process, because the work of the analysis aims to liberate libido, which is against the patient's unconscious withdrawal. Freud provides a detailed description of how to recognise the appearance of the transference in the analytic process:

“If now we follow a pathogenic complex from its representation in the conscious (whether this is an obvious one in the form of a symptom or something quite inconspicuous) to its root in the unconscious, we shall soon enter a region in which the resistance makes itself felt so clearly that the next association must take account of it and appear as a compromise between its demands and those of the work of investigation. It is at this point, on the evidence of our experience, that transference enters on the scene. When anything in the complexive material (in the subject-matter of

the complex) is suitable for being transferred on to the figure of the doctor, that transference is carried out; it produces the next association, and announces itself by indications of a resistance—by a stoppage, for instance. We infer from this experience that the transference-idea has penetrated into consciousness in front of any other possible associations *because* it satisfies the resistance.” (p.103, author’s italics)

This discussion reveals that transference functions as a means of resistance for the patient. When the analytic work begins to approach his deepest unconscious complexes, to protect these from being drawn out, the patient will react by transferring portions of withdrawn libido onto the analyst himself, so that, through this compromise, the approaching threat temporarily disappears or is suspended for a period of time. The mobilisation of transference can therefore be primarily seen as a defence - not only against certain specific psychoanalytic techniques, but also against the analysis as a whole. In other words, as soon as an analysis begins to initiate, trace and reveal the patient’s libidinal desires, the patient will unconsciously respond by directing these towards the analyst, so that they become evident in the transference. Further, transference is relevant to the production of a compromise formation as previously discussed. In contrast to repression or dreams in which the central conflict is most often constituted from unconscious wishes seeking discharge, and differing from the resistance of the system conscious, the active conflict in the transference is the resistance of the patients’ unconscious towards the analytic objective of revealing his repressed wishes.

ii) The Familiar Trajectory of Libido Withdrawal in the Transference

A noticeable postulation in “*The Dynamics of Transference*” (1912) is that what is displaced onto the analyst in the transference are the patient’s feelings towards his internal parents. To put it more precisely, it is “the subject’s relationship to parental figures that is once again lived out in the transference” (Laplanche and Pontalis, 1973). In other words, the whole relationship is re-lived - the analyst does not actually ‘become’ the patient’s father or mother, rather, the transference relationship mimics the nature of the patient’s parental

relationships. This also indicates that transference, at least from a descriptive perspective, involves a relationship that is familiar. This is supported by Freud's (1905c) notion that "'familiar' can also have the meaning of 'belonging to the family'" (p.17, fn.1). As parental figures are simultaneously regarded with both love and hate, the transference can be divided into two types: positive - in which love and affectionate feelings prevail, and negative - whereby hate and hostile feelings dominate. Specifically, Freud considers hostile feelings and repressed sexuality to more closely relate to resistance in the transference, while the positive transference may promote the analytic process. Transference is therefore both "the most powerful resistance to the treatment" and "the vehicle of cure and the condition of success" (Freud, 1912, p.101).

At this stage, we have reached an understanding that in the transference, the patient's powerful cathexis of his internal parents, is in fact a means of defensively protecting this cathexis, and of resisting any potential change to it which the treatment might bring about. As this particular vicissitude of the libido - its retreat towards the internal - can be observed in both the transference and narcissism, we are afforded an opportunity to consider and compare their similarities and differences in this regard. Although libidinal withdrawal is a precondition of both phenomena, unlike in narcissism, in which the libido retreats from external objects to the ego, transference involves a shifting of libidinal investment from the internal parents, onto the analyst as he comes to stand for the parents.

Parental figures are initially experienced and represented in the individual's mind as part-objects (Freud, 1905b). For example, in being "the first and most significant of all sexual relations" and "the prototype of every relation of love" (p.222), the mother's breast is the infant's first part-object, because it "is taken by the infant as a substitute for the mother" (Quinodoz, 2005, p.62). With time, the infant is gradually able to recognise the mother as a whole being; the previous part-object relationship will be relinquished and the child's component instincts, as represented in the early psychosexual stages, will finally be integrated into genital maturity. This means that only "when the child is able to form a total idea of the person to whom the organ that is giving him satisfaction

belongs” (Freud, 1912, p.222), i.e., when the total mental representation of parental figures is established, can auto-erotism give way to object-love. In other words, parental figures (i.e., internal objects) are established psychically at a very early stage, before the ego is capable of directing libidinal cathexis towards external objects. Therefore, in the transference, the patient’s way of relating to the analyst as if he were an internalised parental figure, involves a kind of ‘backtracking’ – a retreat along a familiar trajectory.

Thus in the transference we can also observe a primary tendency towards the familiar. Its mode of operation is similar to the repetition compulsion - both phenomena involve an unconscious repetition of something known. Later, Freud (1914a) comes to realise that as an obstacle to the treatment, transference is not merely a localised clinical phenomenon, but a general automatic resistance against analysis, and this allows him to forge a close link between transference and the repetition compulsion. Transference resistance is relevant to repetition to the extent that the more powerful it is, “the more extensively will acting out (repetition) replace remembering” (p.151). In this way, transference seems to possess the same characteristic as the repetition compulsion – the repetition of a familiar experience without memory or understanding (Rachel, 2020). This point is foreseen by Freud in 1912:

“The unconscious impulses do not want to be remembered in the way the treatment desires them to be, but endeavour to reproduce themselves in accordance with the timelessness of the unconscious and its capacity for hallucination. Just as happens in dreams, the patient regards the products of the awakening of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation. The doctor tries to compel him ... to submit them to intellectual consideration and to understand them in the light of their psychical value.” (Freud, 1912, p.108)

At this time, Freud had noticed that the patient cannot consciously realise what he is repeating in the transference. In treating unconscious products as fresh and real, the patient’s behaviour in the transference appears to be similar to

that observed in secondary narcissism (in which there is a withdrawal of libido from perception and reality-testing) and in the repetition compulsion. In fact, in regard to clinical phenomena, transference and the repetition compulsion are very much interconnected. Transference itself, especially negative transference, whereby what is transferred is hostile and unpleasurable, can be seen as a specific form of the repetition compulsion (Gill, 1979; Schafer, 1979; Corradi, 2009; Aisenstein, 2020).

As Freud (1914a) suggests:

“We soon perceive that the transference is itself only a piece of repetition, and that the repetition is a transference of the forgotten past not only on to the doctor but also on to all the other aspects of the current situation.”
(p.151)

Hence, what is transferred is not only the original affect or certain characteristics of a mental figure but the whole relationship. As with narcissism, transference can be understood as a displacement following a thorough restoration of libidinal cathexis - in the former this is solely towards the ego, while in the latter it shifts from external to internal objects. Furthermore, in the transference, as well as the libido following a familiar trajectory, through automatic association or replacement, something new is treated as if it is old and familiar. By repeating their experience of recognising and relating with a familiar object, the patient transposes an earlier experience onto the current situation. This allows a reduction of psychic expenditure because the patient avoids the increased excitation that occurs with new encounters, resulting in a pleasurable effect. In addition, it is possible that older, more familiar libidinal investments are more significant psychically, so that by taking the new as the old, the familiar investments are protected from being transformed by a new cathexis.

(3) Conclusion – The Search for Familiar Libidinal Investment in Narcissism and the Transference as a Defensive Function

On the basis of the previous discussion, we are in a position to conclude that the clinging to familiar libidinal cathexes in both narcissism and transference serves a defensive function. Although these concepts are distinct and represent differing psychological processes, we have identified that both entail the withdrawal of libido from external objects. As highlighted, in narcissism, libido is withdrawn from external objects into the ego, whereas in transference, libido retreats towards internal figures, such as parental representations. However, both movements are defensive and preserve a familiar libidinal cathectic pattern. In narcissism, there is an aim to protect ego libido, withdrawing it from external reality as a defence against frustrations or trauma. By contrast, transference, as a powerful form of automatic resistance, aims to maintain the libidinal cathexis to internal objects as a defence against the analytic process, which seeks to expose the original cathectic situation. In both phenomena, we observe a basic attraction to a particular kind of libidinal investment.

As we have observed, seeking out the familiar is an essential element in both narcissism and transference. We might then ask ourselves why two distinct psychic processes replicate this same function? Firstly, we are aware that narcissism aims to mimic the stage of primary narcissism experienced at a very early period of life, while transference transforms aspects of a current situation into an old, familiar relationship. Secondly, as regards the economic dimension of the familiar (i.e., its characteristic of being expenditure-economic and process-convenient), narcissism and transference incorporate libidinal retreat along a familiar pathway. Depending on the level of sexual development (i.e., from component instincts and auto-erotism to object-choice), libido is invested in the ego, in internal representations, and in external objects. In both phenomena there is a regression to previous phases via earlier libidinal cathectic patterns. Therefore, the defensive and protective characteristics of narcissism and transference may be logically attributed to the familiar, i.e., to an economical cathected pattern.

At this point, two essential elements of the familiar have been identified:

i) it can refer to either an old cathected object (including the ego) or an old

cathectic pattern or mechanism, and it is commonly an economic way (i.e., causing less psychic expenditure) to attract current mental activities towards a familiar trajectory. For example, utilising the same mental mechanism (such as repeating the same dream, the same joke, or the same defence), regressing to an earlier psychic stage to survive frustration or trauma (narcissism), or transposing an old relationship onto a newer one to defend against therapeutic change (transference). The following two examples also apply (see below).

ii) when an old object choice is challenged, or the potential of a new object is realised, a subject may defend himself by withdrawing libido towards the familiar, thus avoiding the opportunity for change brought about by the unexpected cathexis. From a functional perspective, this endows a defensive characteristic to the familiar.

3.2.6 Defensive and Economic Reasons for Seeking the Familiar: a Re-Interpretation of the Object Choice of the ‘Wolf Man’

In Freud’s (1918) case of the “Wolf Man”, we discover an example of a familiar object choice which shows defensive and economic characteristics. The patient provides a childhood recollection in which he experienced his first sexual seduction:

“... in the lavatory, which the children used frequently to visit together, she had made this proposal: ‘Let’s show our bottoms’, and had proceeded from words to deeds. ... His sister had taken hold of his penis and played with it, at the same time telling him incomprehensible stories about his Nanya, as though by way of explanation. His Nanya, she said, used to do the same thing with all kinds of people—for instance, with the gardener: she used to stand him on his head, and then take hold of his genitals.” (p.20)

However, as Freud reports, the patient refuses his sister’s continued attempts at seduction: “He held aloof from her, and, moreover, her solicitations soon ceased” (p.24). Freud considers this rejection to apply to the person, not to the sexual feelings, because the patient and his sister are in a rivalrous

relationship for their parent's love. From the patient's position, at least, he is hostile to his competitor – his sister. As a result, and in support of Freud's interpretation, the patient then turns to another person in the form of his nurse, Nanya:

“But he tried to win, instead of her [his sister], another person of whom he was fonder; and the information which his sister herself had given him, and in which she had claimed his Nanya as a model, turned his choice in that direction. He therefore began to play with his penis in his Nanya's presence, and this, like so many other instances in which children do not conceal their masturbation, must be regarded as an attempt at seduction. His Nanya disillusioned him; she made a serious face, and explained that that wasn't good; children who did that, she added, got a 'wound' in the place.” (p.24, my insertion in brackets)

In his attempt at seduction, the patient is rejected by Nanya's criticism - her castration threat that playing with his penis will cause a wound. His intended libidinal investment in Nanya is frustrated, and, in his anger, he displays his hostile attitude by diminishing his dependence upon her. However, it appears he cannot totally give up his investment. Freud states that “... it was characteristic of him that every position of the libido which he found himself obliged to abandon was at first obstinately defended by him against the new development” (p.24). The implication is that even when his libidinal approach was rejected, it is not given up entirely. Rather, it is maintained, at least for a period, in order to defend against changes provoked by a new cathexis. The current cathectic pattern is therefore protected, which supports my previous postulation regarding the economic nature of familiarity.

Freud provides a valuable example:

“When the governess came upon the scene and abused his Nanya, drove her out of the room, and tried to destroy her authority, he, on the contrary, exaggerated his love for the victim of these attacks and assumed a brusque and defiant attitude towards the aggressive governess. Nevertheless, in secret he began to look about for another sexual object.” (p.24)

The patient's defence of his nurse, which was expressed through his hostility towards the governess, was likely the result of his resistance towards a potential shift in libido. Simultaneously, he tries to locate a new object to cathect. In light of this interpretation, one may pose three questions: i) if 'localisation' of the libido has a defensive aspect, i.e., the protection of the ego from the impact of an unexpected change in cathexis, how is it that the patient did not maintain the investment in his sister, but quickly turned towards his Nanya? ii) in regard to duration, how long might it be before a subject totally abandons an old investment and moves towards a new object? and iii) aside from the economic factor, are there other elements that motivate a familiar cathexis to be maintained?

Concerning the initial question, Freud does not offer a full interpretation of how the patient turns towards his Nanya, but a subsequent object-choice provides an interesting description. As background to this episode, in addition to the patient's sister seducing him, he is also envious of her because of her superior mental capacity and intelligence. He believes that in their rivalry for the parent's love, especially that of the father, he is at a significant disadvantage:

"From his fourteenth year onwards the relations between the brother and sister began to improve; a similar disposition of mind and a common opposition to their parents brought them so close together that they got on with each other like the best of friends. During the tempestuous sexual excitement of his puberty he ventured upon an attempt at an intimate physical approach. She rejected him with equal decision and dexterity, and he at once turned away from her to a little peasant girl who was a servant in the house and had the same name as his sister. In doing so he was taking a step which had a determinant influence on his heterosexual choice of object, for all the girls with whom he subsequently fell in love—often with the clearest indications of compulsion—were also servants, whose education and intelligence were necessarily far inferior to his own." (p.22)

It appears that in reaching sexual maturity, the Wolf Man reproduced similar experiences to those he had previously had, i.e., an attempted sexual

relationship with his sister, followed by a libidinal investment in a servant. Thus, although he had rejected his sister's earlier seduction, on reaching puberty, he still wished to choose her as his sexual object. On the second occasion, after his sister's refusal, he turned to another familiar object type – the servant girl, just as he chose his Nanya. This similar choice, which, again, is consistent with a tendency towards the familiar, draws our attention to a link between his initial rejection of his sister and his choosing her in puberty. We might construe that he formed a cathexis to his sister at the time of the original seduction, but due to their rivalrous and hostile relationship he was forced to repress his sexual longing. His attention then moved to Nanya, who, being the person whose sexual activity was revealed by his sister, becomes a substitute. This may be the key factor contributing to his shift of object-choice from sibling to servant.

With their ongoing development, the obstacles between the siblings gradually disappeared allowing them to bond and unite against their parents. Consequently, on reaching sexual maturity, the patient was able to overcome the previous repression and actively approach his sister. On this occasion, the patient appeared to be more determined to fulfil his sexual wish, which is illustrated by his subsequent choice of a servant who shares his sister's name. This object, with whom the patient finally has a successful love relationship, is a combination of his previous sexual objects – his sister (by name), and Nanya (by role). This enables him to subsequently use this type of object to represent or replace the former two. Freud offers a further interpretation to explain why the Wolf Man later chose a servant as a lover:

“If all of these objects of his love were substitutes for the figure of the sister whom he had to forgo, then it could not be denied that an intention of debasing his sister and of putting an end to her intellectual superiority, which he had formerly found so oppressive, had obtained the decisive control over his object-choice.” (p.22)

The propensity for the familiar, demonstrated by the patient's insistence on his (repressed) cathexis to his sister and his subsequent shift towards his Nanya, appears to add a new dimension to our understanding of the similarities in

object-choice – the Wolf Man repeats the original cathected pattern again and again, albeit in a modified form. In other words, the patient's object choice of someone "whose education and intelligence were necessarily far inferior to his own" (p.22) follows a familiar trajectory - his old libidinal investment of Nanya, which had been transferred to her from his sister.

This also sheds light on our second question regarding the duration between an old cathexis being abandoned and the subject transferring libido to a new object. Although Freud speculates that the patient, having been rejected by his Nanya, "in secret ... began to look about for another sexual object" (p.22), he never thoroughly abandons his previous object-choice. That is to say, he does attempt to find a substitute, but all the objects he encounters are of a familiar type. The patient behaves as if he is resisting a new kind of sexual object, intentionally repeating the choice between his sister and a Nanya-like person. His familiar cathectic pattern appears to be continuously ready to be re-cathected, and, having been frustrated or traumatised by his sister's rejection in puberty, the familiar cathexis to Nanya becomes dominant. On the other hand, the libidinal investment in the sister may not have disappeared. In making an identification with his sister and taking her role, we observe the Wolf Man both actively attempting to seduce his Nanya (as his sister seduced him) and simultaneously being in a relation in which he was the one who has superior mental capacity and intelligence (than the servant). A narcissistic regression may also have taken place, with the patient's libido being withdrawn from external objects towards the sister-like ego. No matter whether his object-choice solely involved his sister or both his sister and Nanya, an orientation towards the familiar is manifest in his repetition.

If we turn to the third and final question, regarding whether other motivational elements (besides the economic) were influencing the Wolf Man's repetition of a familiar cathectic pattern, we unfortunately find a dearth of answers. According to the previous discussion, we might speculate that, in the context of the Wolf Man's object-choices, the repetition of a familiar cathexis may have protected his ego from changes incurred by the arrival of a new object cathexis. In other words, it enabled him to avoid experiencing the loss of the original

object. In the next chapter, in which the notion of the familiar is explored within the structural model, we will continue to identify further motivational aspects.

3.2.7 The Familiar in the Clinical Setting – Understanding Resistance to the Unfamiliar

During the phase of the topographical model, Freud's (1900) first and most significant declaration concerning clinical practice was that: "The interpretation of dreams is the royal road to a knowledge of the unconscious activities of the mind" (p.608). This statement provides a clear sense that both clinical purpose and technique were now very different from those of the preceding phase of the affect-trauma model.

Although Freud (1893f) had already started to develop a talking cure using free association to discover repressed memories and resistance, during this earlier stage it was reminiscences, and, in particular, their attendant affects that were considered the main source of pathogenesis. Freud's notion was that when a person was traumatised by an event, such as sexual abuse, the traumatic memory would become split off from consciousness. However, with this dissociation, the affect originally connected to the experience was left behind, and, with no means of being discharged, would form a "quota of affect" – an excess of psychical excitation that, in threatening to overwhelm the psychic organisation, would be transformed into hysterical symptoms such as bodily pain (Laplanche and Pontalis, 1973; Sandler, Holder, Dare, Dreher, Wallerstein, 1997; Quinodoz, 2005). In the clinical situation, therefore, both the recollection of traumatic experiences and abreaction were required to diffuse this quota of affect (Freud, 1914a). As Laplanche and Pontalis (1973) clarify:

"Emotional discharge whereby the subject liberates himself from the affect attached to the memory of a traumatic event in such a way that this affect is not able to become (or to remain) pathogenic. Abreaction may be provoked in the course of psychotherapy, especially under hypnosis, and produce a

cathartic effect. It may also come about spontaneously, either a short or a long interval after the original trauma.” (p.1)

Thus, in this initial period, the use of hypnosis to encourage emotional discharge was the primary pathway to resolving the impact of external trauma. As we observed in the last chapter, repetition played a significant role in this clinical method due to the necessity of reproducing the patient’s original experiences and mitigating traumatic affect.

Following this period, we see Freud’s rapid evolution away from abreaction in an attempt to explain and cure long-lasting unconscious trauma that remained untouched by the former process. As briefly discussed at the beginning of this chapter, with his development of psychoanalysis, and, in particular, due to the impact of his self-analysis, Freud realised that a ‘real’ traumatic event could actually be a phantasy, one that was indistinguishable from external reality. The unconscious wishes contained within such phantasies could only gain satisfaction through the influence of the pleasure principle, leaving them unaffected by reality testing and their contents equated to external fact (Freud, 1911b). Accordingly, Freud (1900, 1916-1917) conceived the notion of psychical reality, i.e., the reality of psychological phenomena, particularly psychic content demonstrating consistency and resistance to alteration (e.g., phantasies), and material reality, i.e., external actuality:

“Whether we are to attribute *reality* to unconscious wishes, I cannot say. It must be denied, of course, to any transitional or intermediate thoughts. If we look at unconscious wishes reduced to their most fundamental and truest shape, we shall have to conclude, no doubt, that *psychical* reality is a particular form of existence which is not to be confused with *material* reality.” (Freud, 1900, p.620, author’s italics)

With this statement, Freud is primarily declaring the validity of phantasies in that they constitute the “truest shape” (ibid.) of unconscious wishes and can be differentiated from the total subjective field – the psychological field represented by intermediate thoughts. Significantly, phantasies, like dreams,

can involve elements from external reality. However, they are evidently distinct from the real 'facts' of material reality because they occur at the level of the mind and can be psychically processed. With unconscious wishes and phantasies, therefore, a special piece of psychical reality is established, which has "a heterogeneous nucleus within this [psychological and subjective] field, a resistant element alone truly real, in contrast with the majority of psychological phenomena" (Laplanche and Pontalis, 1968, p.3, my insertion in brackets). As Freud highlights, phantasies can be considered the key area in which pathogenic effect arises, because "in the world of the neuroses it is the psychical reality which is the decisive kind" (Freud, 1916-1917, p.368). Psychical reality thus becomes the essential resource through which Freud develops his ideas about the structure of the unconscious mind and its processes that will provide the foundation for the topographical model.

In the formation of a phantasy, an unacceptable idea that is unable to achieve discharge consciously (as a result of the resistance of the system conscious and the mechanism of repression), instead becomes unconscious. While under repression, the idea achieves hallucinatory wish-fulfilment through phantasy, which generates a gap in the subject's memory. These repressed experiences can be retrieved by patients, but in the form of repeated acting out, in other words, through repetition compulsion (Freud, 1914a). For Freud, at this stage, the goal of analytic treatment is to "bring repressed memories of early psychic life to consciousness". As Bohleber (2007) highlights, "The authenticity of the childhood scene and its reconstruction is significant ... in so far as only the analysis of the processes that distort them brings to light the unconscious wish" (p.331). Therefore, a patient's recollection of psychic events is seen "as a triumph for the treatment if he [the analyst] can bring it about that something that the patient wishes to discharge in action is disposed of through the work of remembering" (Freud, 1914a, p. 153, my insertion in brackets). In other words, starting from the identification of a patient's phantasy, the analyst is tasked to find its pathogenic factors, which are composed of the conflict between unconscious wishes and conscious resistance. This enables a resolution of the predominant dynamics of the phantasy and extricates it from the traumatic psychical reality.

In one of the most condensed and beautiful essays on clinical technique, Freud (1914a) describes how analysis functions to achieve this goal: “Descriptively speaking, it is to fill in gaps in memory; dynamically speaking, it is to overcome resistances due to repression” (p.148). In other words, only by successfully dealing with their resistances and repression can the patient recall their earlier experiences and gain awareness of the psychic processes underlying the unconscious repetitions. Technically, it is not enough for an analyst to name the resistance as this will not result in its immediate cessation. As Freud highlights:

“One must allow the patient time to become more conversant with this resistance with which he has now become acquainted, *to work through it*, to overcome it, by continuing, in defiance of it, the analytic work according to the fundamental rule of analysis.” (p.155, author’s italics)

According to this statement, progress in analysis takes place on the condition that the patient, with the help of the analyst, becomes conscious of their resistance. For Freud, this process of familiarisation is “the first step” towards overcoming resistance (p.155). We therefore find that the factor of the familiar once again comes into view.

To reflect on this further, additional psychoanalytic insight is gained if we consider the source of resistance. As Freud describes:

“Only when the resistance is at its height can the analyst, working in common with his patient, discover the repressed instinctual impulses which are feeding the resistance; and it is this kind of experience which convinces the patient of the existence and power of such impulses.” (p.155)

In identifying the repressed instinctual impulses, both patient and analyst can become aware of the unconscious resistance and its origin (the repressed idea), leading to recognition and familiarisation. This implies that the familiar can be revealed by tracing libidinal cathexes. Further, from an economic view,

the sense of the familiar also involves the return to old cathexes, particularly those related to previously repressed objects or experiences. Becoming acquainted with resistance therefore means allowing the patient to realise and adapt to the psychic processes and cathectic patterns that he has not been consciously aware of. This process provides the opportunity to overcome the resistance by working through it piece by piece. Thus, in this case, the process of becoming familiar, although seemingly contradictory, becomes a pathway for change.

The tendency to pursue the familiar, thus provoking resistance, may also be observed in the transference. In fact, in the clinical situation, transference and resistance are so closely connected that with transference, "... the resistances determine the sequence of the material which is to be repeated" (p.151). A patient will thus experience a repetition in the transference as something real and contemporary, which forces the analyst to "... treat his illness, not as an event of the past, but as a present-day force" (p.151). As Freud suggests, transference is the essential stage where the compulsion to repeat becomes a motivation to remember. Furthermore, by reviewing Freud's concept in terms of technique, the meaning of the familiar can be clarified:

"From the repetitive reactions which are exhibited in the transference we are led along the familiar paths to the awakening of the memories, which appear without difficulty, as it were, after the resistance has been overcome." (pp.154-155)

I suggest that this statement can be interpreted as follows: in the transference, the analyst is able to uncover the repetition of the patient's old experiences or relationships (as prototypes) of which they are unaware. These can be identified and worked through via the repressed idea and its associated resistances in order to restore the gaps in the patient's memory. This suggests that "the familiar paths" (pp.154-155) could refer specifically to a patient's cathexis of a repeated idea or experience, which, although repressed and unconscious, remains old and familiar to them. This implication also supports my idea that the familiar becomes the path through which psychic change

occurs, despite the more common perception that growth is achieved through exposure to what is unfamiliar. As an intermediate region between illness and reality (whereby an artificial illness, the transference neurosis, replaces a patient's ordinary neurosis), transference allows repression to become accessible to analysis and for libidinal investments to be more easily traced. This is perhaps one reason why Freud (1909b, 1914a, 1914b) proposes that only through the transference can a psychoanalytic treatment successfully address resistance. As a tool to achieve clinical recovery, the familiar cathetic pattern therefore appears to be part of the solution.

Furthermore, this same statement suggests that the analytic process aims to locate the familiar cathetic pattern (formerly unrecognised, unaccountable or unfamiliar) in both the patient's symptoms and in the therapeutic situation itself. For example, in the analysis of a dream, interpretation aims to reveal a distorted repressed wish, which has achieved discharge in disguised form. This form of understanding can only be derived by becoming aware of the nature of the dreamer's infantile libidinal cathexis. The unfamiliar is perhaps capable of revealing the familiar only by being deciphered in this way. We find that this notion is supported by Freud's understanding of the uncanny. For example, in "The Sandman", Nathaniel's unexpected fear of Coppelius and the uncanny feeling it produces are associated with his early castration anxiety. In other words, a familiar cathetic pattern involving his mother, his father and himself, is stealthily expressed through an unfamiliar fear.

On the other hand, if we direct our attention to what must be overcome in an analysis - the patient's resistance - it is remarkable how as soon as the treatment begins (if not before), old and forgotten experiences, including lost memories, are automatically repeated in the transference (Freud, 1914a). As previously discussed, the repetition-oriented transference, which is used as the weapon "with which he [the patient] defends himself against the progress of the treatment" (p.151, my insertion in brackets), indicates a powerful tendency to regress to an old and familiar cathetic pattern. In the context of these cathexes, when an economic change is brought about, one may have no awareness of its occurrence. As Freud illustrates, the repressed experience

goes unnoticed by the patient, but is continuously re-experienced through unconscious repetitions. He provides an example from one of his cases,

“... an elderly lady who had repeatedly fled from her house and her husband in a twilight state and gone no one knew where, without ever having become conscious of her motive for decamping in this way. She came to treatment with a marked affectionate transference which grew in intensity with uncanny rapidity in the first few days; by the end of the week she had decamped from me, too, before I had had time to say anything to her which might have prevented this repetition.” (p.154)

This situation indicates that the deterioration (in this case, the interruption of the treatment) was caused by the transference, with the patient treating the analyst as a known object, thus repeating an old and familiar cathectic pattern. By suggesting that, “The doctor has nothing else to do than to wait and let things take their course, a course which cannot be avoided nor always hastened” (p.155), Freud appears to admit that this type of compulsion towards the familiar demands the patient to repeat. Whilst this cannot be avoided, the analyst needs time to gradually introduce and reveal this process to the patient in order for it to be worked through. In this way, the tendency towards the utilisation of a familiar cathectic pattern generates resistance in the clinical situation, with the familiar becoming a part of the problem needing resolution.

In summary, we have put forward a controversial understanding of the concept of the familiar in regard to the clinical situation. We have observed how a patient is invited to repeat a familiar cathectic pattern which causes them psychic pain (as with the repetition compulsion), which results in resistance to the treatment. The familiar also offers a pathway to solve these problems via working through. Although locating the familiar appears to be one of the essential clinical goals of analysis - a familiarity with resistance being the first step to recovery, we still cannot be sure whether regression towards the familiar is the cause of repetition and resistance. What we have determined is that the mental tendency towards the familiar can overcome resistance to

certain unpleasure and even uneconomic psychic expenditure. We have also observed that the familiar exerts its influence in both pathology and ordinary life, with it not being uncommon that a patient,

“... yields to the compulsion to repeat, which now replaces the impulsion to remember, not only in his personal attitude to his doctor but also in every other activity and relationship which may occupy his life at the time...”
(p.151).

Is the familiar independently powerful enough to cause an individual to automatically go backwards and repeat, or is this retreat merely a reaction to frustration or trauma? In the ensuing unconscious repetition, does the return to the familiar itself cause the psychic pain, or is it an expression of or (in direct contrast) a reparation of the original cause of the pain? These questions are valuable to consider in the following chapter.

3.3 THE STRUCTURAL MODEL

The previous chapter, informed by the economic dimension, explored the presence of the familiar in Freud's thinking regarding the psychical investment of libido and its mobility. In this chapter, I proceed by considering the familiar as it is potentially encountered in the structural model with its organisational and functional dimensions.

3.3.1 Limitations in Our Understanding of the Familiar as Determined by the Topographical Model

(1) Limitation of the Topographical Model

Freud's delineation of the topographical model was an immense contribution to the psychoanalytic understanding of the nature of the unconscious and its mechanisms, as well as offering a conceptualisation of trauma that is internally stimulated. In this model, the life drive (consisting of the sexual and self-preservative drives) and the death drive are considered the basic motivating forces of psychic energy. As Freud describes, psychic contents, which have been repressed and reside in the unconscious, constantly push for discharge, yet due to censorship their release is mitigated and only achievable with sufficient disguise or modification. Repressed wishes that are denied discharge may be expressed as affect or somatic symptoms.

Despite its enormous value, the topographical model does suffer from several weaknesses. Firstly, Freud's division of the mind into unconscious, preconscious, and conscious elements fails to account for the complexity of the ego. In his earlier affect-trauma model, Freud understood the ego as being able to defensively exclude unacceptable ideas. Then, in the topographical model, he refers to the ego as the source of consciousness, and describes its ability to mobilise resistance against unconscious wishes through defences such as repression (Laplanche and Pontalis, 1973). However, Freud's notions concerning the ideal ego (Freud, 1914b; 1921) and the ego's double aspects (1919c) do not appear to be accounted for by this model.

As an agency with highly sophisticated functions, the nature of the ego begins to emerge in relation to its complicated connection to internal objects. For example, in “On Narcissism”, in relation to the notion of an ideal ego, Freud (1914b) proposes that “man has set up an *ideal* in himself by which he measures his actual ego ... For the ego the formation of an ideal would be the conditioning factor of repression.” (pp.93-94, author’s italics). In other words, by virtue of man having devised the notion of an ideal ego, the ego itself must employ repression in order to reach this ideal. The ego develops acceptable standards for itself, which may require the repression of wishes or thoughts that fail to meet this ideal. The construction of the ego ideal is influenced by narcissism (idealisation of the ego being a consequence of this state), but also by identification with others, particularly one’s parents. Freud also distinguishes a type of criticism which “constantly watches the actual ego and measures it by that [the ego] ideal” (p.95, my insertion in brackets). Such criticism is “internalised in the form of a specific psychical agency with a censoring and self-observing function” (Laplanche and Pontalis, 1973, p.144). In “Group Psychology and the Analysis of the Ego”, Freud (1921) also writes, “Each individual is a component part of numerous groups, he is bound by ties of identification in many directions, and he has built up his ego ideal upon the most various models” (p.129). Collective ideals are thus internalised, which accounts for the diversity of characteristics of the ego ideal.

Furthermore, as Freud’s work progresses, it becomes clear that the ego has a complex relationship with the multitude of objects it comes to contain. As outlined in “On Narcissism” (1914b), objects, in the psychoanalytic sense, can only be formed by being invested with libido, with the self perhaps forming the first object. In depression, for example, through the process of identifying with a lost object, the ego itself becomes deprived of libido (Freud, 1917). This understanding leads Freud (1919c) to postulate the double aspect of the ego, that it both identifies with objects and is a thing in itself. In this way, “there is a doubling, dividing and interchanging of the self” (p.234). This complicated structure cannot be accounted for by the topographical model, in which the ego is not yet recognised as having conscious and unconscious aspects.

With the development of his theorising, Freud also resumed his interest in the role of external factors. In his discovery of the function of phantasy in experiences of sexual seduction, his attention had necessarily been drawn towards internal forces. His focus moves, to some extent, from the conflict between the unconscious and the conscious towards the interaction between the life and death drives. For example, in writing about affect, Freud (1915c) had stated that it “manifests itself essentially in motor (secretory and vasomotor) discharge resulting in an (internal) alteration of the subject's own body without reference to the external world” (p.179). In the topographical model, despite the ubiquity of external dangers, Freud (1915b) also considered anxiety to be a derivative of instinctual forces, a result of the transformation of sexual libido that has failed to discharge. In his attempt to understand the traumatic neuroses, however, Freud (1919b, 1920) later returned to the undeniable importance of external factors. This re-acknowledgement of the external is better accounted for by the structural model in which a subject's experiences are understood to involve the interaction of the drives, the various agencies of the mind, and external reality.

A further weakness of the topographical model lies in Freud's failure to sufficiently outline (in descriptive or dynamic terms) the differences between the various layers of the mind. For example, before developing the structural model, Freud defines the unconscious in numerous, but rather inconsistent ways:

“In a descriptive sense the term [unconscious] referred to a quality of a mental content, indicating nothing more than that a particular mental “event” or process existed or occurred outside conscious awareness. Used in the sense of a system, the “Unconscious” indicated a specific topographical location within the hypothetical mental apparatus, with events, contents, and processes being assigned to it. The term was also used in a dynamic sense to refer to mental contents that were being forcefully prevented from reaching consciousness or motor expression, i.e. were actively held in

check by counterforces.” (Sandler, Holder, Dare, Dreher, and Wallerstein, 1997, p.154, my insertion in brackets)

By contrast, the preconscious, whose contents appear to be descriptively unconscious (Freud, 1900), may also contain some elements which have been repressed (i.e., that are dynamically unconscious) by the “second censorship” between the preconscious and conscious systems. The most manifest difference between the unconscious and the preconscious is that the latter functions according to the reality principle and secondary process, while the unconscious obeys the pleasure principle and primary process. But as Freud noted:

“Everything that is repressed must remain unconscious; but let us state at the very outset that the repressed does not cover everything that is unconscious. The unconscious has the wider compass: the repressed is a part of the unconscious.” (Freud, 1915c, p.166)

Unfortunately, this statement fails to clarify the nature of unconscious content that exists in addition to what is repressed. Furthermore, due to the implicit difference between the unconscious and the preconscious, the topographical model may not be appropriate to fully describe the mechanism of repression. In regard to repression resulting from conflict between the systems unconscious and conscious, e.g., when an instinctual wish pushes for discharge and meets an opposing force (Freud, 1915b), as both the repressed idea and the mechanism of repression are unknown to the subject, the opposing force exists beyond their awareness. Although Freud (ibid.) suggests that an automatic mechanism is involved and references the censor¹⁴ (1900) as the potential source of the repression, in this model the censor’s precise location remains obscure.

A consideration of these factors helps establish why it was necessary for Freud to update his model of the mind once more, but also challenges our

¹⁴ i.e., The barriers that exist between the unconscious and the preconscious and between the preconscious and the conscious.

thinking about the notion of the familiar. In the context of Freud's development of a psychical structure it becomes necessary to identify the psychic location in which the familiar is generated. In examining this new framework, we might also expect that the mechanism and function of the familiar will be further enriched.

(2) Limitations in Our Understanding of the Familiar Thus Far

According to our explorations, the tendency to seek out the familiar is expressed in two ways: i) the subject holds on to what is familiar by resisting experiences which are unfamiliar, and ii) by treating a new experience as if it were familiar. Within the topographical model, a sense of the familiar is produced when a libidinal investment is repeatedly transformed into a mental representation. For the subject, this familiar sensation may be conscious or unconscious (e.g., as a result of repression) and the pull towards the familiar is usually defensive. This defensive aspect is evident in the withdrawal of psychical investment observed in two fundamental phenomena in analysis and in ordinary life – transference and narcissistic modes of functioning or relating. Due to the strength of the wish to experience the familiar, it can be sought out even when the familiar experience is unpleasant, inferring that a mobilisation of the repetition compulsion is involved.

However, in highlighting the constraints of the topographical model to explicate the range of mental functioning, it stands to reason that our understanding of the processes behind seeking the familiar also remains somewhat restricted. We might outline these insights and their limitations as follows:

i). With the help of the topographical model, the economic aspect of the familiar can be accounted for in the context of psychical investment. Although the defensive characteristic of the familiar has been located in the mobilisation of psychic energy observed in transference and narcissism, the functional aspect of the familiar still requires identification. It is necessary, therefore, to determine the nature of the familiar beyond its economic aspects. In other words, why does the psychic energy of cathexis and repetition follow the path

of the familiar, other than because it is economically expedient to do so? And why is an individual motivated to seek familiar representations and psychic mechanisms? As we will discover, the answers to these questions are not reliant on comprehending the transformation from conscious to unconscious (or vice versa), but on Freud's enriched conception of the ego and the other mental agencies as delineated in his structural model. The application of this later framework provides a more comprehensive and detailed perspective from which to reify the familiar in one's mind, enabling further aspects of the familiar to be unveiled.

ii). Regarding the defensive characteristic of libidinal withdrawal towards the familiar, this function can be supported by considering the economic advantage of utilising the familiar (i.e., that unfamiliar experiences involve a greater expenditure of psychic energy). This type of economical psychic expenditure can be a manifestation of the defence, but this is not the only or decisive factor. Experiences which result in an increase of psychic tension, such as the repetition of traumatic experiences (e.g., when watching tragedy [Freud, 1920] or pursuing extreme adventure) may also be unconsciously or deliberately sought out. That these types of experiences can provoke psychic development suggests they involve a driver towards psychic change. Thus, we can recognise occasions when the subject is not concerned with reducing psychic excitation or with seeking familiar experiences, but also seeks out the familiar. If the economic dimension is not the sole explanation, what other characteristics of the familiar motivate the defence in this particular way? And in what circumstances does an individual overcome the strong pull towards the familiar to explore something unfamiliar?

iii). As outlined in "The 'Uncanny'" (1919c), in the topographical model, the unfamiliar is especially relevant to the recurrence of something that was once familiar but has been repressed. Therefore, in interpreting that which triggers a sense of the uncanny, Freud inevitably focusses on internal processes. However, as our investigation incorporates both internal and external factors, it is crucial to consider not only the shifts in instinctual libidinal investment, but also the quality of the subject's object representations and external

relationships, which may induce structural psychic change. In particular, it is important to keep in mind that the nature of the familiar, whether positive or negative, can be influenced by external reality. To offer a hypothetical example, a sense of familiarity may be generated by an unconscious identification with an object in the subject's ego. If this object were to become lost, the loss of the familiar would refer to both the loss of the ego and the object. In this case, a repeated psychic investment in an object that generates a feeling of familiarity is still involved, but there is added complexity due to the interaction with external reality.

iv). Furthermore, there is a resistance to encountering or utilising the unfamiliar, as evidenced by the writer's inclination to repeat the use of the same word, and in the tendency towards the familiar observed in dreams, jokes, and uncanny phenomena. Sometimes, however, engagement with the unfamiliar does not generate strong excitation or provoke an especially strong defensive reaction in the ego – as observed in the reliance on unremarkable psychic material in the forging of manifest dream content. It is thus not entirely apparent why a move towards the familiar is preferable. However, as previously discussed, the unfamiliar only induces significant psychical expenditure in situations where the ego's response involves i) perceiving itself as an independent object, ii) perceiving an experience to differ from one that is familiar, or iii) when, beyond expectation, what is encountered as unfamiliar may damage or replace something familiar. In contrast, the unfamiliar can be used to cloak familiar wishes (as with the manifest dream content), which does not result in substantial psychical expenditure.

In seeking to explore beyond these economic factors, the question still remains - if the unfamiliar is inextricably linked with the familiar, then what is the precise nature of the connection? Essentially, it appears that the subject may be engaged in a conflict between facing the new and relinquishing the familiar.

In this thesis, my aim is to outline a more detailed view of the familiar by identifying its nature, its defensive function, its external effect, and the type of conflict that is provoked by turning towards the familiar. It has not been

possible to glean such information via the radius of the topographical model, but our understanding may be deepened through a consideration of Freud's final 'structural' model.

3.3.2 Introduction to the Structural Model: a Preliminary Conception of the Familiar in View of Freud's Theoretical Developments

The most obvious difference between the topographical and structural models is that the three parts of the mind identified in the earlier model - the unconscious, preconscious, and conscious, are replaced by (or to some extent added to) three agencies with different properties and functions – the id, the superego, and the ego.

(1) The Id

The id, as Freud conceived it, is “the reservoir of the instinctual drives and wishes, as well as of repressed contents held back by the ego” (Sandler, et al., 1997, p.169). In the topographical model (Freud, 1915c), the instinctual drives and wishes can only become objects of consciousness in the form of representations, with the repressed becoming knowable only through its derivatives (such as appear in dreams, parapraxes, transference, etc.) Similar to the unconscious described in the topographical model, the id is always seeking discharge. Indeed, the id is entirely unconscious:¹⁵

“It [the id] is filled with energy reaching it from the instincts, but it has no organization, produces no collective will, but only a striving to bring about the satisfaction of the instinctual needs subject to the observance of the pleasure principle. The logical laws of thought do not apply in the id, and this is true above all of the law of contradiction. Contrary impulses exist side by side, without cancelling each other out or diminishing each other: at the most they may converge to form compromises under the dominating economic pressure towards the discharge of energy.” (Freud, 1933, pp.73-74, my insertion in brackets)

¹⁵ Here (and to include any use of the term in my discussion of the structural model), the 'unconscious' is used solely as an adjective to describe a mental quality.

According to this statement, the content of the id in the structural model is very similar to that of the system unconscious. However, because the id contains the entirety of libido at the beginning of life, it has the further aspect of being the source of power for the growth of other mental apparatus. With the subject's development it can both influence and be influenced by the ego, the superego, and external reality.

(2) The Superego

The superego is the mental representative of the internalised parental figures and their prohibitions. This agency necessarily contains two parts - one that represents parental love, thus offering protection to the ego, and another that delivers orders to the ego and demands obedience. The superego has its origin therefore in the influence of parental objects via the intrapsychic processes. For Freud, this was a new and important perspective. As he writes,

“A portion of the external world has, at least partially, been abandoned as an object and has instead, by identification, been taken into the ego and thus become an integral part of the internal world. This new psychical agency continues to carry on the functions which have hitherto been performed by the people [the abandoned objects] in the external world: it observes the ego, gives it orders, judges it and threatens it with punishments, exactly like the parents whose place it has taken. We call this agency the *super-ego* and are aware of it in its judicial functions as our *conscience*.” (Freud, 1938, p.205, author's italics)

According to this statement, the superego is formed through the introjection of external objects and functions as an enforcer of ego ideals derived from others, such as parents and society. Subsequently, conscience, a further and separate self-critical function of the superego develops. This aspect will place a demand on the individual to conform to the standards and requirements of the ego ideal. If the ego fails to achieve the precepts of the superego (e.g., by unconsciously allowing a forbidden instinctual wish to be gratified), it may

suffer unconscious persecution by the superego leading to the development of an unconscious sense of guilt. This process may be observed in individuals who refuse to recover from illness. Furthermore, although Freud placed an emphasis on unconscious feelings brought about by the superego, some aspects of the superego are conscious, such as morality, values, and even ideals that take the form of personal standards.

(3) The Ego

Amongst “the structural relations of the mental personality” (Freud, 1933, p.78), the ego takes a central position. As an active agency, the ego is surrounded by the id, the superego and external reality. Between these four parts of the mind conflict continually arises. Thus, the ego is active in the sense that it endeavours to adapt to multiple stimuli, negotiate conflict between the three other agencies, and to cope with the demands of external reality. In addition, the ego has the most functions of all the agencies:

“These include not only the control of motility and perception, reality-testing, anticipation, the temporal ordering of the mental processes, rational thought, and so on, but also refusal to recognise the facts, rationalisation and compulsive defence against instinctual demands.” (Laplanche and Pontalis, 1973, p.139)

Furthermore, the ego inherits consciousness (as a sense-organ of the ego) and most of the functions of the preconscious (such as censorship) from the topographical model, but these elements appear largely unconscious (as defences, for example) and may only become manifest as unconscious resistance in clinical treatments:

“We have come upon something in the ego itself which is also unconscious, which behaves exactly like the repressed—that is, which produces powerful effects without itself being conscious and which requires special work before it can be made conscious.” (Freud, 1923, p.17)

With his statement that “the ego is first and foremost a bodily ego” (ibid., p.26), Freud postulates that this particular mental agency is inextricably connected to the body. As a result of a subject’s perception of external reality, the ego becomes gradually differentiated from the id. The libido, which derives from the id and is incorporated into the ego, goes through a process of ‘desexualization’, through which it is elaborated or directed towards aims other than those that are sexual. Thus, the energy in the ego is neutral and is not simply sexual. Furthermore, in the structural model, the ego becomes “the true *locus* of affect” (Quinodoz, 2005, p.142, author’s italics). In this context, the ego is taken to be “the actual seat of anxiety” (Freud, 1923, p.57) and it utilises affect as a warning sign to prepare itself against imminent danger.

(4) The Structural Model as Heir to the Topographical Model

A clear shift can therefore be observed, with the economic and dynamic viewpoint of the topographical model of the mind beginning to give way to a more organisational and functional perspective of it. In the structural model, each of the agencies has unconscious and conscious qualities. Furthermore, Freud’s notion of the dual drives is further developed, with the life drive seeking to bind psychical energy and unify the mental agencies, whilst the death drive pursues their unbinding. Freud also begins to speak of the drives in a new way in regard to fusion and defusion:

“The fusion of instincts is a true mixing in which each of the two components may be present in variable proportion; defusion signifies a process tending to produce a situation in which the two sorts of instincts would operate separately, each pursuing its own aim independent of the other.” (Laplanche and Pontalis, 1973, p.180)

Freud (1923) takes depression as the typical example of defusion. When he is depressed, the subject’s ego suffers unconscious persecution at the hands of the superego, which, under the sway of the death drive, is motivated by hatred and a wish to destroy. Here, the death drive has become defused from the life drive, and, in some cases, the subject will be driven to take his own life.

According to Freud, the life drive tends towards union, whereas the death drive is responsible for dissolution. When the two are fused and invested in the same object, sadism or masochism may result.

(5) The Familiar Within the Structural Model: A Preliminary Conception

The structural model represents a more complete and organised psychic system in which the ego acts as an intermediary agency that manages the id, the superego, and external forces. In the context of the structural model, a need to adapt our understanding of the familiar arises, because the ego is now predominantly identified as the agent of psychic life that gives rise to the familiar.

Firstly, a precondition for the experience of familiarity is the presence of perception, which is associated with the ego. The ego forms mental representations of external objects which are invested with psychic energy, and in this way, the same objects come to have the characteristic of being familiar. The initial basis of the familiar can therefore be traced to the perceptions of the bodily ego. Due to repeated representation, internal objects become solidified and are further invested in. Secondly, the familiar appears to frequently present itself in the form of a feeling and the ego is considered to be the seat of affect. In addition, because the familiar has defensive characteristics it can be reasonably assumed to be generated by the ego, to which the defences are attributed.

In situations where the subject deviates from that which is familiar, such as when he makes a change of object choice, three potential aspects have been impacted: i) an earlier object choice has been relinquished, ii) contact between the ego and the representation of the earlier object that had been chosen, has become ruptured, and iii) the ego has been compelled to withdraw and re-arrange the attribution of psychic energy, which was previously invested in the familiar object - an expenditure that the ego usually avoids by clinging to the familiar (the earlier object and the pattern by which it was cathected). This defensive withdrawal of energy via a familiar pathway can be considered to be

a re-investment in an old representation, following the repetitious trammeling of a familiar energetic path.

Whilst the ego is constructing a framework in which to function, one that is oriented towards retaining a sense of familiarity, it is also interacting with the other mental agencies and with external objects. Subsequently, any loss of what is familiar or changes in psychical investment that may trigger a defensive withdrawal towards the familiar, as observed in narcissism and transference. Such a withdrawal can be internal, as in the reappearance of the repressed in uncanny situations, or in the transference of clinical sessions, or external, as in the Wolf Man's subtle shift of object choice following his rejection by his sister. If we consider the points hitherto mentioned, it appears that our investigation would do well to focus on how the ego reacts to these two varieties of challenge.

In summary, in the structural model, it is possible to identify two means by which the ego attempts to retain a sense of familiarity. The first follows from the ego's management of an external loss of the familiar, which may cause anxiety, mourning or depression in the subject. The second relates to internal changes that usually accompany the progress made in clinical treatments, and which also tend to bring about a sense of loss of the familiar resulting in regression to a previous pathological state. Freud (1923) identified this process as a 'negative therapeutic reaction'.

3.3.3 Anxiety as an Initial Reaction to Object Loss that Can Be Relieved by the Familiar

(1) Clinging to the Familiar Following Object Loss

Freud frequently reminds us of the infant's longing for his mother and of his Oedipus complex – the intense feelings of love for one parent and hostility towards the other. In light of this, it can be easily assumed that a subject's ego, driven by the life instinct (i.e., by the sexual and/or self-preservative drives),

invests psychic energy in an object in order to gain protection, satisfaction, love, and to avoid threats and hostility.

If we take again the example of the Wolf Man, who exhibited a deep desire for his sister, his investment in her or in objects which were substitutes for her was consistent and fixed. Through this example, we understand that the familiar investment is only reluctantly given up or replaced. However, in some circumstances, the loss of an object is inevitable, for example when the subject is rejected or otherwise separated from an object, perhaps due to death. In such cases, wherein a familiar and wanted object has to be relinquished, a conflict is provoked.

(2) Anxiety Within the Structural Model

In 'Inhibitions, Symptoms and Anxiety' (1926a), Freud considers that anxiety can be aroused by either excessive internal or external stimuli. Excessive excitation generated in the id or superego as internal danger will cause neurotic anxiety, while external danger evokes realistic anxiety. In reacting to external stimuli, the subject may experience an increase of internal excitation. Also, an internal sense of danger may be transferred to the external, as in the case of castration threats instigated by the Oedipus complex. In the context of any such danger, Freud continues to consider the economic dimension (i.e., the amount of psychic excitation) to be the determining factor.

Furthermore, Freud (1926a) introduces three kinds of anxiety. The first concerns perceived danger, for example, "when a child is alone, or in the dark, or when it finds itself with an unknown person instead of one to whom it is used—such as its mother" (p.136). Freud concludes that this sense of danger is influenced by separation, because "missing someone who is loved and longed for" (p.136) leads to anxiety, which is induced by the fear of losing the object. The second, automatic anxiety, occurs following the actual loss of the object, a traumatic situation that overwhelms the helpless ego. With separation, for example, if the infant's needs are left unsatisfied due to the absence of the primary caregiver, the experience becomes traumatic if the accumulation of

internal excitation cannot be discharged. The third and final type, identified as signal anxiety, is generated when the ego confronts impending danger. In this situation, anxiety, which is both a current affective state and a precipitate of previous danger, is generated to warn the ego about the risk of re-experiencing something traumatic. In relation to the Oedipus complex, for example, a child's fear of being separated from the maternal object can provoke castration anxiety. This anxiety will appear as a signal when the child's longing for the mother and his hostile wishes against the father approach consciousness. Thus, the defence, in this case the repression of the child's wish to be with the mother, can be mobilised in good time allowing the subject to be protected from a breakthrough of intolerable ideas and attendant increase in psychic excitation. Anxiety as a signal deriving from the Oedipus complex can be further displaced, through a phobia, for example, as in the case of Little Hans and his fear of horses (Freud, 1909a). In conclusion,

“Anxiety, it seems, in so far as it is an affective state, is the reproduction of an old event which brought a threat of danger; anxiety serves the purposes of self-preservation and is a signal of a new danger” (Freud, 1933, p.84)

It should be noted that the ego's reaction to real external danger and to internal instinctual danger are similar in essence:

“There are two reactions to real danger. One is an affective reaction, an outbreak of anxiety. The other is a protective action. The same will presumably be true of instinctual danger. We know how the two reactions can cooperate in an expedient way, the one giving the signal for the other to appear. But we also know that they can behave in an inexpedient way: paralysis from anxiety may set in, and the one reaction spread at the cost of the other.” (Freud, 1926a, p.165)

This statement implies that the nature of the ego's reaction does not depend on the location of the source of danger, but rather on the difference between the danger and the older traumatic situation, which is determined by the economic quantity of psychic excitation involved.

(3) From Traumatic Situation to Danger-Situation: A Subtle Transformation of the Familiar

The subject's ability to recognise an incoming danger-situation through the activation of signal anxiety involves a significant transformation in regard to the experiencing of trauma. As Freud describes it:

“The individual will have made an important advance in his capacity for self-preservation if he can foresee and expect a traumatic situation of this kind which entails helplessness, instead of simply waiting for it to happen. Let us call a situation which contains the determinant for such an expectation a danger-situation. It is in this situation that the signal of anxiety is given. The signal announces: ‘I am expecting a situation of helplessness to set in’, or: ‘The present situation reminds me of one of the traumatic experiences I have had before. Therefore I will anticipate the trauma and behave as though it had already come, while there is yet time to turn it aside.’ Anxiety is therefore on the one hand an expectation of a trauma, and on the other a repetition of it in a mitigated form. Thus the two features of anxiety which we have noted have a different origin. Its connection with expectation belongs to the danger-situation, whereas its indefiniteness and lack of object belong to the traumatic situation of helplessness—the situation which is anticipated in the danger-situation.” (ibid., p.166)

Freud thus reveals the subtle connection between traumatic experiences and potential danger-situations. In a traumatic situation, when the absence of an object and the accompanying helplessness prevail, anxiety is used as a signal to mobilise self-preservative activities. These protect the ego from further exposure to trauma, enabling the subject to make certain preparations. This transformation seems to be positive and progressive since the use of a signal indicates the initiative of the ego ahead of an upcoming traumatic experience.

Furthermore, Freud links this transformation to the change from passivity to activity, which can be traced back to his discussion of mastery in “*Beyond the Pleasure Principle*” (1920). With the reproduction of anxiety as a signal,

“The ego, which experienced the trauma passively, now repeats it actively in a weakened version, in the hope of being able itself to direct its course. It is certain that children behave in this fashion towards every distressing impression they receive, by reproducing it in their play. In thus changing from passivity to activity they attempt to master their experiences psychically.” (1926a, p.167)

My previous discussion of mastery as an explanation for a subset of the repetition compulsion (only those that a weakened version of the original trauma is experienced in the substituted situation, e.g., the ‘fort-da’ game) highlights that mastery is a secondary achievement established through the repetition of the anxiety signal. One can assume then, that anxiety as a signal also exists as a fundamental achievement of the ego, representing the transformation of a traumatic situation into a situation in which prospective dangers are identified. It is on the basis of this transformation, through which the ego relieves and protects itself against overwhelming excitation, that mastery is attained.

Specifically with anxiety, the repetition of a trauma “in a mitigated form” (ibid., p.166) echoes our earlier unresolved question concerning the function of mitigation within the affect-trauma model (See page 51). In the previous discussion, it was argued that the repetitious activity itself could not be the source of the mitigation, due to the noticeable contrast in outcome between two dynamics: i) the repetition of an affect whose traumatic nature is lessened through being re-experienced and associated with later positive experiences, and ii) the repetition of a traumatic situation that leads to a re-traumatization of the subject. Instead, repetition is identified as a manifestation of a driving force; the pull towards the familiar being evident in both situations. Nonetheless, in Freud’s earlier model, the differences regarding the function of mitigation in these two situations could not be well enough understood. However, at this stage, it may be possible to re-consider this conundrum on the basis of a phrase Freud (1926a) provides in the above quote. This rather obscure terminology may suggest that in comparison with the rigid repetition of

traumatic experience in the traumatic neuroses, the repetition of signal anxiety (which we note, may also accompany hysteria or the other neuroses) makes trauma more tolerable by “turn[ing] it aside” (p.166, my insertion in brackets).

(4) The Familiar as the Source of the Mitigating Effect

In tracing the source of the process of mitigation, a first pathway to consider is the transformation of a traumatic situation into one in which the subject is alerted to a danger. Freud (1926a) implies that when an anxiety signal is activated, the ego starts to correlate the upcoming situation with a previous subjective state, in this case “helplessness” or the experience of “one of the traumatic experiences I have had before” (p.166). At a descriptive level, I would argue that the correlated state or experience may be familiar to the subject, because by associating certain psychological materials with the current stimuli, signal anxiety enables the ego to identify upcoming threats and thus avoid the re-experiencing of the trauma. One could also hypothesise that in the wake of a particular psychological event, signal anxiety is stirred in reference to that familiar experience and provides notice to the ego to prepare; hence, the process of mitigation is accomplished.

In the context of mitigation, the familiar is influential in three ways. Firstly, once the signal anxiety is perceived by the ego, the familiar psychological mechanisms, such as representations of a similar experience, can be accessed easily with little psychological expenditure (as discussed in the previous section). In seeking after the familiar, the ego, in identifying a danger-situation, can mobilise protection. Secondly, recognition of a particular stimuli infers that the subject is familiar with the likely outcome. In this sense, a new experience has an element of familiarity about it - the new is treated as a reproduction and a reappearance of the familiar, or at least as something similar that can be processed according to the familiar. It can be further assumed, therefore, that the ego experiences particular stimuli as familiar. Thirdly, the sense of the familiar is subjectively reliable in that the ego feels it to be protective. That is to say, the ego has confidence in its preparedness when it has awareness of a previous familiar experience, and believes it can help itself to survive the

upcoming situation. This offers an explanation as to why repetition allows an individual to anticipate traumatic fright and defend themselves against the future (Bromberg, 1996). With the achievement of mitigation, the individual is protected, to some extent, from suffering further traumatisation.

In exploring mitigation, in addition to the transformation from trauma to danger, a second pathway to consider is the ego's reaction in the midst of the danger, when there is a possibility of relieving the anxiety:

“Our starting-point will again be the one situation which we believe we understand—the situation of the infant when it is presented with a stranger instead of its mother. It will exhibit the anxiety which we have attributed to the danger of loss of object. But its anxiety is undoubtedly more complicated than this and merits a more thorough discussion. ... It cannot as yet distinguish between temporary absence and permanent loss. As soon as it loses sight of its mother it behaves as if it were never going to see her again; and repeated consoling experiences to the contrary are necessary before it learns that her disappearance is usually followed by her reappearance. Its mother encourages this piece of knowledge which is so vital to it by playing the familiar game of hiding her face from it with her hands and then, to its joy, uncovering it again. In these circumstances it can, as it were, feel longing unaccompanied by despair.” (Freud, 1926a, pp.169-170)

It is important to note that the danger involved here is considerable. The infant, at this very early stage of psychological development, may treat the mother's absence as a permanent loss rather than a temporary separation. According to Freud (1926a), the danger-situation can turn into a traumatic one particularly if the infant experiences some urgent need during this time. In this situation, the experience of anxiety can be associated not only with the non-satisfaction of basic needs, but with annihilation.

With the mother's return and the help of “repeated consoling experiences” (p.169), the infant is able to experience the threat of trauma rather than the trauma itself. When the signal anxiety instigates access to familiar

representations of the mother or previous experiences with her, including awareness that her absence is temporary and will be followed by reunion, the trauma is mitigated. Again, the familiar demonstrates an influence, because despite the current situation not being an exact replica of the past, it is treated as a familiar experience, one in which a reunion is assured. Thus, the signal anxiety prompts familiar memories, which the infant can use, and which prevent him from being overwhelmed by an even greater anxiety. I suggest that it is the experiencing of the familiar following the mother's absence that plays the fundamental role in mitigating the trauma.

Our exploration of how trauma is mitigated in this way enables the tendency towards seeking the familiar to be further understood, leading us to conclude that the mitigation of stimuli or anxiety may derive from reliance on the familiar. As Freud illustrates, anxiety is reduced when there is an experience the familiar, because only if the perceived stimuli can be connected to something familiar or understood by its familiarity can the trauma be mitigated. Thus, rather than considering mitigation as an ego 'function', it would be more appropriate to understand it as an effect that is brought about by the work of the familiar, which later manifests through repetition.

In my view, in regard to what contributes to the mitigating effect in this process, there are two specific factors which need to be further identified and compared. Firstly, I would highlight the use of a familiar representation. I suggest that the possession of a familiar representation, in this case, of the mother's reappearance, is the primary factor when the infant is preparing to navigate this danger-situation. The familiar representation can be viewed as a template that the subject leans upon. In the example of separation described above, this template acts as a source of protection allowing the infant to feel safe in the midst of the danger. However, this familiar representation relies on certain mechanisms in order to manifest and function (e.g., the mechanism to activate the psychological power of the reunion with a good mother in the signal anxiety), in the same way that water sourced from a snowcapped mountain relies on tributaries to form a river.

This leads us to the second factor, which is the connection between the current situation and the familiar representation. It should be noted that from the ego's perspective this process involves a 're-connection', because its perception of the current situation is reliant on the pathways by which it has previously accessed the familiar representation. In the transformation from traumatic situation to danger-situation, the nature of the familiar representation is commonly not a comforting one (unlike that described in separation danger), because it necessarily relates to a painful experience. Nevertheless, through this re-connection, the mitigative effect still occurs, enabling the re-experiencing of the trauma to be replaced by expectancy of the upcoming situation followed by a repetition of a weakened version. In other words, the ego modifies the current situation in correspondence with the familiar representation. In the case of a separation threat, what is endowed is the memory of pleasurable reunion which followed the anxiety.

On the occasions when the familiar representation reflects a painful experience, the only comfort that can be drawn is the realisation that survival (even through flight) rather than death is the likely outcome of the present situation. Thus, through this re-connection to the familiar, the ego can protect itself from an experience of complete helplessness. On this basis, I would further argue that, as in the analogy of a river being formed by its tributaries, it is the sense of the familiar and the process of reconnecting to it, rather than its positive or pleasurable nature, that are the determining factors.

(5) The Protective Shield: A Further Aspect of the Familiar

The familiar, which is sought out and is able to mitigate the effects of trauma, is also pertinent to the protective shield that defends the ego from fright - a notion which Freud postulated without identifying its qualitative significance. A protective shield was first described by Freud (1950[1895]) from a quantitative perspective in his 'Project for a Scientific Psychology'. He hypothesised that, to protect the mind from an excessive influx of external stimuli, this protective apparatus, operating like a filter, allows only a small quantity of stimuli to enter

the mind. This dynamic acts in accordance with the principle of constancy, which aims at maintaining a low level of psychical tension.

In Freud's early topographical phase, it could be argued that the protective shield is continuously implied in the form of the most superficial layer of the preconscious-conscious system and as an intermediary between the mind and the external world. However, as Freud's thinking at this stage was predominantly focused on internal stimuli, he does not offer further elaboration. It is not until 1920, almost 25 years after the 'Project', that Freud returns to the subject:

"Protection against stimuli is an almost more important function for the living organism than reception of stimuli. The protective shield is supplied with its own store of energy and must above all endeavour to preserve the special modes of transformation of energy operating in it against the effects threatened by the enormous energies at work in the external world—effects which tend towards a levelling out of them and hence towards destruction."
(Freud, 1920, p.27, author's italics)

The protective shield is therefore construed as a frontier between the mental apparatus and the external world. It is invested with psychical energy and can transform or block stimuli in order to protect the ego from encountering excessive amounts of it. Trauma can result when large enough quantities of stimuli break through the protective shield. At this later stage, Freud also considers the defensive use of the protective shield against internal stimuli:

"... there is a tendency to treat them [internal stimuli] as though they were acting, not from the inside, but from the outside, so that it may be possible to bring the shield against stimuli into operation as a means of defence against them. This is the origin of projection, which is destined to play such a large part in the causation of pathological processes." (ibid., p.29, author's italics, my insertion in brackets)

This statement highlights Freud's more developed understanding of the types of stimuli that the protective shield has to deal with. Further, in looking beyond

the shield's aim of decreasing the quantity of excitation endured by the ego, Freud has begun to consider the specific protective mechanisms at work. As he states:

“... we infer that a system which is itself highly cathected is capable of taking up an additional stream of fresh inflowing energy and of converting it into quiescent cathexis, that is of binding it psychically. The higher the system's own quiescent cathexis, the greater seems to be its binding force; conversely, therefore, the lower its cathexis, the less capacity will it have for taking up inflowing energy and the more violent must be the consequences of such a breach in the protective shield against stimuli.” (ibid., p.30)

Freud clearly points out that the energy transforming function of the shield consists in ‘binding’, that is, turning free-flowing energy into quiescent energy, which is more tolerable to the ego and easier to process. Thus, the protective shield not only responds to the quantity of stimuli, but also transforms it qualitatively into a more acceptable version, allowing certain stimuli to be registered and processed within the mind. It appears that the quantity of incoming stimuli and the cathected energy of the protective shield counteract each other. That is to say, the greater the preparatory investment (or pre-cathexis), the more effective the activation of the protective shield and the lower the risk of the subject being overwhelmed by fright. However, Freud's discussion remains in the domain of the quantity of stimuli and does not explore the nature of the binding involved, hence the lack of clarity regarding the mechanisms involved.

Following “*Beyond the Pleasure Principle*” (1920), Freud resists returning to these ideas, except in 1925, when, as a means of describing his theory more vividly, he makes an analogy to the mystic writing pad. At this point, on the basis of the structural model, he denotes the protective shield as the first perceptual frontier of the ego:

“I showed that the perceptual apparatus of our mind consists of two layers, of an external protective shield against stimuli whose task it is to diminish

the strength of excitations coming in, and of a surface behind it which receives the stimuli, namely the system *Pcpt.-Cs.*” (Freud, 1925b, p.230, author’s italics)

Following Freud, this conceptualisation does not garner much attention; in referring to the protective shield, subsequent writers tend not to develop it. With Freud’s postulation of signal anxiety, which, as I have argued, requires the subject to turn towards the familiar, a more systematic view of the protective shield was put forward. Anxiety as a signal can be seen as the first preparatory reaction of the ego to an upcoming threat, similar to the way in which the protective shield, as the first layer of the ego, prepares to receive external stimuli. It might be assumed therefore that the psychical energy employed in both situations has similar characteristics or may even be identical. As Casoni (2002) speculates:

“... *signal anxiety*, denotes the type of anxiety that exercises the function of preparing the psychical apparatus for danger by cathecting the function of the protective shield.” (p.141, author’s italics)

In other words, it is the formation of signal anxiety that alerts the shield and contributes to its being invested in, actualising its protective function. In accordance with this view, I would further suggest that the energy invested in the protective shield is the same as that employed in the creation of signal anxiety. As previously discussed, the energy which is active in signal anxiety is also involved in evoking a familiar representation via a previously used access path, which enables further protection to be achieved. Because the energetic investment in the protective shield derives from the ego’s re-connection to a familiar representation, traces of the familiar are held within it. Thus, on the basis of a consistent investment in the familiar, these traces allow the shield to prepare for potential stimuli. This may account for why an infant, in the event of a temporary separation, is able to imagine that their current loss reflects an earlier situation that ended in reunion. The protective shield therefore operates by both anticipating the familiarity of potential stimuli and managing these stimuli in a familiar way.

If we consider the working process of the protective shield in more detail, the first stage involves the reception of incoming stimuli. I would argue that stimuli is filtered and bound by the psychic energy stored in the shield, which contains familiar traces. As part of the initial form of preparatory protection, it is thus necessary for the stimuli to be perceived as previously known in order to pass through the barrier. That is to say, the protective shield tends to absorb stimuli that is familiar, and which has already been filtered on this basis before meeting the ego. In this way, the tendency towards the familiar appears to extend to the frontiers of the ego, which is in direct contact with external reality. The process also suggests that at the stage before stimuli enters the ego, despite not being perceived by the conscious mind, a sense of the familiar is experienced and assists in the work of the protective shield. Following this, when the ego encounters the stimuli, signal anxiety arises, followed by a transformative mitigation of trauma based on the expectation of and re-connection to a familiar experience.

Furthermore, as Sklarew and Blum (2006) suggest, “Sudden loss of a significant other or part of the self may be more traumatic since there has been no preparation, no time for anticipatory defense and mourning” (p.859). In the context of the trauma that results from a breach of the protective shield, Freud (1920, 1926a) emphasises its characteristic of *fright* both on the basis of a sudden excessive influx of stimuli (i.e., quantitatively), and also on the lack of availability of a corresponding familiar experience. In this respect, there is a “lack of preparation” (Freud, 1920, p.33).

I would postulate two possible reasons for this insufficient preparation. Firstly, access to a familiar representation or even the familiar representation itself can be damaged or destroyed as a result of being flooded by the excessive stimuli. In terms of damage to the access pathway, if the overwhelming incoming stimuli cannot re-connect with previous experiences, memories, etc., then it cannot be registered in correspondence with a familiar representation. In regard to damaging a familiar representation, even if the stimuli does locate a familiar representation, this representation may become imbued with traumatic

energy. A subject's encounter with a familiar representation that has been altered in this way will be unexpected. For example, in "The Sand-Man", Freud (1919c) interprets the reappearance of Nathaniel's fear of losing his eyes as a distorted form of his earlier castration anxiety, which he now projects onto the Sand-Man as father-substitute. In this case, Nathaniel's more primitive anxiety about losing his eyes is transformed into the fear of having his eyes removed by the other. The return of his fear illustrates how an excessive influx of external stimuli can breach the protective shield; Nathaniel can no longer view Coppélius as his father's old friend (i.e., he cannot register him by re-connecting with something familiar), but instead, experiences him as an embodiment of the Sand-Man (i.e., the familiar representation of Coppélius is replaced by the dreaded figure).

Secondly, the lack of a corresponding familiar representation may also be a source of the insufficient preparation. In situations where a subject can no longer rely on a familiar representation (perhaps due to its absence or instability) to help him process an overwhelming experience, he may experience a traumatic breach for which the ego is not prepared. This happens in the case of a sudden or tragic death. As Freud (1923) notes, "death is an abstract concept with a negative content for which no unconscious correlative can be found" (p.58). In other words, death is an unknown quantity for the subject. Freud (1926a) also states that, "nothing resembling death can ever have been experienced; or if it has, as in fainting, it has left no observable traces behind" (p.130). This may partially explain why the traumatic neuroses, which are inspired by situations involving the threat of death, are given special attention by Freud (1919b), although he prefers to consider the internal conflict between a peaceful ego and a warring ego as the determining factor. I suggest that a subject, when faced with the threat of death, experiences overwhelmingly powerful stimuli, which threaten both his mind and his very psychical existence. No familiar psychical representation correlates with this type of experience; thus, the threat of death easily breaches the protective shield, flooding the unprepared ego.

Both the rupturing of and absence of a familiar representation force the ego to face powerful stimuli with limited protection. Due to the inability to re-connect with and utilise the familiar, an increase in the quantity of energy encountered by the ego is inevitable, as is the risk of the experience of helplessness.

In conclusion, we can summarise our understanding as follows:

- a) In the face of anxiety, as a first reaction to object loss or the fear of it, the ego leans upon the familiar (e.g., earlier experiences, representations, etc.) for the purposes of regulation and mitigation, through which the affective and economic properties of the familiar can be identified.
- b) The familiar can help the ego manage a potentially traumatic experience by transforming it into one wherein there is only a threat of danger.
- c) On the basis of a re-connection with an available familiar representation, the ego experiences new stimuli by endowing it with known characteristics. That is to say, new and potentially traumatic experiences are recast in terms of what is familiar. In this way, a weakened version of a previous threatening experience is anticipated and leant upon, allowing the subject to imagine what is ahead. Reliance on the familiar which is repeatedly accessed therefore has a mitigating effect on potential trauma. Again, it is important to highlight that this process of mitigation is the by-product of the work of the familiar.
- d) The subject relies on the familiar as a means of managing anxiety, whether the stimuli instigating anxiety originates from inside or outside. However, it should be noted that Freud (1920) posits the existence of a protective shield on the basis that it deals with external stimuli.
- e) Following the establishment of signal anxiety, the protective shield is characterised as having familiar aspects in the context of its being energetically cathected; these characteristics are utilised by the shield in response to incoming stimuli before these are able to make contact with the ego.
- f) Fright trauma, which is the result of a breach in the protective shield, may be caused by insufficient preparation of the ego where it cannot access the familiar.

By introducing and exploring the notion of the familiar within the context of anxiety and the protective shield, Freud's (1920) hypothesis that "There is something about anxiety that protects its subject against fright and so against fright-neuroses" (p.13) can be more comprehensively explained. In relation to the ego's fear of object loss, we have reviewed the role of the familiar in the defence against trauma and have considered how what is known can become damaged or destroyed in traumatic situations. Next, we will examine the reaction to actual loss, and, in particular, the pathological state of depression.

3.3.4 Depression: Being Stuck in a Concrete Familiar State

It is important to clarify that the term 'melancholia', as used by Freud, would nowadays be understood as 'depression', with 'melancholia' being reserved to describe the most severe kinds of psychotic depression (Strachey, 1957; Quinodoz, 2005). In relation to our understanding of the familiar, a discussion of depression must be prefaced with an acknowledgement of the following points. Firstly, it must be noted that depression is a painful psychoneurosis that is characterised by a narcissistic withdrawal of the ego. In terms of the outcome of this process, it appears to contradict the idea, previously discussed, that the ego's withdrawal is a defensive reaction serving to avoid intolerable psychological pain, aiming to calm the severe psychological tension observed in narcissism.

Secondly, as supported by our recent discussion of anxiety and the postulation regarding repetition compulsion in the previous section (i.e., as related to repetitive anxiety dreams), it is assumed that the content of the familiar is more important than the pleasure gained from it, which means the familiar is repeated even when uncomfortable. For this current discussion, a comparison of the primary relationship between the familiar and the pleasure principle is warranted, because although depression is painful, it is seemingly a compelling state to be in, possibly compelling in its familiarity.

Thirdly, as a result of depression's complex nature (e.g., the presence of an identification through which both an external and internal loss are experienced), it can be expected that our understanding of the specific mechanism of the familiar will be enriched by the structural dimension of the loss.

Freud first systematically discussed depression in 1917 during the phase of the topographical model. It should be noted that because of a profound development concerning the discussion of mental agencies, such as the criticising agency of 'conscience' as a forerunner to the superego, Freud's conceptualisation of that period is highly consistent with the structural model. After this date, Freud (1920, 1923, 1927) continued to return to the subject of depression.

(1) Mourning: An Incomplete Withdrawal As a Compromise

A discussion of depression cannot exclude a consideration of mourning, the non-pathological state which occurs following the loss of an object. On losing a loved object, "an actual loss or disappointment connected with a loved person, or ... the loss of an ideal" (Quinodoz, 2005, p.149), the subject will initially experience anxiety. In time, and with the conscious realisation of the fact of the loss, mourning begins (Steiner, 2005). The ego becomes absorbed in this process to the extent that a number of its other regular functions may be inhibited. For example, the ego may lose interest in other objects, both internal and external. Freud (1917), offers the following account of the psychical process in mourning:

"Reality-testing has shown that the loved object no longer exists, and it proceeds to demand that all libido shall be withdrawn from its attachments to that object. This demand arouses understandable opposition—it is a matter of general observation that people never willingly abandon a libidinal position, not even, indeed, when a substitute is already beckoning to them. This opposition can be so intense that a turning away from reality takes place and a clinging to the object through the medium of a hallucinatory wishful psychosis. Normally, respect for reality gains the day. Nevertheless its orders cannot be obeyed at

once. They are carried out bit by bit, at great expense of time and cathectic energy, and in the meantime the existence of the lost object is psychically prolonged. Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercathected, and detachment of the libido is accomplished in respect of it. Why this compromise by which the command of reality is carried out piecemeal should be so extraordinarily painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us. The fact is, however, that when the work of mourning is completed the ego becomes free and uninhibited again." (p.244)

From a phenomenological perspective, mourning, as well as depression, only occurs if the object was of great psychological value to the subject. In other words, the lost object is imbued with a characteristic of familiarity, perhaps through having multiple associations with the subject in different situations or due to a connection of specific significance. Because the lost object was so familiar, it is hard to let go of, making the experience of mourning a long and painful process. Freud's quotation emphasises the subject's tendency to cling to the lost object and how loathe they are to change libidinal positions even when a substitute is available. The situation in mourning provides a further example of the ego's tendency towards the familiar, which can be highlighted in several ways. Firstly, following the loss of the object, the ego will not easily let the familiar representation disappear, and secondly, in the context of the libidinal position indicated by the energetic pathway between the ego and the representation, the ego insists on utilising this familiar way of connecting to the representation.

There are two elements worth highlighting in the recent quotation. The first is that, on its own, the economic viewpoint cannot explain why the piece by piece withdrawal of libido from the lost object is so painful. Before solving this query, it should be clarified that pain is "the actual reaction to loss of object" (Freud, 1926a, p.170); thus, it involves a subjective experience of losing the object alongside the detachment of libido. Furthermore, it is also necessary to clarify the hypercathexis involved. As Joffe and Sandler (1965) write,

“When an object is lost and its representation receives a libidinal hypercathexis, this means that the cathected internal image of the object is not met by a corresponding perception arising from outer sources. Thus the painful hypercathexis can be taken as indicating a state of discrepancy between ... the actual state of the self on the one hand and an ideal state of well-being on the other.” (p.396)

This means that one reaction to the loss of an object in the external world is to further invest in it, in other words, to give it more life internally. However, as a result of the loss, the subject's longing for the object can no longer be met. Thus, the “unsatisfiable cathexis of longing” is painful in itself (Freud, 1926a, p.172). The hypercathexis is derived from the discrepancy between the actual situation (in which the object is lost) and the ideal one (in which it is not lost) (Sandler and Rosenblatt, 1962) - that is to say, the expectation of a familiar situation which previously offered satisfaction. In this case, external reality does not support the internal reality, in which there is a continued clinging to the familiar.

One difficulty in explaining the pain of mourning economically is that in the topographical model unpleasure is mainly caused by psychic tension, which is aroused by an accumulation of psychic excitation. Certain psychical tension will indeed arise when instinctual needs can no longer be satisfied due to the loss of an object. However, not only is there an increase in psychic pain in quantitative terms, there is also a redistribution of energy, because on realising the actual loss of the object it is necessary for the ego to withdraw its investment. Thus, here again, a tendency towards the familiar exists, with the ego seeking to hold on to the familiar experience of the object.

A further difficulty exists at the quantitative level. It is obviously extremely painful for every connection to a familiar and important object to cease all at once, that is to say, for all investment to be withdrawn. However, even if the subject detaches little by little, they will still suffer. Related to our earlier discussion that psychical pain is a result of both the quantity of excitation

encountered by the ego and a change to something familiar, the painful characteristic of libidinal withdrawal in mourning is inevitably endowed with a determinant qualitative factor, that is, the damage incurred by the familiar. One can imagine that the now hypercathected internal object representation becomes hypersensitive to any form of energetic detachment. That is to say, under the influence of the loss and the process of mourning, the subject clings to a familiar but now static representation of the lost object, which in turn results in the libidinal investment itself becoming concrete. Any libidinal withdrawal from this hypercathected representation will be experienced as an intolerable loss, destroying the object's sense of familiarity; the concrete investment then floods back into the ego, with the entire process engendering further pain.

I would suggest that in the stage of mourning in which the lost object is hypercathected, the familiarity of the representation is inevitably damaged. This occurs because, on the one hand, the representation takes on a concrete type of 'sameness', wherein any sense of change is avoided. And, on the other hand, the subject slowly becomes aware that the hypercathexis has been defensive and that the object is actually lost. Despite this, as Freud explains, following reality-testing, the detachment from the object continues. Through this process, the concrete familiarity gradually becomes unfrozen and the subject dismantles the familiar object they have constructed.

I would highlight furthermore that the withdrawal of libido occurs along the same path as was initially used to invest in and connect with the familiar representation. It is through experiencing previously familiar situations involving the lost object that the subject realises and gradually accepts the absence of the object. This process appears to damage to the familiar, causing the subject further pain, rather like an individual demolishing a bridge he himself has created.

In addition to the economic issues previously mentioned, there is a second concern regarding Freud's definition of mourning. In his discussion, despite placing theoretical emphasis on the need to give up the object, the topic

receives little attention. This is strange given that even in the more ordinary cases of mourning, the majority of people appear to be attempting to remember or hold on to the lost object. Indeed, an individual in mourning seems determined to avoid investing energy elsewhere. In light of this, I would suggest that whilst there is some libidinal withdrawal from the lost object, not all libido is retracted. A continuing energetic investment ensures a certain familiarity with the object, consisting of the previous investment still held in the representation, the access pathway, and the ego. Once mourning is complete, the subject may have the experience of occasionally forgetting the lost object, but every now and then something will trigger a detailed memory. This can be interpreted as a signal of familiarity being activated in the ego, prompting a recollection of the lost object in association with the familiar experience. Siggins (1966) provides a good example of “anniversary reactions”, which encapsulate the different types of memories occurring during mourning:

“These reactions take various forms, such as the appearance of symptoms the lost person had in his last illness, or a recurrence of the feelings the mourner himself (or some third person, such as a surviving parent) was undergoing at the time of the loss.” (p.18)

The process of psychical investment in the object along the lines I have described does not involve a new cathexis, but is, rather, a re-cathexis of a familiar object. Because the subject withdraws slowly (but never completely) from the object, one can assume that investment in the representation lessens, as does the subject’s conscious attention towards the object. However, due to the residual elements of familiarity (i.e., traces of the old investment in the representation, the access pathway, and ego signal), when an individual encounters stimulus which remind him of an aspect of the loss, they will immediately and easily recall the lost object. As part of this process, interaction between the ego’s signal and the perception of barely traceable stimuli from an occasional object or experience has a considerable influence in activating the ego’s familiar pathway. This particular dynamic is of course relevant to the work of the protective shield, which monitors all stimuli. On the other hand, the interaction between the ego’s signal and the familiarity of the representation

also holds a powerful attraction. Through this guided pathway, psychic investment in the lost object can be restored on the basis of its familiar state, enabling detailed and vivid recollections to occur.

In conclusion, in my view, the main conflict in mourning is that the subject has to give up an object he does not wish to relinquish. The loss implies that there will no longer be a repetition of the familiar. The subject does not want to accept the loss, nor a new object as a replacement. I argue that another aim of mourning is to, in addition to the withdrawal of psychical investment in Freud's theory, maintain the familiar rather than to totally surrender it. When an element of the familiar is lost or a familiar object representation is damaged, a cathectic pattern is no longer stable, and this brings unpleasure. Due to the hypercathexis that arises in mourning, libidinal investment in the familiar representation of the lost object becomes more urgent and concrete, so that the slightest degree of detachment is felt as a complete loss. Hypercathexis of the object (or clinging) can be seen as a defence against loss, allowing the subject to continue their familiar experience of the object through phantasy. However, libidinal withdrawal from the object is necessary due to the fact of its being lost in external reality and the subject's need for new objects to satisfy their instinctual wishes. This development works against the subject's tendency towards the familiar, resulting in the need for a compromise. To achieve this, first, an amount of libido is withdrawn from the object. The remaining energetic investment maintains the subject's connection with the familiar representation of the object/experience and the associated pathway. These types of representation are then readily triggered by new stimuli. In some (perhaps most) situations, the subject is able to sufficiently relinquish the object and invest in a new one that meets their psychical needs. However, in other situations wherein the subject disavows the loss and rigidly restores the lost object (familiarity), the process of mourning is held up and becomes pathological. The more significant the object, the more difficult the mourning process. In particular, the primordial objects of love – the maternal object, the adult love object, and the self – form part of what defines the subject, thus their loss is a massive threat to the subject's integrity from an organisational and functional view.

In pathological mourning, or depression as it is now known, the subject is unable to “see clearly what it is that has been lost, and ... cannot consciously perceive what he has lost either” (Freud, 1917, p.245). In such circumstances, there is an intense clinging, albeit unconsciously, to a familiar object that the subject cannot or will not relinquish.

(2) Depression: An Identification Following an Enhanced Hypercathexis of the Familiar

In 1917, Freud characterised depression as “a reaction to a real or imagined loss of an object” (Leuzinger-Bohleber, 2015), suggesting a similarity with the definition of mourning. The key symptomatic difference between depression and mourning lies in the unreasonable loss of self-esteem experienced by the depressed person, which is expressed through self-reproaches and self-abasement. Freud explains this dynamic in various ways. Initially, he attributes depression to the defusion of the drives (Freud, 1923), as outlined at the beginning of this section. Next, he links depression to ambivalent feelings held by the subject towards an object (Freud, 1917). As some of these feelings, notably hatred, are felt by the subject to be intolerable, they are redirected from the object and towards the ego. Following this, Freud (1923) postulates that as the hated ego is felt to be deserving of punishment, the subject becomes plagued by an unconscious sense of guilt. This particular process illuminates both the superego’s sadistic treatment of the ego and the ego’s masochistic tendency (Freud, 1923; 1933). Lastly, Freud (1917) sees melancholia as resulting from the shadow of the lost object falling upon the ego. In this situation, the ego itself is treated as the lost object, there is thus a transformation from an object-loss to an ego-loss.

Across Freud’s different explanations, an identification with the object and narcissistic withdrawal are central features, preceding other processes. Ambivalent feelings, guilt, the drives, and aggression (which cannot be felt in relation to the lost object), are all turned towards the self; thus, in being taken as the object, the ego loses its subjective position. It must be noted that in

1917, Freud discusses the impact of this identification process rather than the mechanism of identification itself.

Freud (1921) later updates his views on identification, postulating three types. At this stage, his conceptualisation is as follows:

“(i) The primal form of the emotional tie with the object. [for example, a little girl develops the same cough as her mother]; (ii) The regressive replacement for an abandoned object-choice [such as the cough which Dora adopted from her father, that substituted for her regressive love]; (iii) In the absence of any sexual cathexis of the other person the subject may still identify with him to the extent that they have some trait in common (e.g. the wish to be loved): owing to displacement, identification in such a case will occur in regard to some other trait (hysterical identification).” (Laplanche and Pontalis, 1973, p.207, my insertion in brackets)

There is a further identification, which is made with the renounced or lost object. In the case of a non-melancholic person, the introjected object becomes a substitute for the original external object. For example, in Freud's (1910b) interpretation, based on the early life of Leonardo da Vinci, he suggests that in order to cope with the loss of his mother (from whom, psychologically, he had turned away), the artist made an identification with her. Thus, he began to love young men in the same way his mother had loved him. In depression, the nature of identification is rather different, and indeed, in 1921, the mechanics of it still lacked clarity. If we re-read the discussion from 1917, it seems that the process is overdetermined, since it is based on the same unanswered question as in mourning – the economic difficulty:

“An object-choice, an attachment of the libido to a particular person, had at one time existed; then, owing to a real slight or disappointment coming from this loved person, the object relationship was shattered. The result was not the normal one of a withdrawal of the libido from this object and a displacement of it on to a new one, but something different, for whose coming about various conditions seem to be necessary. The object-cathexis proved to have little power of resistance and was brought to

an end. But the free libido was not displaced on to another object; it was withdrawn into the ego. There, however, it was not employed in any unspecified way, but served to establish an *identification* of the ego with the abandoned object. Thus the shadow of the object fell upon the ego, and the latter could henceforth be judged by a special agency, as though it were an object, the forsaken object. In this way an object-loss was transformed into an ego-loss and the conflict between the ego and the loved person into a cleavage between the critical activity of the ego and the ego as altered by identification.” (Freud, 1917, pp.248-249, author’s italics)

Thus, Freud stresses both the lability of object cathexis and the subject’s resistance to giving up one object and investing in another. He also shows the labile nature of identificatory processes, which enables the subject to shift his energetic investment. However, with the problem of utilising the economical dimension to explain the pain of mourning, Freud underestimates the fixed characteristic of an object cathexis due to the resistance to change. He also understates the identification process described in the quote below, so that the specific mechanism involving the movement of libidinal investment within the identification goes unnoticed. Freud makes the following assumption:

“On the one hand, a strong fixation to the loved object must have been present; on the other hand, in contradiction to this, the object-cathexis must have had little power of resistance.” (ibid., p.249).

Hence, Freud acknowledges that following frustration with an object, the subject may easily withdraw their investment, that is, he disidentifies with it. There is a lack of clarity, however, as to why the symptomatology in mourning and depression is thought to be similar. Indeed, in the first condition the subject struggles to detach from an object, whilst in the second, they appear to detach with greater ease, albeit replacing object love with a narcissistic object identification.

Regarding the special type of fixation involved, Freud tries to explain the circumstances of an object cathexis which holds little resistance by assuming the object choice in depression is a narcissistic one. The subject thus takes the

self as the love object and chooses an object resembling the self. However, Freud fails to offer either a systematic description or an explanation as to why this is the case. On the one hand, he does not differentiate the types of objects that cause mourning or depression respectively, tending to highlight their similarities:

“If the object does not possess this great significance for the ego—a significance reinforced by a thousand links—then, too, its loss will not be of a kind to cause either mourning or melancholia” (ibid., p.256).

On the other hand, with both states, he is able to identify the existence of certain similarities in the process of libidinal detachment, as well as the difficulty of resolving them:

“We found by way of explanation that in mourning time is needed for the command of reality-testing to be carried out in detail, and that when this work has been accomplished the ego will have succeeded in freeing its libido from the lost object. We may imagine that the ego is occupied with analogous work during the course of a melancholia; in neither case have we any insight into the economics of the course of events.” (ibid., pp.252-253)

Given that there is no particular difference in the type of objects that are lost in mourning as compared with depression, and that the detachment and withdrawal from the object in mourning is also the basis of depression, it is implied that in some respects depression is not fundamentally different from mourning. Following Freud, a number of psychoanalysts have explored this subject further. Some suggest that the manifest difference between the two relates to the extent to which narcissistic regression occurs (Fenichel, 1945; Bibring, 1953). However, the nature of the identificatory processes in each state has not been specifically addressed.

In making this connection, I would argue that in mourning, the subject clings to a familiar object and that the same is true in depression. I believe that a more

complete study of the process of identification in depression is required, with reference to the means by which the subject holds on to the known object. Freud's (1916-1917, 1937) notion regarding the adhesiveness of the libido is relevant here, although he fails to offer a detailed explanation. His idea is that identification takes place after the subject withdraws from the object. However, in my view, the process can be further developed, a task I will endeavour to undertake.

In both depression and mourning, after a period of reality-testing confirms that the object is in fact lost, the subject must change his pattern of psychical investment. Swayed by a tendency towards the familiar, the subject does not easily or willingly relinquish the lost object despite the impact of reality, because they desire to continue relating to the object and to possess it in a familiar way. In reaction to reality testing, the subject begins to hypercathect the object. It is at this point that mourning and depression begin to diverge, with an identification with the lost object only occurring in the latter. In mourning, what is hyper-invested is merely the psychical energy that was originally invested in the object (which is also available to be invested in other objects), a process by which the external world becomes "poor and empty" (Freud, 1917, p.246).

In contrast, in addition to the hyper object-cathexis observed in the mourning, the depressed ego cathects itself, to the extent that the familiar object representation is made stronger and more concrete than in mourning. This occurs due to the ego's desperate need for the lost object to continue existing. At the same time, the ego is forced to pay the price of identifying with the object. This identification is so consuming that the ego itself, rather than the external world, becomes poor and empty. The only way to withdraw the libido (through which the ego has survived the loss) is to enable the object representation (which has become fixed by this psychical energy) to replace the ego's position.

It is under these conditions that the identificatory process in depression is finally completed. As outlined, the hypercathected object representation

absorbs a massive amount of energy belonging to the ego. Next, following the pathway of hypercathexis (which is the same path used before the loss), love regresses towards being the object – the ego becomes the familiar lost object, the cathexis of which retreats to the ego, but is accompanied by the shadow of the now concrete object, which falls upon the ego. In other words, first the ego is drained in order to invest in the lost object representation, and then, in turn, the ego becomes invested with that same representation. This narcissistic withdrawal of libido fulfils both the need for ego protection (as psychical energy is reinvested in the ego), and the subject's longing for the familiar (because the subject becomes the object, possessing it and thus negating any sense of separation). As such, neither the ego nor the object representation is lost, and they cannot become detached from each another. The object relationship does not disappear, but continues to exist at an unconscious level, which is an aspect that Freud implies, but does not discuss further:

"In both disorders [obsessional neurosis and depression] the patients usually still succeed, by the circuitous path of self-punishment, in taking revenge on the original object and in tormenting their loved one through their illness having resorted to it in order to avoid the need to express their hostility to him openly." (ibid., p251, my insertion in brackets)

Freud believes that in depression, the repetitive self-reproaches or self-punishment actually aim towards the punishment or even murder of the object, which is now identified with the ego:

"Just as mourning impels the ego to give up the object by declaring the object to be dead and offering the ego the inducement of continuing to live, so does each single struggle of ambivalence loosen the fixation of the libido to the object by disparaging it, denigrating it and even as it were killing it. ... The ego may enjoy in this the satisfaction of knowing itself as the better of the two, as superior to the object." (ibid., p.257)

By denying the object's separation from the ego, the subject considers this type of punishment or killing to be a way of bringing about narcissistic

satisfaction. However, following the new perspective proffered regarding the process of identification in depression, I argue that such repetitive struggles also act as a reminder for the ego of the existence of the familiar object relation (now held within the ego), by maintaining the associated emotions such as love and hate, guilt, and aggression.

In conclusion, in regard to the painful work of detachment from the object as observed in depression and mourning, the introduction of the dimension of familiarity enables further similarities to be discovered. As we have seen, in depression, the enrichment of the process of identification involving the lost object ensures the ongoing existence of the object and the continuance of the familiar relationship. Once again, the tendency towards the familiar, including the subject's resistance to becoming alienated from what has been previously known, can be powerfully observed.

(3) Discussion: The Role of the Familiar in Defensive Narcissistic Withdrawal

The hypothesis offered above allows a further distinction in regard to the general tendency towards the familiar, in the form of a pathological inclination toward 'sameness'. In mourning, through a process of gradual detachment, the subject realises and accepts the actuality of the loss; thus, the ego can recognise the object is gone and that no similar object exists. As well as acknowledging the inevitable end of an object relationship, the eventual detachment of libido suggests that the subject is able to admit their need for a relationship and is starting to value new objects. However, because of the familiarity of the lost object and the abundance of associated experiences, the lost object will be frequently recalled. As Freud (1929) emphasised, there is no true substitute for the lost object; thus, the experience of mourning never really ends:

“Although we know that after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it

nevertheless remains something else. And, actually, this is how it should be, it is the only way of perpetuating that love which we do not want to relinquish.” (p.386)

The depressed ego, however, will endeavour to utilise mechanisms, such as identification, in a pathological way to concretely hold on to the familiar object. This allows the ego to deny the loss and disavow its need for other objects. Freud (1921) noted that certain identificatory processes, such as those involved in the normal formation of the personality or as part of normal object-choice, only involve adopting a “single trait” (p.107) from the object instead of taking it in as a whole. This is different from the type of identification that takes place in depression, where the object casts such a strong shadow that it takes the ego’s place. This form of depressive identification, Freud suggests, also occurs when one is in love. Here too, the ego “is impoverished, it has surrendered itself to the object, it has substituted the object for its own most important constituent” (p.113). A depressive identification can therefore exist in either normal or pathological situations.

It is also interesting to note that in Freud’s (1917) view, in the case of “loss of the object, ambivalence, and regression of libido into the ego” (p.258), the first represents the preconditional event, the second motivates the conflict between being fixated with or detaching from the lost object, and the third is the distinguishing feature in mourning and depression. After Freud, identification with the lost object, through which the perished object relationship is clung to in both depression and mourning (Abraham, 1924; Siggins, 1966), is considered a normal feature of mourning (Fenichel, 1945; Bibring, 1953). This situation is first implied in Freud’s (1923) later work:

“When it happens that a person has to give up a sexual object, there quite often ensues an alteration of his ego which can only be described as a setting up of the object inside the ego, as it occurs in melancholia” (p.29)

Freud’s statement suggests that this type of ego identification also exists in mourning, in which an object loss can be accepted. Jacobson (1954) gives a

precise example of the different kinds of identification in mourning and depression:

“... after the loss of her husband a woman takes over his business which becomes the leading ideal and pursuit of her life. She turns into an efficient business woman emulating not only her husband's interests but his ways, his attitudes, his methods in handling his business. The results of such a normal identification process are indeed quite different from the effects of depressive identifications. If a woman would develop a melancholic depression after her husband's death, ... Instead of taking over his ideals, his pursuits, or character traits, she would blame herself for her inability to carry on his business or even for having ruined her husband, unaware that her self-reproaches unconsciously refer to her husband.” (pp.239-240)

Thus, in the case of normal mourning or depression, due to the identification with the lost object, the subject loses themselves to some extent. However, the extent of the identification does seem to differ in the two situations, with the subject either becoming the lost object or engaging in self-reproach. The pain of mourning may thus result from both the loss of the object and from losing a part of the ego (Grinberg, 1964).

Furthermore, the narcissistic withdrawal that characterises depression can be related to the libidinal withdrawal occurring in narcissism and the transference, as previously discussed. In all three examples, libidinal withdrawal is triggered by a threat to the familiar in the form of a forced change in an object relationship, followed by frustration or loss. The libido is withdrawn along an old pathway, recreating a state in which the familiar object relationship endures and continues to be invested in. By maintaining the familiar in this way, the libidinal withdrawal aims to protect the ego, suggesting it is a defensive action in response to loss, one that involves a compromise between reality and the longing for what once was.

Finally, because in depression (being similar to mourning), the familiar representation of the object is to some extent damaged, some structural

reorganisation of the ego ensues. Firstly, the ego becomes split - a part of it denies the object loss, while another seeks to accept it. As well as in depression, this form of splitting occurs in both psychosis and neurosis (or psychoneurosis to use Freud's terminology). Freud (1927) offers some relevant clinical details relating to the case of two brothers who experienced their father's death in childhood, one of whom later became psychotic, while the other did not:

"It was only one current in their mental life that had not recognized their father's death; there was another current which took full account of that fact. The attitude which fitted in with the wish and the attitude which fitted in with reality existed side by side. ... The patient oscillated in every situation in life between two assumptions: the one, that his father was still alive and was hindering his activities; the other, opposite one, that he was entitled to regard himself as his father's successor." (p.156)

The part of the ego that is in denial, at risk both of losing its investment in itself and of being taken over by the hypercatheted object representation, is oriented strongly towards the familiar. The son's wish to cling to his father, to his familiar sense of him, is so powerful that he may accept losing himself and 'becoming' his father. Only the requirements of reality and an acceptance of his ambivalent feelings towards the father can help him to avoid such a fate.

Secondly, in depression, there is a change in the nature of the relationship between the ego and the other mental agencies. This is first implied in 1917, when Freud states that, following identification, the conscience (as a critical agency split off from the ego) observes the ego and judges it to be the lost object. This process is again discussed in 1921 when Freud suggests that one part of the ego becomes reproachful towards another part. After 1923, the critical agency becomes known as the superego. In the context of depression, the ego, in becoming identified with the lost object, surrenders to the object, which entails surrendering to the superego. Specifically, the ego admits its guilt and accepts the punishment of the superego. In this way, the ego loses the love of the superego, to the extent that it can no longer experience any

pleasure in life (Freud, 1923). In addition, because the depressive identification is “the sole condition under which the id can give up its objects” (ibid., p.29), the relationship between the id and the ego is affected. That is to say, the instinctual wishes cannot be met because the object takes the place previously held by the ego; as a result of the loss and the ensuing identification, libidinal investment is unable to reach either the object or the ego. In light of this, it can be assumed that there is a structuring aspect of the familiar involving the integrity of the ego and the stability of the relationships between the mental agencies.

Joffe and Sandler (1965) consider the loss of the familiar in ordinary development, whereby a child must relinquish parental identifications and ego ideals:

“Some individuals can deal with the painful state which arises only by attempting to reapply past solutions, while others may be able, under the pressure of the need to adapt to the new situation, to relinquish the tie to previous ideal selves in the process of individuation.” (p.418)

The first condition of “attempting to reapply past solutions” resembles the situation in depression where the subject holds onto the familiar in a concrete way and repeats the past situation. However, the second condition, which is more like normal mourning, sees the subject moving forward with the realisation of the loss. I would merely argue that in both cases the subject retains some awareness of what has been lost and will often tend towards the familiar, that is, towards reliving old experiences and relationships.

Before concluding, I would like to briefly touch upon mania. According to Freud (1917), the experience of mania may follow the ego’s acceptance of the loss of the object. He describes how the ego with its energy and binding function,

“plainly demonstrates his liberation from the object which was the cause of his suffering, by seeking like a ravenously hungry man for new object-cathexes” (p.255).

A transformation from depression to mania could therefore be attributed to “a resolution of the ego ideal into the ego” (Quinodoz, 2005, p.200).

If we consider Freud’s perspective, we may find it problematic that, in the case of mania, the absence of conflict between the ego ideal (or superego) and the ego does not represent a state of mental health (Lewin, 1954). I suggest that the pathological aspect relates to the fact that with a depressive identification, the only means by which the ego can emerge from the object’s shadow is to deny the value of the part of it with which it was identified. Thus, even if the conflict between the mental agencies were to disappear, the split ego remains in an unintegrated state, relating partially with the other agencies. The ravenous search for a new object can be understood as the non-identified part of ego (the result of the depressive split) aiming to achieve a compensatory relational construct in order to replace the lost familiarity, an effort that is ultimately futile.

(4) Conclusion

At this stage, it is necessary to return to the questions posed before beginning this discussion of mourning and depression. Firstly, what psychological processes occur when the subject is forced by the demands of reality to give up a familiar object? We have discovered that in mourning, the mental representation of the lost object is first hypercatheted, to the extent that the ego has no interest in other objects. This mental representation is clung to, because any detachment of libido is taken for the total loss of the object. Over time, with the acceptance of reality and the need for satisfaction, this investment will be gradually withdrawn. As a compromise, a degree of investment remains, which carries the characteristic of familiarity in connection with the following aspects: the representation, its access pathway, and the relevant signal in the ego; thus, in the event of a re-cathexis there will be a recollection of the familiar.

In depression, both an external and internal loss has occurred; the hypercathexis of and identification with the lost object is so complete that the

ego itself becomes subsumed. The object's shadow falls entirely upon the ego, taking the ego's place and leaving it impoverished and obscured. In this way, the lost object is concretely retained in an unconscious object relationship, with the subject now possessing and experiencing the object exactly as before. It is on the basis of this familiarity-oriented identification that the guilt, ambivalent feelings of love and hate, aggression, and narcissism become unusually intolerable and excessively disturbing. In other words, this complex process involving the loss of the familiar leads to the invalidation of previous compromise formations and the manifestation of conflict. In addition to the change in relationship between the ego and the representation of the object, this depressive identification also triggers relational changes between the mental agencies (such as the loss of the superego's love for the ego), followed by the formation of defences (i.e., the splitting of the ego). These transformations illustrate the structural factors by which the familiar can be identified.

In mourning and depression, we can observe three manifestations of the familiar: i) an insistence on the object and the way it was previously experienced in order to defend against external loss, ii) an adhesive libidinal investment in the object representation and its access pathway in order to defend against replacement or detachment, and iii) integrity of the mental agencies in order to defend against internal changes resulting from the loss of a significant object. These aspects lead us to our second earlier question regarding the link between the tendency towards the familiar and the pleasure principle. Freud (1908) is very clear that pleasurable activities or relationships represent those that the subject will never give up, and which we might assume are incredibly familiar to the subject:

“Whoever understands the human mind knows that hardly anything is harder for a man than to give up a pleasure which he has once experienced. Actually, we can never give anything up; we only exchange one thing for another. What appears to be renunciation is really the formation of a substitute or surrogate.” (p.145)

However, we have also learned that even experiences or relationships which are not so pleasurable may be sought out due to their familiarity. For example, a subject may cling to their depression, a painful condition in which the ego is judged extremely harshly by the superego. Referring to this harshness, Freud (1923) called the superego “a pure culture of the death instinct” (p.53). Therefore, resisting change can be observed to be more important than experiencing pleasure. In light of this, I would argue that it is familiarity rather than pleasure that the subject cannot fully relinquish. In other words, it is possible for the tendency towards the familiar to override the pleasure principle.

3.3.5 The Negative Therapeutic Reaction: Fear of Relinquishing the Familiar

In comparison with depression, which combines an external object loss with the internal loss of part of the ego, the clinical occurrence known as the negative therapeutic reaction involves an internal loss in the form of a change in mental integrity. Such responses are an inevitable feature of therapeutic change due to the patient’s increasing awareness of reality. A negative therapeutic reaction, which involves resistance to recovery through a repetitive clinging to illness, can be viewed as a new expression of the repetition compulsion. It is as if “the need for illness has got the upper hand...over the desire for recovery” (Freud, 1923, p.49).

As early as 1914, Freud (1914a) remarks on a patient’s “deterioration during treatment” (p.152), which was characterised by laments about their illness and repeated resistance to treatment. Four years later, Freud (1918) identifies a similar reaction in the Wolf Man:

“He still behaved in just the same way during the analytic treatment, for he showed a habit of producing transitory ‘negative reactions’; every time something had been conclusively cleared up, he attempted to contradict the effect for a short while by an aggravation of the symptom which had been cleared up.” (p.69)

Freud (1923) continues his attempts to solve this problem. First, he offers a classification for the regressive reaction:

“Every partial solution that ought to result, and in other people does result, in an improvement or a temporary suspension of symptoms produces in them for the time being an exacerbation of their illness; they get worse during the treatment instead of getting better. They exhibit what is known as a ‘negative therapeutic reaction’.” (p.49)

He describes this clinical phenomenon as being, essentially, a manifestation of an unconscious sense of guilt, which forces the patient to remain ill. In this case, the subject prefers to suffer because “as far as the patient is concerned this sense of guilt is dumb; it does not tell him he is guilty; he does not feel guilty, he feels ill” (pp.49-50).

Freud further attributes the negative therapeutic reaction to masochism and the death instinct. In 1924, he connects the condition with the notion of secondary gain from illness by proposing that the related suffering satisfies the ego’s masochism and the superego’s sadism. However, Freud believes that this type of satisfaction, in being driven by the pleasure principle, does not fully explain the negative therapeutic reaction, which he associates with a regression to an earlier stage of development which is primarily influenced by the repetition compulsion. Ultimately, Freud (1937) concludes that the basic motivation for the negative therapeutic reaction is the death instinct.

(1) The Connection Between Depression and the Negative Therapeutic Reaction

We might now consider how manifestations of the negative therapeutic reaction are managed therapeutically. That is to say, how does the analyst respond to this type of regressive tendency in their patients? In contrast to Freud’s view that the negative therapeutic reaction expresses resistance to recovery, there is another perspective incorporating the familiar, which may be

helpful to think about in this context. Olinick (1964) proposes that patients displaying a negative therapeutic reaction are prone to depression, a statement that implies a connection to the familiar. Rey (1994) further suggests that both the negative therapeutic reaction and depression are oriented towards a loss of the familiar. As Steiner (2005) writes,

“Change in psychoanalysis, like change in general, invariably exposes the patient to something new, unknown, and, to a degree, frightening. It is therefore not surprising to find that, despite the suffering involved, many patients cling to what is familiar. ... Nor is it simply a question of the anxiety of the new, since change always involves giving up the old; it is often the case that relinquishment of the familiar is the more difficult part of the task.”
(p.83)

In line with Rey and Steiner, we can recognise that, as with depression, when clinical sessions threaten psychic change there is a loss of what has been previously known. Challenged by the therapeutic work, the ego is tasked with relinquishing familiar psychical processes (i.e., defences or ways of managing experience). I would suggest that a crucial difference between depression and the negative therapeutic reaction is that, in the former, the subject encounters object loss and an impoverished ego, but in the latter, the ego is provided with two options. On the one hand, the ego is equipped with a new way of functioning psychologically, while on the other, in contrast with losing an object, old, familiar ways of functioning cannot actually be lost, making them easier to return to (e.g., dispensing with reality-testing). However, as Steiner (ibid.) points out,

“a desire for change and a hunger for new things and new developments drive the patient forward and bring him into conflict with conservative tendencies, which bind him to the status quo.” (p.83)

In other words, a conflict arises between the new and the old; thus, as in mourning and depression, anxiety is aroused by the prospect of relinquishing the familiar. I suggest that an essential element in treating a patient who is

demonstrating a negative therapeutic reaction is to investigate the threat to the familiar and the patient's attempts to restore it. The negative therapeutic reaction can be further linked to the phenomenon of relapse. As Freud (1937) discusses within the context of interminable analyses, this can occur even after a series of successful analytic treatments. Relapse after treatment can also be viewed as a return to the familiar, as observed in interminable or pathological mourning:

“The understanding of something new means giving up a belief which, in these circumstances, is experienced as giving up a thing felt to be a concrete object. It always involves a degree of “being slighted, neglected, or disappointed,” and confronts the patient with a conflict. It is common to see the patient struggle between acceptance and denial in this setting where acceptance involves a mini-relinquishment and a mini-mourning, while denial involves a return to dependence on a concrete internal object, as well as the redeployment of earlier mechanisms that deny the loss.”
(Steiner, 2005, pp.87-88)

Steiner's description further narrows the distance between the loss experienced in the therapeutic situation and that of mourning and depression. He shows how the acceptance of a new idea or state of mind, instigated by the process of treatment, involves giving up a concrete representation (in the form of an idea, belief or state of mind) that the subject does not want to relinquish. To understand the threat to the familiar within this context, it is necessary to consider the meaning of this type of internal loss for the patient. For example, as a result of the treatment, the patient may be helped to understand their fears in a new way and is able to relinquish anxiety. Alternatively, the patient's acknowledgement of their ambivalent feelings for an object can relieve their sense of guilt. Then again, the loss might involve the alleviation of conflict occurring between the mental agencies (Valenstein, 1973). Most significantly, these types of therapeutic loss will involve changes to the defensive mechanisms a patient has historically used to survive traumatic situations. We might therefore interpret the anxiety of the new that arises in therapy as being a fear of losing the old or familiar. The patient does not know if they can

survive using a new psychical process or whether it can successfully replace the old familiar process, hence the ambivalence in accepting the 'help' of the therapist/analyst.

To keep the familiar alive, indeed, to survive, therefore means avoiding the unpredictable risk brought about by the new, and maintaining 'sameness' even if the familiar path is unpleasurable. I include a case from Valenstein (1973) with which to illustrate this point. The patient, who was brought up by an inconsistent and frustrating mother, was suffering from colicky symptoms and homosexual panic. As the analyst describes, the patient's negative therapeutic reaction reflected his wish to remain close to his mother, as well as his hatred of her. His negative mood, a remnant of his pre-verbal experience with his mother, showed how he would repeatedly return to "the ambivalently intense tie to his mother or toward the internalized mother within himself" (p.387)

"A week or so later as he began to emerge from this position he said, 'When I get regressed, I say anything to keep that painful mood going. It is as if I go about a relationship assuming in advance that there is no harmony to be expected, and then I get mad when there isn't any, like with this girl.' ... 'I think this mood will probably pass. But what will I have to put in its place? I don't know.' I would suggest that 'mood' refers to the affect state which equals the missing object, and that the 'what' refers to the who, namely, the object and the affect states particular to the object." (p.388)

In this situation, the patient's regression aims to achieve an early affective state, which is to say, a familiar experience he shared with his mother. The patient suffers by repeatedly regressing to this state, but, in fact, it has the very purpose of maintaining his suffering. In other words, the patient seeks and expects this familiar experience even though he will inevitably be disappointed and upset by it. The progress made by the patient in therapy leads to a quandary. On the one hand, it is difficult to realise and accept that this suffering has been a part of his personality, on the other, there is anxiety about losing the pain which has been his lifelong companion. This is explicitly expressed in his question, "But what will I have to put in its place?" In saying

this, the patient is querying what will fill the gap left by the loss of the familiar state. However, as previously discussed, unlike in mourning, in this situation one seeks in vain, because there is no substitute, no sameness available. Therefore, the patient repeatedly regresses towards the well-known state in order to 'enjoy' the painful familiarity. Indeed, Valenstein's patient expresses this very feeling of being trapped by the familiar:

"This discomfort in my body, roiling about all the time, cramping and pains—everything hurts and is uncomfortable; it is as if I hold on to it as the only thing I have ever known, the familiar, and I go back to it, uncomfortable though it is. It goes way back, as long as I can remember." (p.389)

A further example is provided by Steiner (2005), who describes how his patient sought either praise or moral criticism from him, without which he felt unsupported or misunderstood. The patient had difficulty adapting to the changes instigated by the clinical treatment and would feel a sense of panic. When the analyst disappoints the patient (e.g., by taking breaks), and particularly in the period following their agreement to terminate the analysis in a year's time, the patient experiences a sense of isolation and anxiety as if everything he has built is collapsing. The patient defends himself against such feelings by making himself busy, taking vacations or business trips. On one occasion, he is due to give a speech at an overseas business convention, which means he must miss his usual Friday session. In the preceding session, he reports that his son feels humiliated by him, because he had asked colleagues about possible job openings without asking the son's consent. He had experienced an unequalled amount of pain, which had destroyed his recent sense of peace and satisfaction. It had also caused a regression, which was a common feature of his analysis. Although Steiner does not use the term explicitly, I suggest that this regression can be linked to a negative therapeutic reaction. As Steiner writes:

"The patient continued by saying that he thought this experience must be a revenge for the feeling of complacency he had felt in recent weeks, when he thought he had been improving. Things had been going deceptively well:

he had felt good about a directors' meeting at work, and about his relationship with his wife, with whom he had relaxed in the garden over the weekend. He had gazed with pride at the work he had done on the stone patio, the flowerbeds, and the water feature, which all looked nice. It had made him think that he had built things up again and reestablished a better link with his wife. Now he reiterated that he had pulled the rug out from under himself and everything had come crashing down." (p.91)

Despite making progress, the patient escapes from the new world he has created by sabotaging himself. His regression towards old, familiar patterns can be considered a reaction against the psychological growth he has experienced in his treatment. It may be that the patient unconsciously thinks he should not get better and experience pleasurable satisfaction. Thus, his improvement brings guilt, as a result of which he seeks punishment by becoming ill again. Further, the patient's regression is an expectation of sorts, because he feels he has failed again or will inevitably go back to himself. In other words, having achieved a new perspective of the world, his experience is divided - he either walks on thin ice, being careful to use the new tools he has learned, or anticipates the moment the ice breaks and he falls back into cold water. This conflict arises due to his fear of losing old psychological processes, which are experienced to be part of his mental integrity.

Steiner notes that, in foregoing his usual Friday session, the patient actively leaves the analyst, rather than tolerating a sense of being abandoned when discussing the treatment's termination date. This change from passivity to activity can be seen as a result of progress. However, the change, which, in Freud's perspective, represents a form of mastery, also represents a crisis for the patient. The transformations brought about by the treatment trigger his anxiety, both about the loss of the familiar relationship with the analyst and a familiar way of functioning. As Steiner remarks, the patient feared "he had damaged the relationship with me by establishing his superiority and triumph over me" (p.95). As a result, the patient actually resists making progress in order to avoid the anxiety that comes with the destruction of a familiar object relationship (Valenstein, 1973). Instead, he is driven to seek out the familiar via

the repetition compulsion, in this case, in the form of the negative therapeutic reaction.

(2) A Pathway to Overcoming Resistance: A Further Understanding of the Familiar

It would be valuable at this stage to recall the discussion of clinical technique in Section 3.2. There, I argued that the familiar is rather like a coin with two sides, being both the source of a patient's resistance and also a pathway to overcoming this resistance. Regarding the second aspect, there is as yet no explicit explanation of the mechanisms involved. Freud (1937) discusses how the negative therapeutic reaction can be observed in the patient's oscillation from a positive to negative transference, with the latter showing a resistance to recovery. He writes:

"[He] now regards the analyst as no more than a stranger who is making disagreeable demands on him, and he behaves towards him exactly like a child who does not like the stranger and does not believe anything he says."
(p.239, my insertion in brackets)

This passage vividly highlights a situation in which the patient regresses and is unable to form any kind of alliance with the analyst, inhibiting clinical progress. Specifically, Freud emphasises how the analyst is perceived as a stranger, who is disliked and not trusted by the child-like patient. In other words, the analyst is seen as someone unfamiliar and far from the model of a familiar caregiver upon whom a child can rely.

In an earlier text, we find the following related description wherein Freud (1926a) illustrates how repressed instinctual impulses that have not been made conscious can lead to a regression to an infantile state:

"For instance, an agoraphobic patient may be able to walk in the street provided he is accompanied, like a small child, by someone he knows and trusts; or, for the same reason, he may be able to go out alone provided he

remains within a certain distance of his own house and does not go to places which are not familiar to him or where people do not know him.”
(p.127)

I would add that the subject may simply feel safer with what is familiar, experiencing anxiety when faced with the unfamiliar. What is crucial is that the unfamiliar is introduced or accompanied by an element of familiarity as this appears to mitigate its unwelcome arrival and the attendant anxiety. Ideally, in the therapeutic setting, the analyst has become familiar in the patient's mind and on this basis can introduce a new idea or experience. In this way, rather than triggering a strong negative therapeutic reaction, solid psychic development can take place.

Bleichmar (1996) offers a relevant example. A patient, Ms. N, had sought analysis to help resolve problems she was facing at college and in her social life. Ms. N had been abandoned by her boyfriend, because her vaginismus had led to the failure of their sexual life. The analyst believes that the patient's problems stem from her paranoid anxiety, which she had first experienced during adolescence. At the time, she had begun to be sexually attracted to men, to experience rivalry with female peers, and to leave her family, who were her shelter. The patient's anxiety had become more severe, because she had regressed to a symbiotic dependence with her mother, who in turn had taken her as “a counterphobic companion.” In this situation, she experiences everyone outside her family as a threat; thus, she repeatedly ‘fails’ (such as becoming frozen during sex) in order to avoid such threats and the associated anxiety. This in turn has led to frustration and made her depressed, because as the only child in her family, she had expectations to be successful. As Bleichmar writes:

“When she first came to see me, Ms N was accompanied by her mother and appeared highly demoralised, showing little regard for her physical appearance, thinking she was a complete failure and that she ought to give up studying. She cried repeatedly throughout the interview and said she

was unable to convey correctly to me what was wrong with her. She appeared to be very frightened. ...

Ms N would come into my office and position herself on the couch with her feet dangling off to one side and would clutch her handbag throughout the session. This, when coupled with her childish and frightened attitude, reminded me of the way a child holds on to a transitional object whenever he meets a stranger. ..." (pp.955-956)

One can clearly see how the patient resists both the analyst and the treatment. In the first interview, the patient is frightened and cries, and admits to feeling like a complete failure. The analyst compares her behaviour in that first meeting with the way her mind had frozen in an important and long-prepared for exam, and to her spasmodic body in her sexual behaviour. It appears that passivity and failure are a constant feature of her life outside her family. Also, she hides herself from outsiders whom she cannot trust, which manifests in an inability to efficiently convey her problems. When she clutches her handbag, she is grasping the only familiar object in the clinical environment, afraid of being robbed of this familiarity, and ready to leave, or more precisely, escape. She clings onto it in order to escape the threat of the unfamiliar person nearby, in the form of the analyst. Interpretations made by the analyst are registered by the patient, but cannot really be heard or absorbed:

"... though I felt I understood the origin of some of her fantasies, and would offer her my interpretations, for a long time I had the conviction that my interpretations did not reach her. I began to suspect that she regarded me as one of the 'foreigners', a term which her mother used to refer to those who were not from their part of the country, and which, in my patient's mind, had become associated with a cross between some gypsies and some black people who appeared in one of her childhood books as kidnapping small children. In line with my assumption that she saw me as one of these frightening foreigners, I said to her: 'How can one believe in what a foreigner says without suspecting that he has ulterior motives in everything he says?' 'Right', she responded halfheartedly, without any conviction, as

though my question really were that of a 'foreigner' who was deviously trying to get her to lower her guard." (pp.955-956)

The patient's halfhearted agreement implies the fact that the analyst is being experienced as a stranger. If Ms. N takes in the analyst's interpretation, she will be disregarding her familiar narrative. Listening to an unfamiliar person would mean questioning her mother, who seeks to protect her from any experience of unfamiliarity, thus threatening their symbiotic union. The analyst's attempts to reach the patient through interpretation can be compared with her ex-boyfriend's attempts at penetration. The analyst therefore has to be careful to protect her from experiencing a psychological spasm. To find a way in, the analyst must wait until the patient can experience him as a familiar object, enabling a new idea to be introduced:

"This situation prolonged itself for about a year, during which I tried to help her work through her paranoid anxiety of me. My impression throughout this time was that what I said to her did not matter as much as the tone in which I said it. The cadence, rhythm and timing of my interventions seemed to affect Ms N more than their actual content. More importantly, I felt that Ms N had begun getting used to my presence, to the office, to the couch, and that it was that, more than what I said, which had made me become 'one of the family', instead of 'a foreigner'. It was in this most profound level of contact between us, almost in the way that an infant child learns to distinguish between his caretakers and 'foreigners' (through their presence, their smell etc.) that the possibility opened up for her to really listen to me. The day when she left her bag on a chair and began to stroke the couch with one of her fingers, I had the feeling that something important had taken place: that we finally had a base (me, as transitional object?) from which to begin her separation from her mother's world of paranoid fantasies." (p.956)

Although in this initial period, the analyst's interpretations were necessary and important, it was only once a degree of familiarity had developed, both with the analyst and the setting, that these could enter into the patient's mind. It was then possible for the interpretations to acquire meaning and be incorporated, leading to psychic change. I would suggest that interpretations cannot be

effective unless they are received in a context that is familiar to the patient. In this way, when the patient experiences psychic change it is less likely to be felt as a direct attack, which brutally undermines existing psychic functions. In such circumstances of familiarity, the patient does not have to resort to defensiveness, but can instead be reflective about change as a possibility. Although repeated regressions are an inevitable response to positive therapeutic change, being aware of the factor of familiarity appears to be a valuable way to minimise the patient's anxiety, and to offer a sense of confidence during the analytic process.

(3) A Further Resistance: Mobility as an Opposing Dynamic to the Familiar

The tendency towards the familiar as a form of resistance against change or progress, is not constrained to the therapeutic setting. Rather, it can be observed to be fundamental in all individuals. It is interesting to note that Freud (1937) mentions an opposite dynamic to that of the familiar. In comparison with the adhesiveness of libido that can be caused by an attraction to the familiar, he writes:

“One meets with the opposite type of person, too, in whom the libido seems particularly mobile; it enters readily upon the new cathexes suggested by analysis, abandoning its former ones in exchange for them. The difference between the two types is comparable to the one felt by a sculptor, according to whether he works in hard stone or soft clay. Unfortunately, in this second type the results of analysis often turn out to be very impermanent: the new cathexes are soon given up once more, and we have an impression, not of having worked in clay, but of having written on water. In the words of the proverb: ‘Soon got, soon gone.’” (p.241)

It seems to me that this notion of libidinal mobility has been rather neglected. Following Freud, it appears that psychoanalysts either have a strong conviction about the adhesiveness of the libido (Applegarth, 1973; Beland, 1988; Chessick, 2004), or treat the libido as being particularly mobile. In both

cases, the authors tend to make theoretical assumptions without considering their clinical significance (Baudry, 1989). I would suggest that a large degree of libidinal mobility can be viewed as a defensive reaction to a fear of losing the familiar.

Freud's (1937) statement above can be linked to Ferenczi's (1949) discussion of the 'obedient' patient in his paper, "Confusion of Tongues Between the Adults and the Child". This type of patient, whom Ferenczi describes in the context of his discussion of "professional hypocrisy" (p.226), will likely repress his criticism of the analyst, taking in interpretations and easily abandoning older psychological processes, but really making little genuine progress. Using Freud's analogy, the patient is just like soft clay that the analyst can sculpt without difficulty. However, the outcome is that the patient repeatedly regresses during treatment, making it hard to differentiate such regressions from a negative therapeutic reaction. Ferenczi explains that the compliant patient has formed an identification with the analyst. I argue that the superficial progress presented with such plasticity of the libido is actually a defensive means of protecting what is familiar from being discovered, which the analyst and the analysis itself threaten to do. In other words, the mobility of libido is in the service of maintaining a familiarity which is treasured by the patient (towards which they repeatedly regress). This protection of the familiar is the basis on which the identification to the analyst is made. By being in the same position as the analyst, the patient seeks to avoid being persecuted by the aggressor/analyst (i.e., being forced to abandon the familiar). Therefore, in this situation, the patient seems to progress easily, but is essentially making continued attempts to return to the familiar in a stealthy and inconspicuous manner.

In my view, there is a further related situation that can occur in analytic therapy. As before, a patient may appear to be progressing and adapting easily, but, in this case, rather than protecting the familiar, they destroy any attempt to construct it. The patient makes the assumption that if they allow the analyst in, a catastrophic loss of the familiar will take place. Because they fear the analyst will disrupt their familiar way of functioning, the patient chooses not to invest in

any object (including the analyst or the analysis as a whole). This situation can be likened to depression, in which the patient experiences a traumatic loss, resulting in an impoverished ego that is unable to build connections to new objects. A common example from everyday life would be a person who has been severely betrayed to the extent that they can no longer trust others.

Chapter 4

The Familiar

4.1 THE SEARCH FOR THE FAMILIAR AS AN INDICATION OF THE REPETITION COMPULSION – A NEW PERSPECTIVE

In my view, the need to postulate the familiar as a central psychoanalytic concept derives from its central role in driving the repetition compulsion, a subject that has been neglected within psychoanalysis. A thorough review of Freud's opus has revealed that an individual can be compelled to seek out the familiar, which led to the supposition that as a concept, the familiar is a powerful, fundamental, and independent force, albeit one that went undeveloped by Freud. In this chapter, I will take the opportunity to outline the concept more fully.

4.1.1 A Brief Clarification of Freud's Repetition Compulsion

First, it is important to mention that Freud (1920) postulated the repetition compulsion as a phenomenon that manifested in two forms, in traumatic neurosis and in the other neuroses such as hysteria, anxiety, and phobias, rather than as a psychological pathology in itself. According to Freud, the repetition compulsion typically consists of an unconsciously motivated recurrence of unpleasure; an acting-out that substitutes for a subject's memory of an experience. Freud's interest in the repetition compulsion is evident as early as his affect-trauma model, but it appears in many forms in his theorising, such as in the repetition of symptoms, defences, experiences and relationships, in the transference and 'negative therapeutic reaction'. These various versions were never systematically integrated or clarified as being characterised by one and the same thing, with the implication that the repetition compulsion, at least within Freudian context, has long represented a complex and controversial topic. Nevertheless, through a thorough exploration of Freud's work, the phenomenon was identified as foundational to the hypothesis of this thesis. I will thus offer a brief clarification of the concept to

clearly illustrate the type of occurrences of it, that the notion of the familiar can help explicate.

In both Freud's work and that of subsequent analysts, a tendency towards repetition is held to be a basic characteristic of the human mind (Glover, 1928; Kubie, 1939; Bibring, 1943; Schur, 1960; Loewald, 1971; Laplanche, 2004); so much so, that it is rare to observe problems or conflicts that do not repeat. In treatment, the fundamental psychological processes tend to recur, as do behaviours. That repetition is a clinical fact is therefore generally agreed upon amongst psychoanalysts, and, in the wake of Freud, has been the subject of much research. For example, Klein and later colleagues highlight the repeating oscillation of the paranoid-schizoid and depressive positions (Klein, 1935; Rosenfeld, 1987), Lacanians identify the recurrence of mirroring, which plays a part in the construction of the ego (Bailly, 2009), Winnicottians draw attention to the repetitive forms of the use of an object (Winnicott, 1945, 1953; Roussillon, 2010), and within American ego psychology the repetition of experiences is acknowledged as strengthening ego function in the service of mastery (Bibring, 1943; Hendrick, 1942; Greenson, 1945).

Throughout my discussion of Freud's work, I have highlighted the fact that repetition can be divided into two parts: the mode of repetitive behaviour that the subject is compelled to perform, and within this outer 'packaging', the unconscious content which motivates the repetition. In terms of the latter, only certain specific content is repeated. In clinical situations, for example, this may be a particular type of relationship, one that is of primary importance to the patient. Further, the particular content involved in the repetition results in different outcomes. For example, there is a contrast between the repetition of traumatic affect, which can be resolved through corrective association, and that of unmodifiable traumatic experiences followed by repetitive traumatisations. In other words, each type of repetition appears to be governed by a type of principle that is responsible for selecting the content of repetitive behaviour, and this content decides the fundamental direction the repetition takes, which, for example, distinguishes the repetition compulsion from general repetitions.

According to Freud (1920), repetitions can be divided into those which is pleasurable and those which are unpleasurable. The former can be attributed to the pleasure principle and the latter is considered to be “beyond the pleasure principle”. With this classification, Freud deviated from his earlier ideas concerning clinical manifestations of the pursuit of unpleasurable experience and instead employed a new metapsychological construction – the death drive, a force existing in opposition to the life drive. The two phenomena (the pursuit of pleasure or unpleasure) are therefore considered to be motivated by fundamentally different drives; in other words, two independent types of behaviour that act against each other. Later analytic theorists have attempted to suggest additional criteria in order to distinguish more general forms of repetition from the repetition compulsion itself. For example, some compare repetitions with or without representation (Marucco, 2007) or those that are flexible and symbolic versus those that are redundant and invariant (Halfon and Weinstein, 2013), so the repetition compulsion can refer to a re-enactment of an unrepresented, unsymbolised trauma. Due to the nature of this research, these distinctions inevitably pay insufficient attention to how these two types of repetition, that is, general repetitions and the repetition compulsion, connect, which I believe is a necessary consideration.

In my exploration of Freud’s work, I discovered an evident relationship between repetition and the familiar. Firstly, a wish for the familiar motivates repetition and repetition operates in order to maintain the familiar. Secondly, as we saw in our discussion about the loss of the familiar in mourning and depression, the familiar can be gradually given up or maintained in a concrete way, respectively; in both cases, the relationship to the lost object is unconsciously maintained through identification. The types of repetition observed in these two states represent a marked similarity to the ordinary repetitions occurring after trauma and with the repetition compulsion. In the former, the subject can tolerate the pain, accept reality, and gradually make progress towards more positive experiences, while in the latter, the repetition occurs constantly without mitigation or modification and with a return of unpleasure. It can therefore be assumed that in being motivated by a subject’s

powerful attachment to a familiar object which has been lost or ruptured, the repetition compulsion represents a pathological distortion of general repetition (Kubie, 1941). However, I disagree with Kubie's claim that, as with other forms of repetition, the phenomenon ultimately accords with the pleasure principle, because as Freud (1920) indicates, pleasure can hardly be a factor in all cases. I would further argue that the repetition compulsion has a different motivation, which is the retrieval of a familiar experience.

In accordance with Freud's emphasis on the pathological nature of the repetition compulsion, we might further describe the phenomenon as an unconscious repetition of a painful and traumatic familiarity. However, in contrast with Freud's attribution to two opposite drives, the repetition compulsion cannot be heterogeneously distinguished from general repetitions because both are motivated by a fundamental tendency towards the familiar. The contrasting nature of general repetitions and the repetition compulsion can in fact be determined by the content that is repeated. Specifically, the two types of repetition can be differentiated according to the threat to the familiar (whether it is traumatic or not), the subject's attitude towards the familiar (whether they are dedicated to its restoration and how to go about that or not), and the familiarity itself (whether it is pleasurable or not).

4.1.2 The Postulation of the Familiar Thus Far

The areas within which the familiar can be discovered range from repetitions, dreams, jokes, and investment processes, to narcissism, transference, anxiety, mourning, and the negative therapeutic reaction. Hence, when considering a theoretical postulation, one must take into account a wide span of different aspects. According to our discussion, within the context of Freud's three models of the mind, there are five observable dimensions of the familiar through which to better understand the notion and its relevance to psychoanalysis.

The first dimension is descriptive and provides the starting point for a hypothesis concerning the familiar. If we consider Freud's detailed records of

his patients' chronic repetition of symptoms, affects, defences, and traumatic experiences, as well as those relating to an object relation (commonly a lost object), we discover that the old, familiar element that is repeated tends to be located at the centre of the phenomena. In this context, the familiar refers to a specific characteristic or quality that makes something recognisable - an aspect relating to objects, past experiences, emotions, and thoughts that have been internalised and are repeated in some form in the present.

It should be noted that a distinction between the 'familiar' and 'sameness' already exists at the descriptive level. By 'sameness', I am referring to a more concrete and pathological form of familiarity (e.g., the lost object relationship which is preserved and relived in depression), while the 'familiar' encompasses the flexibility of recognition and the psychological processes. The repetitions of Freud's patients demonstrate both concrete replications and also subtle imitations of experiences or modifications of internal processes, which suggests that some patients have the ability to both recognise and use the familiar. In certain cases, the reproduction of sameness can be interpreted as a subset - a primary means of re-experiencing the familiar, as observed in the comparison between mourning and depression, but which still represents an aspect of the tendency towards the familiar. That is to say, it is the familiar rather than sameness that is sought in various kinds of repetitions.

The descriptive dimension of the familiar also encompasses the way in which the familiar is portrayed and experienced in a subject's activities. For example, repetitions in the form of intrapsychic processes (e.g., dreams, mourning) and acting out (i.e., the repetition compulsion).

By considering Freud's understanding of the uncanny, descriptive familiarity can be said to involve various factors. It includes, for example, an old idea that has been repressed, the repression process itself, and the current object or experience that induces the reappearance of the repressed. Freud's discussion of the uncanny also indicates that the familiar can be lost or in a sense ruptured by the unfamiliar, by becoming combined with it, for example. Furthermore, although normally considered to be a conscious feeling, through

the lens of psychoanalysis, the familiar can also be unconscious as a result of repression (e.g., the repression of an experience and/or its psychological associations).

Secondly, and consistent with Freud's use of the term, we can recognise a dynamic dimension of the familiar. This refers to the way in which the familiar actively influences a subject's thoughts, feelings, and behaviours, as well as how it interacts with other forces involved in unconscious and conscious mental processes. The familiar is preliminarily implied by Freud's postulation that the repetition compulsion is motivated, that it expresses an instinctual characteristic. In other words, as with the descriptive dimension, the familiar induces repetitions of itself with the aim of constantly sustaining and connecting that which is familiar. This dynamic aspect can mainly be observed in mourning (both the normal and pathological kind) and in the negative therapeutic reaction. In the former, in addition to resistance to reality, the tendency towards the familiar induces an adherence to an object relation, which due to its loss should have been abandoned. In the latter, the familiar is sought out through an old, painful and pathological process which disrupts the benefits of therapeutic progress. This dimension also introduces the perspective of compromise formation, because amongst the multiple forces involved, the familiar itself sometimes derives from psychic interactions, for example, the repetition of repression. In this context, the dynamic dimension refers to the formation of the familiar as a compromise resulting from differing motivations. With each experience of the familiar leading to a recurrence, the initial motivation will involve a specific pathway. Furthermore, the dynamic dimension contains a kind of flexibility, in that certain aspects of the familiar, even if they are continually present, can become particularly manifest or functional by being activated under certain conditions. For example, when threatened by a known danger, a subject will re-connect with a safe experience (i.e., a familiar sense of safety starts to function), or when normal identification in mourning changes to pathological identification in depression (i.e., when the familiar object relation dominates the ego's reaction to the loss). I will mention this point again when discussing the structural dimension of the familiar.

Thirdly, the economic dimension of the familiar refers to the distribution of energetic expenditure required by the psychical apparatus to process and respond to familiar experiences, objects, and feelings. This dimension is based on the Freudian conception of cathexis, which refers to the investment of psychic energy in a mental representation or part of the body. In comparison with the unfamiliar, processing the familiar requires less energetic expenditure, because the mind has already developed associations and is able to process what is known more efficiently. The same may be said about the psychical mechanisms used to experience and connect with the familiar – these are also accessed more easily in contrast with other less utilised mechanisms. This dimension is notable as it is responsible for providing the initial conceptualisation of the familiar.

There is a particular anomaly to this pattern, that is, unremarkable representations seemingly avoid an increase of psychical expenditure, and this is the use of relatively unfamiliar material, the day's residues, to disguise a hidden familiar wish in dream formation. Like other mechanisms working under the sway of the pleasure principle, the tendency towards the familiar typically aims to keep excitation at the lowest possible level. However, this does not always follow. On the contrary, the repetition of some psychic contents means the subject can be continually faced with excessive, unpleasant stimuli. Therefore, as with the repetition compulsion, the tendency towards the familiar seems attributable "beyond the pleasure principle".

In fact, both the familiar itself (the psychical contents that are repeated) and its defensive maintenance (the psychological mechanisms involved) can override the pleasure principle. This can be seen in the repetition of unpleasurable experiences which create psychical tension, as shown in my earlier discussion of anxiety and depression (see Chapter 3, Section 3). Furthermore, the familiar tends to emphasise the stability and continuity of psychical investment, serving to enrich the economic dimension (the quantity of psychical energy) through introducing a quality of investment status. A stable and continuous cathectic pattern provides the basis for the formation of and re-connection to the familiar.

Therefore, in relation to a situation in which a subject's sense of the familiar is shaken or lost it is important to consider the influence on psychic energy in regard to both quantity and quality.

Fourth, the structural dimension of the familiar concerns the way in which a familiar sensation or experience is generated through repeated interactions between the various psychical agencies (i.e., ego, id, superego), and mental representations of objects. In other words, a sense of the familiar derives from interorganisational activity as well as from particular investments in objects. When we reflect upon the structuring aspects of the familiar, we are considering how it is both incorporated into and influences the structure of the psyche. In this context, the field in which the sense of the familiar is generated can be considered to be a systematic range oriented to a specific object relation, which encompasses the ego, the object, and additional comprehensive structures generated by their interactions. For instance, in the transference situation, the ego will re-activate the familiar object representation - a parental figure and the associated investment trajectory; thus, an unconsciously familiar relationship is re-enacted in a different environment. During this process, what is re-activated also includes parts of the ego and the superego that were established through identification with the object. Although these aspects are constantly active, they now become particularly functional. This dimension also includes the structural change that occurs after a loss of the familiar. As seen in depression, following the loss of an object and the formation of a depressive identification, the ego becomes shrouded by the shadow of the hypercatheted object. This causes a feeling of emptiness in the subject's internal world and the loss of love from the superego.

Fifth, we can identify a functional dimension to the familiar. This refers to the ways in which an individual and their internal mental agencies seek to maintain that which is familiar. In this context, the familiar seems to operate a protective capacity in order to ensure its ongoing existence, thus offering a type of security to the subject. Within this dimension, two tendencies are manifested, which can also be hypothesised to involve the work of the familiar. In the first tendency, a subject persistently pursues the familiar in resistance to the

unfamiliar. As the familiar can be considered to be a composite that is generated by the ego in terms of its economic (the amount of psychical excitation concerning investments and status), dynamic (such as dynamic repetitions in repressions), and structural dimensions (derived from the interactions between mental agencies), the existence of the familiar is an achievement of sorts and a sign that the ego is undergoing relevant experiences or surviving trauma. The familiar can be understood as the fundamental base upon which the ego depends in order to deal with challenges and adversity. For example, the familiar and its related associations can bring about the mitigation of anxiety and the transformation of automatic anxiety into signal anxiety. Therefore, when encountering the unfamiliar (especially something which threatens the familiar), a subject will defend against it by restoring the familiar (such as by denying the loss of familiarity), thus reducing anxiety and protecting the ego.

In regard to the second tendency, due to the lack of security and motivation involved in facing the unfamiliar, an individual tends to register new experiences or objects in accordance with the familiar. That is to say, it is preferable to treat something new as if it is familiar. In addition to being protective, this characteristic implies an inclination towards the reductive. A subject may unconsciously search for consistency between the present and the old familiarity so that the ego can avoid the effort of adapting to change. By treating new or different experiences as if they are familiar (a form of reliance on the familiar), they can be reduced to something more homogeneous. Although it may not apply to all such situations, this process can be further linked to the operation of particular defences when under similar threat:

“They [the defence mechanisms used by the ego to avoid danger] become regular modes of reaction of his character, which are repeated throughout his life whenever a situation occurs that is similar to the original one.” (Freud, 1937, p.237, my insertion in brackets)

The suggestion is that the familiar operates rather like a tool that is frequently relied upon when dealing with new and different experiences. I surmise that a

precondition of this is the registration of experiences as familiar, hence the consistent use of defence. In addition, the familiar is deeply involved with the ego's protective shield, which it uses to filter stimuli in advance, and, on the basis of familiarity, reduces anxiety of the unfamiliar. This extends the range of the unconscious familiar because it suggests that this inclination exists before the reception of stimuli. Regarding the mechanism of defence, which is driven by the tendency towards the familiar, a subject tends to withdraw psychological investment towards the old familiarity (towards the ego in narcissism, to the representation of parents in transference, and to the lost object in mourning) in order to defend against upcoming threats.

Furthermore, it is important to restate that, in general, compared with a sense of sameness, the tendency towards the familiar does not encompass stasis, but instead relies on the dynamic nature and plasticity of the ego. For example, a familiar wish seeking discharge becomes modified and disguised by unremarkable content, or an individual is alerted to upcoming danger through the use of signal anxiety, thus he does not become overwhelmed. However, in some traumatic cases where there is a repetition of concrete familiarity or sameness, the tendency towards the familiar has become pathological and the dynamic nature of the ego is overcome. For instance, in depression, the loss of the object is disavowed, and the subject cannot resist making a depressive identification. A familiar object relation is thus rigidly repeated at an unconscious level. However, this pathological persistence of the familiar is challenged by repeated uncanny experiences wherein the subject is reminded that, in fact, the familiar to which he clings no longer exists.

Finally, in psychoanalytic treatment, the familiar plays a paradoxical role. On the one hand, reliance on the familiar can manifest as resistance to treatment. That which is familiar is deeply ingrained in an individual's psyche and he may find it impossible to give up. At the beginning of treatment, a patient will often automatically repeat his experiences and object relations; thus, therapeutic change does not occur easily. In addition, turning away from the familiar requires a range of movements on a multi-dimensional level. For example, these include a shift from constant psychological investment in a specific

representation, the exploration and resolution of resilient compromise formations caused by an old conflict, and amendments to structural problems that are usually repeated subtly in the psychological agencies at an unconscious level. From a functional viewpoint, changes to the familiar can involve the abandonment of protective stability and reductive reliability derived from ego experiences. As shown in the negative therapeutic reaction, when a patient's sense of the familiar is challenged in therapy, it can lead the individual to push-back on therapeutic progress and cause a defensive regression towards familiar mental processes or status. To support patients in overcoming this resistance, therapists must help them recognise where there is adhesion to familiar but destructive patterns. This may involve explicitly identifying how they can develop new, healthier ways of coping.

On the other hand, the familiar also represents a path towards progress. I would like for a moment to consider how the therapist might harness the patient's tendency towards the familiar in the service of achieving psychic change. Firstly, where a patient finds it difficult to trust, it is helpful when the analyst and setting can become established as a familiar object and environment, respectively. Before this occurs, the patient can experience interpretations as threats from an unfamiliar person who appears to be inviting them to abandon an internal homeostasis. In other words, becoming familiar with the analyst and the analytic process is a prerequisite for psychic change. Where the unfamiliar can be introduced via the familiar (and by an increasingly familiar analyst), it is easier for a patient to accept and absorb, rather than doubt or reject. Secondly, it is by becoming familiar with his own resistance that the patient establishes a path to recovery. This insight helps both patient and analyst to understand the resistance, to trace it back to its origins, and to eventually resolve it. For example, interpretation of the transference can help the patient to re-encounter a much earlier experience that is being repeated. The patient's understanding of their repetition provides an opportunity to make a different object relational choice in the present.

In conclusion, through its manifestation via repetition, the familiar can be observed to i) express its orientation in different psychological processes, ii)

provide protection in terms of regulating anxiety through pre-emptive measures, iii) preserve mental stability linked to libidinal investments and structural interactions, iv) offer a sense of safety to the ego so as to support its experience of stimuli, and thus transform and change, and v) minimise recognition of the unfamiliar by registering the new as if it were known. Although the familiar currently refers to a range of items, from an idea to a pattern, I suggest that it is the characteristic of the familiar itself, rather than what is familiar that plays the decisive role in the functions postulated above.

4.1.3 Further Reflections

In gaining a clearer notion of the familiar, I suggest that it provides a new and effective perspective of the repetition compulsion within the Freudian paradigm. In integrating multiple factors relating to the repetition compulsion, the familiar can resolve several inherent problems relating to this phenomenon, as introduced at the beginning of this thesis.

An initial issue with Freud's postulation of the repetition compulsion is the inconsistency of the various forms of the concept that appear throughout his work (Bibring, 1943; Inderbitzin and Levy, 1998), and that these are presented without comparison or integration. By introducing the idea of the familiar, different versions of the repetition compulsion (including 'transference', the 'negative therapeutic reaction', the repetition of symptoms, defences, and of experiences and relationships) can be considered and seen to be sharing a common characteristic. Although the way each version incorporates the familiar differs, overall they demonstrate an orientation to the familiar. For example, as a pathological manifestation of the subject's efforts to restore the familiar in the face of threat, the repetition compulsion can be seen in depression, wherein there is an unconscious repetition of the lost, significant, and familiar object relation. It can also be seen in the negative therapeutic reaction, in which clinical progress is interrupted by fears of giving up an aspect of internal familiarity.

A second problem with Freud's repetition compulsion is the difficulty of observing the concept in its pure and independent form because of its entanglement with other psychological processes or phenomena (Freud, 1920; Kubie, 1939; Levine, 2020; Inderbitzin and Levy, 1998). In addition to the processes mentioned above, these include the unconscious mechanisms of discharge and repression. This problem may be explained by, and at the cost of, the rigid separation between the repetitive behaviour pattern and the content that is repeated - an instinctual repetition and a disguised wish or a fresh traumatic experience formulated by other forces. By providing a framework for the mental agencies and the representations that operate within them, the dimension of the familiar builds a solid connection between the repetition itself and the other processes involved. Rather than being a derivative of other issues, such as the reappearance of repression, the repetition compulsion is actually motivated to, or we could say *must* carry out these processes and behaviours, according to the powerful tendency to seek the familiar. This is because the repetition compulsion is driven by the familiar. The basic unit of what is repeated can range from a single symptom to an experience, and even a relationship pattern, whilst the nature of these basic units can span from an affect, a scene, to a compromise formation. This suggests that there can be many forces involved when familiarity is repeated.

A final problem with Freud's postulation is the ambiguity and obscurity of the repetition compulsion in traumatic neurosis. Freud elected to "leave ... [this] dark and dismal subject" (1920, p.14, my insertion in brackets) without further addressing the subject. In my previous chapters, I did not give a direct explanation for this, but I shall now offer some explicit hypotheses. As mentioned, compared with the general neuroses, the role of repetition compulsion in traumatic neurosis does not garner much discussion (Freud, 1919b, 1920), especially after its attribution to the death drive.

According to Freud's conceptualisation across his different models, traumatic neurosis can be characterised as a subjective ailment, which presents as a more comprehensive general enfeeblement and disturbance of the mental capacities, and, in particular, involves the repetition of a traumatic scene. In

the context of the familiar, the primary difference between the repetition compulsion in traumatic neurosis and that of the other neuroses lies in the nature of the underlying content that is repeated (the original traumatic experience in the former, and a symptom, defence, or a substitute relation in the latter), and the way the repetition compulsion is expressed.

In other neuroses, the repetition compulsion arises from unresolved conflicts or repressed desires rather than a specific traumatic event. In this situation, the familiar seeks a compromise formation framework, the repetition of which serves to maintain the individual's defence mechanisms and keep the unresolved conflict or repressed wishes from reaching conscious awareness. This can manifest in various ways, such as somatic symptoms in hysteria, a specific behavioural mode in obsessional neurosis, or an object relational pattern in transference neurosis, all of which represent the compromise. By engaging in the repetition compulsion, a subject is able to avoid confronting the potentially anxiety-provoking aspects of his inner experiences.

In traumatic neurosis, the repetition compulsion involves the re-experiencing of past traumatic experiences or situations which are absolutely unfamiliar in the most frightening way. Because of the subject's complete inability to register these traumatic experiences as familiar, because they are so frightening, the individual can become traumatised by the combination of fright and helplessness. In being unable to fully process or integrate the traumatic experience, both the trauma and the ego's reaction to it cannot be psychically formulated as a representation or framework, or contained by the psychical apparatus as with other neuroses. However, I hypothesise that because of the human tendency towards the familiar, the subject does attempt to become familiar with his trauma through the process of acting it out. This keeps the individual stuck in a cycle of helplessly re-experiencing the trauma. In this case, the way the familiar is repeated can be as concrete and rigid as in depression – one involves familiarisation of a minimal level of survival, in other words, the not dying from a trauma through a re-enactment of the original experience, the other involves familiarisation of a lost object through the re-living of the lost object relation. Of course, if it is a traumatic object relation that is compulsively

repeated, the similarity of these two situations increases. As Pizer (2019) suggests, “The repetition compulsion ... operates in lieu of a relationship. The repetition compulsion is paradoxically both an invitation to a relationship and an invitation to repeat the interruption of some important earlier relationship” (p.303). In this way, the subject re-experiences the traumatic relationship.

Furthermore, the possible positive effect brought about by the familiar requires a re-clarification. As shown in the examples above, repetition is motivated by the familiar and aims to maintain the familiar. From both a functional and phenomenological point of view, the repetition compulsion often seems not to institute change and mastery, changing a passive experience into active dominance over the conflict or trauma, but rather, it simply ensures the re-experiencing of and reconnection with a familiar experience. Both change and mastery are actually only potential outcomes of the experience of familiarity. Only after a sense of the familiar has been regained can the subject master a previously overwhelming traumatic experience. This can be observed with signal anxiety where having “luckily survived a trauma one takes notice of the approach of similar situations and signals the danger by an abbreviated repetition of the impressions one has experienced in connection with the trauma” (Freud, 1926b).

In summary, the question of why an individual repeatedly seeks unpleasure can be explained by the idea of the familiar, with certain differentiations from the classical Freudian dimension. As discussed above, although there are differences between the repetition compulsion in traumatic neurosis and in the other neuroses, such as hysteria, both situations present a tendency towards the familiar. In traumatic neurosis, the sense of familiarity derives from the concrete repetition of traumatic experience, while in the other neuroses, it is through the compromise formation which relates to unresolved conflicts or repressed desires.

4.1.4 Limitations

Although the notion of the familiar can be seen to account for the repetition compulsion across different dimensions, there are questions remaining concerning the familiar itself, which are not explained within the Freudian paradigm and thus require further identification.

The first question arises from the structural dimension. According to Freud (1893f, 1897b, 1926a), the ego experiences trauma as a foreign body that cannot be represented. If, according to our previous hypothesis, the familiar is derived from psychical investment in object representation, in traumatic neurosis, wherein no such representation of an object or experience exists due to the damage to psychical functions (Brown, 2019), how is a sense of familiarity established?

Secondly, the human tendency to seek the familiar represents far more than its simply accounting for the repetition compulsion. Although the repetition compulsion is important for an understanding of trauma and a subject's reaction to it, it is merely one pathological manifestation of the tendency towards the familiar. As implied above, the familiar has many dimensions and motivates many psychical processes, which require further research. However, apart from the relationship between the familiar and the repetition compulsion, there are few manifest connections which are identifiable in Freud's work.

Thirdly, a study of Freud's work reveals that the term 'familiar' is used in a everyday sense, and is limited to the description of a specific feeling of something that is well known. However, with my development of a concept of the familiar based on an exploration of its psychoanalytic dimensions, I find it cannot be fully explained merely as an affect. The familiar itself demonstrates considerable qualities of motivation and attraction, which seem incompatible with ordinary affect. It is thus necessary to clarify the nature of the proposed concept of the familiar, one which takes account of its multiple aspects.

Finally, and perhaps most noticeably, it is the loss of the familiar that is felt most strongly in both daily life and psychoanalysis. This can be observed in the abundance of psychoanalytic discussion concerning the uncanny, mourning,

and anxiety. I would argue, however, that there has been a lack of attention to the formation of the familiar, how it operates, and its level of impact. Although Freud has thus far provided the inspiration for such a rich postulation of the familiar, in order to further identify the work of the familiar and resolve these questions, it is necessary to move beyond his theorising and apply a wider perspective.

4.2 THE FAMILIAR AS A NEW CONCEPT

In this section, through a process of deconstruction, I will first identify the nature of the familiar by exploring the essential patterns of its existence. Following this, I will postulate on the formation of the familiar by further investigating its aims, mechanisms, and alternate aspects (in addition to the five dimensions postulated in the last section).

At this stage, to offer a change of pace from the rather dense theoretical postulation thus far, I will include here a 'free association-like' consideration of the term 'familiar' in order to locate preliminary inspirations for further exploration. The initial starting point is to consider what a person deigns familiar, for example, their home, work, or life environment, an object, a relationship, a group, a process, a melody, an attitude, etc.

This might involve imagining or immersing oneself in each of these elements and reflecting upon the type of experience or feeling of familiarity that each engenders. These experiences might include a sense of being close, important, relaxed, nostalgic, casual, reliable, something not easily changed, and include themes involving understanding or conversation (e.g., a conversation with an old friend after a long period of separation). Alternatively, there may be a sense of being ignored, of being boring, insensitive, annoying, flat, with nothing to say, numb (e.g., when one has failed to end a long and tiring relationship), but also homelike, comfortable, energetic, restorative (i.e., a recovery from fatigue, such as when returning home after a long journey). In addition, we might consider something that is habitual, facile, simple and easy, or being non-anxious, unable to consider something further without making mistakes,

predictable, without risk, the ability to prepare in advance (e.g., when engaged in a task one is good at). Multiple feelings seem to have a subtle connection with a feeling of familiarity.

These aspects certainly do not account for every instance of familiarity, but this method of presentation implies some interesting points. Firstly, a precondition for familiarity is that an individual subjectively feels the experience/object to be well enough known. This belief will give him the confidence to recognise it as familiar. However, it might also prevent him from seeking out further knowledge or awareness. Under the sway of the tendency towards the familiar, it can be hypothesised that there is some element beyond the familiar that the subject does not wish to acknowledge.

Secondly, the familiar can represent a matrix of different feelings. In other words, as a fundamental basis, the familiar creates the space for the derivatives of familiarity. However, when we consider the element of familiarity itself, it only seems to have a single, clear signal that 'it is familiar', in other words, 'this is it', with no reference to other feelings or influences. This quality can make it difficult to recognise the role that the familiar plays in shaping our lives. On occasion, the feeling of familiarity, the reason why an object is familiar, or even what is familiar cannot be clearly demonstrated, but only experienced. The familiar can therefore be hypothesised as being experienced in an implicit way.

Finally, by considering the different situations in which there is exposure to a sense of familiarity, one is made sharply aware that in daily life, the familiar is seldom mentioned. Indeed, the majority of uses of the term 'familiar' in Freud's work refer to statements concerning a known idea, object, or experience, such as "we are familiar with ...", "... with which we are familiar". It is as if the element of familiarity is already naturally present and over-determined, hidden, yet always existing in the background. It is only when something familiar is changed, lost, re-collected or re-found, that the feeling of familiarity, albeit a ruptured or re-presented one, becomes manifest in our mind. This may imply that in general, a sense of familiarity tends to be hidden.

4.2.1 The Nature of the Familiar: its Mode of Existence

(1) The Familiar as the Core of Experiences and Relationships

I suggest that the familiar is at the core of human experiences and relationships. The tendency towards the familiar can override an individual's pursuit of pleasure, health, or well-being. Sometimes this tendency manifests consciously, such as when an individual chooses a familiar option in order to avoid an experience of unfamiliarity. However, as was illustrated in our recent discussion of the repetition compulsion, the familiar exerts a strong pull and may be unconsciously sought even when painful.

Transference, which can be analysed in a clinical treatment, represents a relationship through which the analysand re-enacts their experience of an old object. Commonly an internal figure such as a parent, and the subject's relationship with them, is re-activated. At the basis of transference, is the development of familiarity with the analyst, turning him/her into the "analyst-as-confidante". Following Freud, the clinical importance of both the transference and counter-transference has seen further elaboration, with the familiar also playing a necessary role in conceptualisations such as the holding environment (Winnicott, 1960), the working alliance (Greenson, 1967), the attachment relationship (Bowlby, 1969), and role responsiveness (Sandler, 1976); thus, the experience of familiarity can be considered to be a precondition of interactions in the analytic relationship, as well as in any significant relationship.

(2) Avoidance of Otherness

A central focus of psychoanalysis is the unconscious, an agency the derivatives of which appear alien to our conscious awareness. However, in clinical situations, an important therapeutic goal is for the patient to have "rather less that is unconscious and rather more that is conscious in him than he had before" (1916-1917, p.435). If the unconscious is to become known to

the patient, then this process can be understood to involve the dissolution of a previous familiarity, and the revelation of alien and unfamiliar aspects, allowing the patient to gain more mastery of his psychical home. As Frosh (2002) writes:

“Awareness of the extent to which what is other dominates our existence is too painful, too terrifying, to be maintained; instead, both the subject and psychoanalysis itself ‘wander’ back from the momentary vision of this truth, to the fantasy of completeness, of narcissistic selfhood.”(p.396)

This statement illustrates the retreat to narcissism, which results due to fears of realising otherness or unfamiliarity. Furthermore, this process suggests an additional link between otherness and narcissism - that narcissism is a vision, an impossible state of “no otherness”. As shown in the myth, “Narcissus has no other but himself to relate to and to admire; or rather more precisely, his only other is his own image of himself” (Papadopoulos, 2002, p.179). These ideas enrich the connection between narcissism and the familiar. What forms the familiar core of narcissism is not only the libidinal withdrawal towards the ego, the first and most familiar object for a subject, but also a state of “otherlessness” which is undisturbed by anything alien.

In considering narcissistic resistance to the realisation of otherness, one can perceive a link between narcissism and the protective shield, which is oriented towards preserving the familiar. Solan (1998) suggests that the shield described by Freud can be considered as a “narcissistic envelope” (p.164), which protects the psychic apparatus. In a narcissistic state, “stimuli and excitation are processed into a sense of the familiar”, and this contributes to a sense of well-being (p.167). Within the context of otherness, this implies that the protective shield, in addition to filtering out unfamiliar stimuli and pre-empting fright, functions as a type of shell which maintains a narcissistic-like state devoid of intrusion by the unfamiliar. In turn, the narcissistically oriented familiarity helps the subject to reinforce the protective envelope so as to ward off future experiences of fright and avoid otherness.

In my view, and as Freud demonstrates, such narcissistic familiarity can be traced back to the very earliest stages of infancy. In this context, instead of being limited to unconscious or external stimuli, the 'other' can refer to any object:

“At birth no object existed and so no object could be missed. ... Since then repeated situations of satisfaction have created an object out of the mother; and this object, whenever the infant feels a need, receives an intense cathexis which might be described as a 'longing' one.” (Freud, 1926a, p.170)

Here, I also see traces of a primitive narcissistic familiarity. The mother as an object is created by the infant along with repetitions of satisfaction and dissatisfaction. Therefore, ordinarily, both familiarity with the self and with the object (the infant's first external object) are originally derived from subjective experiences of satisfaction, which are naturally accompanied (as a result of the auto-erotic and bodily ego stages) by narcissistic satisfaction.

In addition, it appears that separation from the mother creates a developmental opportunity for the infant, wherein longing and a realisation of the existence of the other is initiated. Unfortunately, within the infant's psychical vision, the mother is also associated with dissatisfaction, pain and anxiety, resulting in the experience of the other being linked to suffering. Thus, the infant is inclined to seek out the familiar in order to avoid the unknown other.

However, such retreat to the narcissistic familiar involves limitations, because as Target and Fonagy (1996) suggest, “Understanding the nature of the mental world cannot be done alone, it requires discovery and recognition of the self in the eye of the other” (p. 461). In reality, it is the mother that feeds the infant and provides the feeling of satisfaction. Alternating experiences of narcissistic familiarity and realisations of otherness can contribute to benign narcissistic experiences (Solan, 1998), which gradually help the subject gain a feeling of safety (Sandler, 1987), and strengthen the sense of self (Stolorow,

1975). I suggest that in clinical situations, the complementary interaction of what is familiar and unfamiliar can create an awareness of difference. This process resolves pathological narcissistic familiarity by gradually revealing the otherness of the patient, which in turn facilitates analytic progress.

(3) Avoidance of the Unknown

Acknowledging the human tendency to adhere closely to what is familiar and to avoid otherness may allow us to more easily accept a further characteristic. That is, once a familiar experience has been generated there is an inclination to avoid encountering further experiences of the unknown. This manifests in two ways. Firstly, there is a tendency to avoid investigating a familiar object, to act as if it is already entirely known. Rather like a suspicious dictator who by various means manages to successfully prove the disloyalty of those he distrusts, the process of actively (albeit unconsciously) seeking traces of familiarity in an object or experience seems to preclude awareness of its unfamiliar aspects. This tendency can cause negative feelings towards what is familiar. For example, there can be disdain for the familiar object, that is to say, an underestimation of the importance of what is familiar by ignoring or denying its value. It is also a way of avoiding the awareness of otherness which the familiarity presents. On occasion, such disdain is expressed through aggression. Freud (1930) provides an example of such frictions in regard to groups:

“It is always possible to bind together a considerable number of people in love, so long as there are other people left over to receive the manifestations of their aggressiveness. ... it is precisely communities with adjoining territories, and related to each other in other ways as well, who are engaged in constant feuds and in ridiculing each other— like the Spaniards and Portuguese, for instance, the North Germans and South Germans, the English and Scotch, and so on.” (p.114)

As Freud points out, the disdain and aggression are directed towards familiar communities and this can be attributed to the ‘narcissism of minor differences’.

As Nagle and Clancy (2010) state, “the smaller the real differences between two peoples, the larger it is bound to loom in their imagination” (p.212). In the context of the familiar, I suggest that this can be understood as the unwillingness of one group to acknowledge the scope of their own otherness, other than by holding a familiar grudge against an irritating and hostile neighbour. According to a critique by Papadopoulos (2002), this type of disdain for familiarity can be seen in Jung’s (1936) discussion of the limitations of Christianity, wherein he ignored cultural phenomena occurring in a nearby familiar area, that is, in Eastern Europe and Russia.

“What is of importance is to observe how Jung overlooked precisely that which he was looking for: the Orthodox Church has retained alive rituals, has resisted the rationalist enlightenment; her institutions have not been dominated by secularist concerns, her emphasis has remained on holistic approaches, and the individual has not been allowed to become alienated from the community (cf. Ware 1973). ... However, these are the very elements that Jung was looking for in the exotic other traditions and yet these were available to him in an alive and functioning tradition (the Orthodox Church) right at his door step.” (Papadopoulos, 2002, p.176)

It could be implied that in criticising a familiar religion or culture in order to positively elevate others, Jung placed his faith (perhaps to the point of idealisation) in objects that were remote and less familiar (e.g., relating to the Middle and Far East, Africa, and native North America). He overlooked that what was already familiar to him, or at least closely associated, might contain these same positive elements. As Papadopoulos writes, “This is not an uncommon phenomenon and it is encountered frequently in clinical work, when analysts idealize one other and denigrate another other” (p.177). I suggest that this type of denigration is particularly directed towards familiar aspects and can include the analytic process itself. As indicated by Winborn (2012):

“When a case is new, it is fresh, exciting, unknown and full of possibility. It is often easier, during that initial phase of analysis, to listen for the multiple levels of meaning lurking between the words, gestures, and sighs. As the

case ages it can become harder to listen with fresh ears, to engage our imaginal reverie, or to feel the teleological urge towards new possibilities As both parties begin to feel they know each other, so there is a tendency to stop looking for what they don't know." (p.197)

As Winborn points out, once a clinical case becomes familiar it becomes more difficult to explore a new perspective, with the therapy being at risk of becoming repetitive and stuck. The unknown pathology of the patient may remain concealed by the familiar aspects of his presentation. This tendency to desist from encountering the unfamiliar also supports the avoidance of experiencing otherness and acts to protect the subject's narcissism. There is a disdain for objects that are already familiar and a need to reaffirm established compromise formations. To overcome this type of resistance in analysis, Winborn suggests that the analyst should focus on the patient's unconscious processes, rather than the content of the issues they bring. This might include the analysis of dreams, for example, wherein a third perspective on the analytic situation often offers a novel element. By introducing and overcoming significant aspects of unfamiliarity, the patient's narcissistic familiarity is tempered and overly disdainful responses to familiarity can be avoided.

In addition to the avoidance of moving further into familiarity, that is, into its unknown aspects, a further manifestation of this pattern relates to anxiety. As Casement (2002) writes, "When we are impatient to remove a sense of strangeness and the unease of not knowing, we sometimes settle for what is familiar" (p.111). In other words, the familiar can be used to reduce anxiety. In making this choice, the individual may cease acknowledging the essential problems that arise in the encounter with strangeness and become dependent on a level of palliative familiarity. This is demonstrated in the clinical situation when hopes of recovery are gradually eroded. As Freud (1914a) writes, the patient, "[having] been content with lamenting [his illness]" loses the "courage to direct his attention to the phenomena of his illness" (p.152, my insertion in brackets).

(4) Implicit Aspects of the Familiar

As individuals, we tend to occupy psychic states which are familiar and it can therefore be difficult to recognise how much this motivates the way we live. It is also difficult to understand why we are drawn towards something that is familiar or to repeat it. We often experience the familiar unthinkingly, as is observable with the repetition compulsion. This suggests that the nature of the familiar is implicit, including the ways it is formed and experienced. In addition to the unconscious processes relating to the Freudian paradigm, as discussed in the previous chapters, there are three other potential explanations as to why the familiar bears this quality.

i) Implicit Memory

For Freud, memories were regarded rather like concrete physical entities which he called 'memory traces'. Although this term was never fully explained, it appears these traces were understood to remain largely unconscious and awaiting cathexis (Laplanche and Pontalis, 1973). However, it is nowadays accepted that "traces of information that are later used to create memories" (Fonagy, 2003, p.506) are stored in our mind. Fonagy (1999) describes the current understanding of the existence of two memory systems:

"Cognitive science makes a key distinction between two kinds of memory system both of which have important functions in psychoanalytic treatment: a declarative or explicit memory that is involved with the conscious retrieval of information about the past, and the procedural or implicit memory system from which information may be retrieved without the experience of remembering. ... Neuropsychological work has indicated the complete independence of these two systems: the hippocampus and the temporal lobes in autobiographical events (Alvarez & Squire, 1994; Damasio & Damasio, 1994; Ungerleider, 1995), and sub-cortical structures such as the basal ganglia (Mishkin et al., 1984; Saint-Cyr & Taylor, 1992) and the cerebellum (Glickstein & Yeo, 1990) in implicit memory. ... Implicit memory is evident earlier in development than declarative memory (Digiulio et al., 1994)." (p.216-217)

Implicit memory is now understood to sustain an individual's view of the world and their patterns of emotional response (Emanuel, 2021). The relevance between implicit memory and the formation of familiarity has been shown in neurocognitive processes (Yonelinas, 2002). In psychoanalysis, the idea of implicit memory helps us to understand the notion of representation in the complex interpersonal world, which is powerfully informed by past childhood relationships (Davis, 2001). Such representations cannot easily be made conscious (Talvitie and Ihanus, 2002), and they may further form a pathological familiarity generating unintended repetitions. Therefore, transference, as the 'arena' of the repetition compulsion, can be both an effective way to understand a patient's implicit memory and a useful tool for impacting it therapeutically.

In the period since Freud and even preceding the discovery of implicit memory, the importance of transference has been increasingly acknowledged. In particular, in the Kleinian school, the transference provides a key focus of the analytic work. Kleinian analysts consider the 'total situation' of the transference, in which the past comes alive in the present (Joseph, 1985). Thus, "with the interpretation of the transference in the here-and-now of the analytic situation, past and present are interpreted simultaneously" (Bohleber, 2007, p.334). This is actually consistent with the idea of implicit memory: that which is implicitly familiar is brought to bear on the patient's current situation and cannot be realised but only re-enacted. According to this view, psychological change can only occur through the interpretation of the patient's unconscious model of object relations. Regarding these object relations, what is commonly remembered are not the events or facts themselves, but rather, the patterns and ways of functioning which will become the focus of psychoanalysis (Fonagy, 1999). This also further supports the implicit nature of the familiar as a structural framework.

ii) Mitigating Anxiety

As suggested by Freud (1926a), anxiety “has a quality of *indefiniteness and lack of object*” (p. 165, author’s italics). This points to the fact that any object can become threatening or indeed may be lost at any time. Anxiety can thus be felt as diffuse, without end, and implicit to the subject’s experience. As a preparatory aspect in the defence against fright and the regulation of anxiety, the familiar holds incredible appeal and will ‘expand its range’ to the extent that a wide variety of objects and experiences can feel familiar. In this sense, the aim of familiarity is not to generate a manifest feeling, but to create a foundational experience that becomes enhanced through re-use, for example, connecting to the feeling of union when facing separation. In this way, the familiar itself is also implicitly diffuse and unending.

iii) Intersubjectivity

From an intersubjective perspective, the human tendency to seek the familiar describes a bidirectional feeling that is implicitly co-created by two individuals. Being familiar with one another and the interaction is the basis upon which the familiar pattern becomes solidified. This implicit interactional dynamic is especially concentrated in analytic relationships. Sandler’s (1976) concept of role responsiveness allows insight into this type of familiarity:

“Within the limits set by the analytical situation he [the analyst] will, unless he becomes aware of it, tend to comply with the role demanded of him, to integrate it into his mode of responding and relating to the patient. Normally, of course, he can catch this counter response in himself, particularly if it appears to be in the direction of being inappropriate. However, he may only become aware of it through observing his own behaviour, responses and attitudes, after these have been carried over into action. What I have been concerned with in this paper is the special case of the analyst regarding some aspect of his own behaviour as deriving entirely from within himself when it could more usefully be seen as a compromise between his own tendencies or propensities and the role relationship which the patient is unconsciously seeking to establish.” (Sandler, 1976, p.47, my insertion in brackets)

In my view, there are three interesting points embedded in this statement. Firstly, that the necessity for the analyst to comply with an assumed role has a precondition: the patient's response is predicted according to the current nature of the analytic relationship, and it is on this basis that the analyst formulates a response. The entirety of this process occurs unconsciously. Winborn (2012) provides an illustrative example:

“As we become more sensitized by holding the patient in mind, we begin to anticipate how they will receive our interventions and interpretations. For example, the analyst may predict a negative response (such as withdrawal, rejection, aggression, anger, or shame) from the patient when considering an interpretive intervention. The analyst's anticipation of negative response patterns and concomitant defensiveness would be likely to inhibit his/her capacity to maintain an open stance with relation to the 'other' on both implicit and explicit levels of interaction.” (p.197)

In addition, the patient's response, which is likely consistent with the analyst's expectations, will also accord with the characteristic of 'desisting from the unknown', which further enhances this implicit tendency of the familiar. In turn, a patient who is seeking familiarity in the interaction with the analyst may use a similar mechanism, that is, having particular expectations of the analyst, to which the analyst responds in alignment with the patient's wishes. A collusive intersubjective familiarity is thus created - 'I knew you were going to say that'.

To conclude, in being role responsive, the analyst unintentionally repeats something familiar. In other words, such responsiveness is a manifestation of the repetition compulsion, which cannot be noticed or reflected upon, but only experienced and re-enacted. According to Sandler, what is repeated is the compromise between the analyst's own stance and what the patient is unconsciously seeking. Therefore, particular attention should be paid to the inclination to generate familiarity in the analytic setting, because only by doing so is the analyst able to identify the patient's unconscious patterns and tendencies.

(5) Concealment

States of mind that are familiar and untroubling do not normally demand much of our attention. A feeling of familiarity is usually activated by its sudden loss. In most situations the familiar simply exists beyond awareness, remaining hidden until it is noticed or re-found. We might consider two typical situations where awareness of a familiar state of mind arises. Firstly, there are occasions when the sensation appears without expectation, accompanied by a sudden realisation of the degree of familiarity present. This is especially relevant to Stern's (1983, 1989) contributions relating to unformulated experience, which he defines as any experience that has not yet been reflected upon or given an explicit shape in terms of expression or communication. Here is a subtle example:

“Once seen, a new clarity may seem so inevitable that it is experienced as having ‘been there all the time,’ deceiving us into believing that it actually was (the ‘hidden reality’ view). The previous lack of awareness is astonishing. The right words, once found, pull the figure out of a background that until a moment before was homogeneous. Alternatively, if the meaning remains implicit or felt, as in the case of many dreams, the moment may pass with only the awareness of the present of a vague something. Yet enough is left that we recognize the thought if we have it again; and if someone else says it, or if the thought appears in print, we have a reaction of puzzlement and surprise that we ourselves have not thought of this very thing, something like, ‘I knew that.’”(Stern, 1983, p.91)

The suggestion is that familiarity can exist beyond awareness, not only due to repression, in the context of Freudian theory, but also as a result of the characteristic of being ‘unformulated’. In this way, the familiar hides in the background, only becoming manifest as a form of response when noticed. Specifically, Stern emphasises that what is unformulated is content that the subject prefers not to encounter. That is to say, in terms of pathology, the hidden aspect of familiarity may include potentially disturbing elements, which Stern poetically identifies as ‘familiar chaos’:

“Defensively motivated unformulated experience is a kind of ‘familiar chaos’, to borrow a phrase from Paul Valéry, a state of mind cultivated and perpetuated in the service of the wish not to think. The ‘chaos’ refers to the natural form of undeveloped thought, and though we do not know exactly what it is, it does carry with it a comforting sense of familiarity. It may be banal and unquestioned, but it feels like our own. Familiarity is its camouflage. Defensively motivated unformulated experience is a lack of clarity and differentiation permitted or encouraged in cognitive material that, in more complete form, would be noxious.” (p.73)

Stern is suggesting that because thoughts are yet to be formed, what is defended against are psychical processes that the subject wishes to remain unformulated. In this context, I would argue that rather than merely being a ‘camouflage’, the familiar in fact protects the subject from the potential threat of the unfamiliar. The aspect of camouflage prevents such disturbances from reaching the subject’s conscious mind or becoming manifest at a verbal level. It is only when the familiar becomes ruptured that ‘chaos’ ensues, causing significant disturbance to be revealed to consciousness. This process is illustrated in my discussion of the uncanny.

Secondly, it is only when familiarity is ruptured or lost that awareness of what was previously possessed arises. This situation, in which a familiar idea, experience, or relationship manifests strongly in response to being threatened, is touched upon in my discussion of the uncanny, anxiety, and depression within the Freudian paradigm. Frosh (2002) offers the following regarding the revelation of loss:

“... the experience of loss demonstrates just how much each of us is relationally engaged with others—it shows up the intensity of that bond, which can often be experienced as excessive and uncontrollable, uncontained in the psychoanalytic sense. Butler emphasises here the surprising “notknowingness” of loss, the way it can put us in contact with an area of unexpected dependence. This is not only an external, relational

feature of loss —that you don't know what you've got until it's gone—but rather it is deeply internal ... ” (p.400)

Although this statement is oriented towards awareness of dependence on the other, I wish to draw attention to the impact of loss on a person's sense of the familiar. In my earlier discussion of depression, it was observed that the loss of a familiar object or experience involves both external and internal loss due to the alteration in the psychological structure. The fact of dependence on others normally exists beyond awareness, because our status is protected by a backdrop of hidden familiarity (which, within the context of 'otherness', is narcissistic). In the event of an external loss, this backdrop collapses internally and the disturbing fact of dependence is revealed.

In clinical situations, the familiar also has a huge but hidden influence, which is not easy to recognise. As Winborn (2012) reflects:

“I have wondered what aspects of familiarity hinder analytic process; why it occurs with certain patients and not with others; and how, as an analyst, I might work with it. With contemplation, it dawned on me that the experience of familiarity is one of being hidden in plain sight. States of familiarity are so familiar that they operate as background to our various foreground concerns in analytic work and therefore exist primarily as implicit rather than explicit experiences in analysis. I realized that familiarity in the therapeutic setting is the most basic of experiences, an unconscious given in the relationship; it becomes so comfortable, ordinary, or mundane that we fail to recognize the need to examine or analyse our experience of it.”
(p.189)

Winborn emphasises how the familiar can be stealthily at work even in front of an analyst. Indeed, through habituation and normalisation, the familiar (as both a framework and a compromise) forms our 'normal' pattern of experiencing when not consciously noticed or acknowledged. Dynamically speaking, the familiar should not be revealed or salient because its exposure may make manifest a conflict lying beneath the surface. This can bring about a forced realisation of disturbing facts, which are avoided, such as the alienness of

otherness. As discussed in previous chapters, even if it is not always in our best interest, the familiar often provides a sense of security and comfort. Fear of change or the potential anxiety associated with venturing into the unknown can keep us clinging to the familiar, making it harder to identify and break free from. This requires that we bring the role of the familiar to the foreground for further consideration in psychoanalysis, which is the aim of this thesis.

Furthermore, given that the familiar often takes a hidden form, it would be valuable to briefly consider 'surprises' - threats to the familiar which tend to induce pleasure. This appears to be a topic that has gained little attention in psychoanalysis. In this context, a surprise is a thought that a person has avoided, both because it reveals free-energy, which the brain normally aims to keep quiescent (Friston et al., 2010), and because from a psychoanalytic perspective (Scarfone, 2018) any unexpected enemy, either external or internal, is experienced as a potential persecutor and is therefore not well received. However, in daily life, surprises are not always unwelcome.

I suggest that a surprise consists of a challenge to familiarity that is accepted without question and which happens to be pleasurable for the subject. Essentially, it cannot be distinguished from fright, because both refer to a breakthrough of familiarity for which the subject is not prepared. Its source of pleasure derives from the fact that the surprise is consistent with a subject's wishes or longings. For example, a gift from a friend can be a pleasant surprise, while the same gift from an enemy would be a frightening experience. It may be relevant here to compare the miserable loss of what is loved and the pleasurable loss of what is hated (Freud, 1917). In this way, a surprise does not actually disrupt one's sense of familiarity, but rather extends it through the meeting of a wish. It is possible that the greater the disappointment in a familiar object, the more extensive the activation of hallucinatory wishes seeking satisfaction, and, in turn, the more the subject expects to be surprised by the object.

In regard to the basis on which this type of surprise occurs, I think the object involved must be both familiar and positive enough for the subject. This allows

positive expectations to exist and the acceptance of a not-entirely-unfamiliar otherness, by means of which the subject can enjoy the surprise. This brings us to the final aspect of the familiar: its fundamental and facilitative role in adaptation.

(6) Adaptation

Our previous discussion of the difference between sameness and the familiar has revealed that the latter, if not relating to a pathological state such as depression (in which it becomes concrete), can have a certain degree of flexibility and plasticity, and is able to be utilised by the subject in multiple ways. This is illustrated in the transference (where a familiar past relationship shapes a present one), in the reconnection to a previous experience of reunion in the face of separation anxiety, and in mourning, whereby the recollection of past experience is facilitated. In these situations, the familiar is the basis for the application of an experience, a type of reference point that reminds the subject of earlier lived experiences. Therefore, although the familiar can become manifest in the context of the repetition compulsion, where the tendency is to incorporate a minimum level of psychic activity (Bergler, 1934; Orlandini, 2004; Shepherd, 2014), I suggest that the familiar can also be both a foundation and navigation point for change:

“One of the remarkable characteristics of mental life is its capacity to organize and harmonize the host of discordant impressions which arise from the stimuli of the outer and inner worlds. This capacity is the result of the intricate development of a stabilizing inner mental structure which in its outwardly observable aspect is called the character. No small part of the sense of inner stability provided by the character structure is due to the repetitive regularity with which both the quality and the course of personal relationships are established and maintained.” (Parkin, 1981, p.271)

In regard to the ‘inner stability’ which results from “the repetitive regularity with which both the quality and the course of personal relationships are maintained” (ibid.), I believe that the familiar plays an essential role. It is what gives an

individual the courage and ability to go beyond what is essentially a secure but limited base. This can be seen in the very earliest stages of human life. On the one hand, “One of the central tendencies of mind that infants readily display is the tendency to order the world by seeking invariants” (Stern, 1985, p.74). What this means is that the infant feels safe enough to gradually form a core sense of self. On the other hand, based on the core sense of self formulated by familiarity, an infant will be able to experience something new and novel, which may lead to a reorganisation and refining of previous experiences (ibid.) In other words, the appearance of the familiar is a psychical achievement which can be used as the basis for accepting unfamiliarity:

“The practicing toddler's intoxication with the physical world and his or her expanding capacities make it seem as if he or she is oblivious to mother's presence (Mahler, 1972a). But the toddler periodically returns to her side for emotional refueling. Her presence conveys comfort, but so does a familiar environment, the background against which the toddler is able to explore what is novel and exciting. While novelty creates interest, suspense, and challenge, the role of background is to provide a frame, a context within which infant can experiment and take risks” (Stein, 1997, p.929-930)

In terms of encountering the new, the crucial role of the familiar in shaping experience is clearly indicated. This is relevant to Winnicott's (1958) ideas regarding an infant's ability to be alone. In his view, the infant's familiarity with the mother develops as a result of her consistent presence despite the baby's attempts at destruction. Nevertheless, maternal familiarity supports the gradual toleration of these separations, allowing the infant to steadily develop their independence. As part of this process, a rather concrete familiarity undergoes alteration, becoming increasingly flexible, and forming the basis for future explorations of unfamiliarity.

This adaptation of the familiar can also be observed in clinical situations. Winborn (2012) describes an analysis in which a previously unseen reliance brings about a development. The analyst pointed out that the patient had a

defensive tendency to avoid connecting the words 'abuse' and 'father' when speaking, despite having been abused by her father. In the following session,

“She then reported a dream in which I (MW) am sitting in front of her waiting for a new chair to be delivered. We are sitting in front of a large glass window where the chair will be positioned. There is a platform that is in place to hold the chair. In the dream I appear very excited about the arrival of the chair. The chair locks into a slot in the platform. In discussing the dream I brought up the possibility that she or I or both of us were holding me in an elevated position. However, this interpretation didn't have resonance for her. She said she was focused on the solidness of the platform under the chair; that it seemed to provide a secure, stable position for the chair.” (pp. 198-199)

Although Winborn emphasises that it is the realisation of a previously hidden familiarity that leads to “new vistas (the window) and perspectives (the elevated chair)”, I think that the patient's focus on the sturdiness of the chair's platform indicates her feeling that the analytic relationship is on solid ground. It appears to confirm the patient's acceptance of the analyst's interpretation regarding the split between her father and her abuse, which highlights the hidden familiar element that could have been easily ignored.

Technically, an analysis cannot proceed without the formation of familiarity within the process itself, enabling a sense of comfort, warmth, and security. Furthermore, the familiar influences an individual continuously; in being traceable from the present moment, it enables a reduction in emphasis on memory reconstruction. This is consistent with a tendency within the Contemporary Kleinian school, whereby “remembering and reconstructing past events from the patient's life history have been marginalized and classified as of secondary therapeutic importance in most current conceptions of the treatment” (Bohleber, 2007, p.334). However, the coherent self-narrative achieved through reconstruction of the past should also be valued (Fonagy, 2003). The latter method could also be seen to enhance the patient's sense of familiarity with their entire history, which in turn supports realisations regarding hidden patterns in the 'here and now'.

Adaptation in a clinical sense can also refer to therapeutic change through reorganisation (Loewald, 1960) and reformation, rather than through revolution, because “psychoanalysis works by modifying procedures rather than by creating new ideas” (Fonagy, 1999, p.219). This notion supports my hypothesis that the solidity and maintenance of the familiar is a precondition for therapeutic change. It also reflects my previous suggestion that analytic familiarity (in relation both to the analyst and the setting) may facilitate an awareness in the patient that change involves choosing between two potential options, rather than a situation whereby an unfamiliar risk replaces an old familiarity.

As a further reflection on its clinical function, as both the source of and pathway to overcoming resistance, the familiar encourages, i) the narcissistic avoidance of otherness, ii) the evasion of unfamiliarity in order to maintain a compromise formation, iii) the concealment of implicit issues/conflicts through collusive intersubjectivity, and iv) the shrouding and normalisation of experience. Finally, in its adaptivity, the familiar provides a solid and facilitative basis for change, hence being a valuable pathway for growth and development.

4.2.2 The Nature of the ‘Familiar’ - a Final Conceptualisation

Having identified that various dimensions of the psychoanalytic model can be connected to the familiar, it becomes possible to clarify the concept. I argue that in most situations, and seemingly unconsciously, the familiar (a term that in everyday life refers to a feeling or sensation), in fact provides security, stability, continuity, and reliability with which to experience the internal and external worlds; through its quality of attraction, the familiar motivates our psychical processes and behavioural patterns. I suggest that the familiar can be hypothesised as a feeling that arises from a dynamic and responsive framework that we might identify as the ‘Familiar’. This conceptualisation represents a composite of various psychical units and their interactions (e.g., psychical agencies, affects, and defences), or a primary psychical framework

on which an individual depends in order to experience life. Therefore, our identification of a tendency towards the familiar (referring only to the seeking out of familiar feelings consistent with this psychical framework) should be classified as a tendency towards the 'Familiar'. The Familiar both shapes our experiences and influences our choices through specific means. In this context, the use of the term 'dynamic' refers to the plasticity brought about by the development of the framework, and to the flexible quality of its various parts, which become activated and function according to different situations. The term 'responsive' refers to the framework's reaction to received stimuli, that is to say, the recognition of what is familiar, communicated through a feeling of familiarity.

(1) Primary Mechanisms of the Familiar - Recognition

The main mechanism through which awareness of familiarity occurs is through the perception that an object is already known, that it has been previously encountered or experienced. This recognition is an essential aspect of the Familiar, because it allows an individual to identify and differentiate the familiar from the unfamiliar, and to reinforce its dominance through retaining it. As Halfon and Weinstein (2013) suggest:

“One seeks familiarity and obtains mastery by repeating, thereby creating recognizable patterns that allow for a feeling of safety in both the internal and external world, which are essential for the development of fundamental continuities in one's sense of self and relationships.” (p.395)

The safety provided by the backdrop of the Familiar has already been stressed in this chapter. More importantly, I suggest that the development of continuity in the sense of self and in relationships cannot be attributed to an indiscriminate repetition but is brought about by a cyclical process, with the Familiar being enhanced again and again. The first step in this process is reconnection to this recognisable framework.

i) Reconnection to the Familiar

There are two preconditions of reconnecting with the Familiar. The first, inevitably, is the initial construction of the inner framework, by means of which, the perceived stimuli can be reflected. Only after the initial construction of the Familiar can a subject reconnect with the framework and rely upon it when experiencing the world. I suggest that the importance of identification in the initial construction should be highlighted. This particular psychological activity on the one hand entangles the self and object in a considerably close internal relationship, to the extent that the self is the object and vice versa. Through identification, a psychological structure in which an object relation is unconsciously maintained can be correspondingly created or adjusted. Further, conflict between wishes and reality arises, which normally results in a compromise formation incorporating the relevant specific pattern. The complexity of the structural framework is necessarily increased. For example, through identification, a familiar object can be further processed into an internal psychological agency such as the superego. Thus, at the structural level, the Familiar can be manifest in the ego-superego relationship, to the extent that if the ego transgresses it may expect to be punished in line with the familiar rule governed by the superego, for example, Oedipal castration anxiety.

On the other hand, "Identification is known to psychoanalysis as the earliest expression of an emotional tie with another person" (Freud, 1921, p.105). Although Freud relates the identificatory process to the different choices associated with the Oedipus complex – one based on love (the subject wishes to be the object) and the other based on hostility (the subject wishes to replace the object), I wish to emphasise the affective aspect of identification. An object is not only identified with in relation to a psychological structure, but via its associated affects. This further suggests that through identification the familiar as a feeling may have an affective origin. In addition, the affect which the subject experiences following the loss of an identified object, may not only be a direct reaction to the actual loss, but also a response to an interrupted identification. For example, in addition to being a response to the actual loss (Freud, 1917), the pain of mourning might be considered as a manifestation or

transformation of an identified affect, which has now become separated from the original object relationship.

In addition to the construction of the inner framework consisting of familiar experiences/objects, the second precondition of reconnection to the Familiar is reality-testing. This can be understood in terms of an inspection of the world through which external stimuli are monitored, distinguished, and introduced into the psyche, and which relates to the reflective and responsive nature of the framework. By contrast, internal stimuli appear to reach the framework freely. It is interesting to note that, on the one hand, it seems that reality-testing is not a manifestly functional part of the Familiar framework, because the initial response to either external or internal stimuli will be the same singular message - 'It is familiar', without identification of the source of the stimuli. Therefore, in being devoid of any enquiry or awareness of its origin, a recognition of familiarity can be entirely unconscious. On the other hand, reality-testing has a fundamental role in constructing the Familiar framework. As Freud (1905b) suggests, "The finding of an object is in fact a refinding of it" (p.222), which means that when a subject is motivated to seek an object (at both a conscious or unconscious level), there is in fact an expectation towards the potential object according to an earlier prototype relationship. From this perspective, the process of reality-testing itself has an additional dimension, which is to locate elements of consistency based on expectation. Of course, as shown in the repetition compulsion, these expectations may be destructive. This may explain why some types of familiar objects are constantly sought, even if the subject is consciously aware of their inherent harm:

"One of the most discouraging things about the repetition compulsion is that insight has practically no effect on it. My patient has lots of insight. She knows that she chooses her alcoholic father again and again. After ten years in analysis, she told me, 'I can walk into a wedding reception where there are two hundred people in the room and spot the sadist because he is the one I will be attracted to.' A lot of good this insight has done her. Her new boyfriend, whom she describes as 'so sexy, so exciting,' got mad at her and killed her cat, leaving its body on her welcome mat. When she told

me this, she brought her hands to her face and said despairingly, 'Oh, God! I've found Daddy again, haven't I?'" (Holmes, 2014, pp.29-30)

As shown in this example, the tendency to seek the Familiar can come to dominate a subject's experiences, facilitating their ability to overcome conscious resistance to painful experiences. It is also important to highlight the subject's determination to encounter such experiences, quickly and precisely singling out objects that are familiar. As to the type of objects that are sought, this is determined by the subject's very early history of object relationships. Winnicott (1945) describes the enriching process of hallucination, which is relevant to our discussion of re-finding an object with specific expectations:

"... the infant comes to the breast when excited, and ready to hallucinate something fit to be attacked. At that moment the actual nipple appears and he is able to feel it was that nipple that he hallucinated. So his ideas are enriched by actual details of sight, feel, smell, and next time this material is used in the hallucination. In this way he starts to build up a capacity to conjure up what is actually available." (p.141)

In this passage, Winnicott is suggesting that on the occasion that the infant's wishes align with the mother's actions, his hallucination is felt to have been actualised. Therefore, the significance of reality-testing lies in its ability to enhance the sense of familiarity through the actualisation of hallucination. Further, because this narcissistic actualisation forms an early prototype, which helps to both locate a feeling of familiarity in various situations and to navigate reality-testing towards predictable objects, the infant is able to further reinforce a sense of familiarity regarding their experiences in the world. In clinical situations, this process of familiarity seeking can be observed in the transference. As Sandler (1976) postulates,

"In our conclusions about transference we took the step of extending the notion of the patient's projection or externalization of some aspect of the past, or of a figure of the past, on to the person of the analyst, to all his attempts to manipulate or to provoke situations with the analyst. I believe such 'manipulations' to be an important part of object relationships in

general, and to enter in 'trial' form into the 'scanning' of objects in the process of object choice. In the transference, in many subtle ways, the patient attempts to prod the analyst into behaving in a particular way and unconsciously scans and adapts to his perception of the analyst's reaction.”
(p.44)

Rather than viewing transference as a mere repetition of an old object relation, Sandler recognises its presence in all the patient's attempts to manipulate the present experience on the basis of the past. In this way, the phenomenon is more than a compulsive repetition; in the transference, the patient is actively, albeit unconsciously, seeking to recreate a familiar object and object relationship. By scanning the object, that is, inspecting the present through reality-testing, the subject is testing out the Familiar framework. In addition, through the achievement of 'manipulation', the subject is unconsciously assessing and processing the new object relationship.

In regard to the process of reconnection to the Familiar, there are implications of this notion in Freud's work (1905c), wherein recognition is defined as a pleasurable experience:

“It seems to be generally agreed that the rediscovery of what is familiar, 'recognition', is pleasurable. Groos (1899, 153) writes: 'Recognition is always, unless it is too much mechanized (as, for instance, in dressing, ...), linked with feelings of pleasure. The mere quality of familiarity is easily accompanied by the quiet sense of comfort which Faust felt when, after an uncanny encounter, he entered his study once again [Faust, Part I, Scene 3.] ... If the act of recognition thus gives rise to pleasure, we might expect that men would hit on the idea of exercising this capacity for its own sake—that is, would experiment with it in play. And in fact Aristotle regarded joy in recognition as the basis of the enjoyment of art, and it cannot be disputed that this principle should not be overlooked, even if it does not possess such far-reaching significance as Aristotle attributes to it.’” (p.121)

In the scene Freud describes, following a bizarre experience in which a dog transforms into the Devil, how Faust wakes alone and finds himself in his familiar study as usual. Faust's immediate recognition of the familiar surroundings implies that there is no need to be concerned about the unpredictable and uncanny. From an economic viewpoint, Freud attributes the pleasure of 'recognition' to a "relie[f of] psychical expenditure" (p.122, my insertion in brackets). He also suggests that pleasure from recognition is the basis of the appreciation of art. In fact, it is the association between recognition and mimesis that Aristotle (in his *Poetics*) argues is to be accounted for the enjoyment of art (Boitani, 2021).

Building on Freud's emphasis on the importance of recognition, I further suggest that a key aspect of recognition is seeking after the familiar, because the recognition of threat or risk cannot be defined as pleasurable. Rather, it produces anxiety, and thus leads to a building of psychic tension. Similarly, the recognition of a repressed wish, such as one that returns in an uncanny way, also raises psychic tension. Only after the achievement of a sense of familiarity, which provides a feeling of stability and reliability, is recognition exempt from being a fraught response to a sudden event. As Groos (1901) writes:

"Recognition is the link which connects the present with what we have known in the past. ... When I select my own from a number of hats I simply recognise it, and can tell no more about it. But a careful study of cases in which the recognition is hesitating clearly distinguishes the two following stages. First there is the simple knowledge: I have seen this before, the recognition having been accomplished by the 'Coefficient of Recognition' (Höfding) without our necessarily knowing why we recognise the object. It is difficult to say what grounds this feeling. Physiologically there may be special reasons for the accompanying nervous processes. Speaking psychologically, there seem to be certain shadowy feelings of warmth and intimacy. ... A second stage is reached through the fact that we are able to place the object suitably; we know that we have had something to do with it, and this is often facilitated by a hasty reversion to its earlier psychic milieu of space and time relations, as well as of word and idea connections. "

(pp.122-123)

This example provides an interesting interpretation of the psychic processes involved in conscious recognition. In general, it suggests that recognition refers to the connection one makes between a present stimulus and those stimuli that have previously been stored in the Familiar framework. A connection of this type will not necessarily be followed by a conscious feeling of familiarity and a recollection of a previous experience. However, because the subject “can tell no more about it”, it appears that the connection is implicit. Indeed, the connection may operate unconsciously, being automatically motivated by the tendency to seek out the Familiar. Cognitive psychologists and neuropsychologists also acknowledge the automatic, consciously unaware characteristic of recognition of the familiar (Jacoby, 1991; Migo, Mayes, Montaldi, 2012).

On the basis of its initial construction, followed by directional reality-testing and the recognition of familiarity, the Familiar framework becomes active. As previously described, the primary mechanisms of the Familiar can be described as being operational in two directions: i) a dependence on familiarity with resistance to the new and unknown, and ii) the registration of unfamiliarity according to what is familiar. We will now consider these two mechanisms in more detail.

ii) Dependence on the Familiar and Refusal of the New

In the previous section, I described this mechanism to be the result of a protective composite formed of multiple dimensions, an achievement based on ego experiences, and a strong orientation to defend against the unknown. To offer more detail about these processes, a further consideration of recognition will now be discussed.

Firstly, it is necessary to highlight a general mechanism, which we find implied by Freud (1905c):

“I arrived at it on the basis of a study of the technique [of jokes] and of a comparison with the dream-work, and on no other basis; and I then found that on the whole it fits in excellently with the characteristics of jokes. Thus this view has been arrived at by inference; and if from an inference of this kind one is led, not to a familiar region, but on the contrary, to one that is alien and new to one’s thought, one calls the inference a ‘hypothesis’ and rightly refuses to regard the relation of the hypothesis to the material from which it was inferred as a ‘proof’ of it. It can only be regarded as ‘proved’ if it is reached by another path as well and if it can be shown to be the nodal point of still other connections.” (pp.177-178)

Although Freud is discussing the difficulty he encounters when applying the discovery of dreams to jokes and the issue of research involving the unconscious, a more general difficulty is also introduced. Through a comparison of the words ‘inference’ and ‘hypothesis’, Freud highlights how an idea revealing something alien and new, which arises from beyond one’s familiar mental range, tends not to be trusted. This phenomenon occurs because, from a logical/scientific point of view (albeit, at times, a highly subjective one), in order to be accepted, the new idea must demonstrate its coherence by creating a connection to current familiar psychological representations. A refusal to see a link between the new hypothesis and what is already familiar as ‘proof’, indicates that any such association between the new and the previously stored familiar material tends to be avoided or denied. It is only following a series of such connections to familiarity that the individual can start to know and accept the unfamiliar object. In his protests against those who contemptuously doubted his theories, Freud (1910a) referred to “the arrogance of consciousness”, a phrase that rather appropriately describes the work of the Familiar:

“The arrogance of consciousness (in rejecting dreams with such contempt, for instance) is one of the most powerful of the devices with which we are provided as a universal protection against the incursion of unconscious complexes. That is why it is so hard to convince people of the reality of the unconscious and to teach them to recognize something new which is in contradiction to their conscious knowledge.” (p.39)

A further declaration leads us to another relevant and inspiring discussion:

“Science, in her perpetual incompleteness and insufficiency, is driven to hope for her salvation in new discoveries and new ways of regarding things. She does well, in order not to be deceived, to arm herself with scepticism and to accept nothing new unless it has withstood the strictest examination. Sometimes, however, this scepticism shows two unexpected features; it may be sharply directed against what is new while it spares what is familiar and accepted, and it may be content to reject things before it has examined them. But in behaving thus it reveals itself as a prolongation of the primitive reaction against what is new and as a cloak for the retention of that reaction.” (Freud, 1925a, pp.212-213)

In reference to these two statements, and in the context of our discussion, we might apply the term ‘arrogance’ in regards to the refusal to accept unfamiliarity because of dependence on the Familiar. Noticeably, as with recognition relating to familiarity, in being a ‘primitive reaction’, this refusal mechanism can be unconscious and automatic. According to Freud’s statement, two manifestations of arrogance are shown: i) a movement against the unfamiliar, and ii) an exemption of the familiar. Additionally, the refusal of unfamiliarity occurs before it has been understood or examined. This relates to my discussion of the familiar and the protective shield in which I suggested that the inclination towards the familiar may exist even before the ego receives stimuli. In relation to its characteristic of being unconscious and automatic, there is an implication that the refusal mechanism operates alongside that of recognition; thus, when recognition occurs and the new object is pronounced unfamiliar, arrogance has already been formulated, hence forming a primary mechanism of the Familiar.

Through this dependence/resistance process associated with the Familiar, two kinds of protection are provided. One is the avoidance of anxiety when encountering the unfamiliar. In previous chapters, I discussed the relevance of anxiety by highlighting how the familiar can mitigate anxiety, and also how the

familiar is involved in the transformation of automatic anxiety into signal anxiety. I will now add two further points. Stern (1983) suggests that “New experiences come to be mistrusted simply because they are new” (p.75), and also because if a solution is found “which minimizes anxiety, or an apparent solution—a mode of perception, thought, feeling, or behavior—one may apply that solution indiscriminately from then on” (p.75). From a structural and functional viewpoint, the Familiar itself makes available an efficient and stable pattern with which to manage experiences. This pattern can be safely relied upon to avoid the unfamiliar, which cannot be known without risk. Stern’s notion that “Anxiety leads us to search for the familiar and comfortable in experience, and throw out the rest” (p.75), clearly confirms the dominant role of the Familiar in regulating anxiety.

In regard to the minimisation of anxiety guaranteed by the Familiar, Sandler (1960) offers a more precise description by suggesting that rather than simply ensuring the elimination of anxiety, “The constant present of familiar things makes it easier for the child to maintain its minimum level of safety-feeling” (p.355). Accordingly, the Familiar does not merely eradicate anxiety, but can help an individual to tolerate it, as long as a minimum level of ‘safety-feeling’ is maintained. In other words, the subjective experience of the Familiar may also entail a degree of anxiety, but it is preferable to seeking a new solution, which necessitates adventuring into unfamiliarity. As Shepherd (2014) states, “the new feeling may be much harder to tolerate than the old familiar one” (p.67). This is the case even when what is familiar refers to something painful (e.g., as with the repetition compulsion), because the repetitive feeling state provides our ‘emotional home’ (p.66). Such familiarity can encourage the avoidance of dangerous changes and evoke fewer fluctuations of psychic excitation. The same explanation is applicable to the idea that having a bad object is better than none at all (Brandchaft, 1983), because the real risk lies in surrendering the repetition of familiarity.

The second point I wish to consider is that the compromise between safety and anxiety within the work of the Familiar is relevant to the avoidance of otherness observed in narcissistic familiarity. Bergler (1934) suggests that as part of

psychological growth, the subject must gradually renounce their infantile omnipotence in response to the awareness of different types of limitation. Once accepted, these limitations, will bring about “a saving of anxiety” (p.219), because the subject is guided to avoid any attempt to stray beyond that which is familiar to him. As a result, even if the familiar element is not ideal or even satisfactory, the subject will adhere to it, because “at least it is relatively safe” (p.219).

iii) Registering the New According to the Familiar

Firstly, it is useful to return to Freud (1925a), who writes,

“What provoked the resistance [to the unfamiliar] was, as a rule, certain factors in the subject-matter of the novelty, while, on the other side, several factors must have combined to make the irruption of the primitive reaction possible.” (p.213, my insertion in brackets)

This statement, though it is referring to the scepticism towards the newborn psychoanalysis at that time, might have been a description of a clinical situation, in which an interpretation from an analyst is first rejected by a patient, only to be later accepted and taken in, resulting in therapeutic progress. It should be noted that Freud fails to define the ‘several factors’ that can cause the eruption of a primitive refusal of unfamiliarity. I suggest this can specifically refer to the relationship between unfamiliarity and the Familiar. The more the unfamiliarity can be processed following the Familiar framework, the greater the possibility of it becoming known and accepted. This can be linked to Freud’s understanding of a patient’s negation, a simple lifting of repression with a re-expelling of it from consciousness (1925c), and an analyst’s unavailing attempts to indicate a patient’s resistance, which are unsuccessful unless worked-through (1914a): In the context of the Familiar, a simple interpretation is negated or is deemed unhelpful because it fails to reveal enough connections to the patient’s present pathological familiarity. In the patient’s response (the not listening to or taking in an interpretation), the analyst encounters an outright refusal. As pointed out in reference to the

negative therapeutic reaction, there is a requirement for the familiar to introduce the unfamiliar, because, as I hypothesise, a further primary mechanism of the Familiar is the registration of the new in accordance with the familiar.

In the last section, I highlighted the way in which an individual unconsciously seeks to establish consistent links between the present and similar past experiences in order to attain a sense of the familiar. By continuing to rely on what is known, there is an avoidance of change. Further, by treating new experiences as familiar, the subject can homogenise different experiences in a reductive way. Although not consciously, the subject actively seeks the familiar or its identifying signs. Under the sway of the tendency towards the Familiar, internal stimuli will be inspected according to this process. In regards to external stimuli, the process occurs through reality-testing, with the protective shield playing an important role, as previously mentioned. Once signs of familiarity are discovered in a new object, it can be registered, with its unknown aspects being ignored or denied. On the one hand, this process helps an individual to remain oblivious to the reality of the unfamiliar. In Lacan's theory of *méconnaissance*, the mirror image is identified as the actual self, with this misrecognition being repeated in later life (Fuery, 2016). This concept can be interpreted as familiarity eliminating the necessity to know the new. On the other hand, a regulation of anxiety is achieved through an insistence on the Familiar. The positive aspects of this mechanism, namely, the acceptance of the new, and the plasticity of the Familiar which brings this about, will now be explored.

It is helpful to illustrate how registration works of the Familiar by using an example of transference. Sandler (1976) discusses a patient who responds well to interpretations, but always implies that he has questions, which always go unposed during the sessions. Feeling he has to speak more than is usual, the analyst is concerned that the patient will abandon the analysis. Finally, Sandler learns that the pattern derives from a childhood experience. When his violent father would return home from work, the patient would engage him in conversation, asking numerous questions to ascertain whether his father was

angry with him. Although Sandler focuses on countertransference, I would stress that in the transference, every question implied by the patient is testing the present object (the analyst) with expectations formulated by his Familiar framework - "Yes! He is not angry!" In turn, this strengthens the original framework - "I knew I should ask that question!", as well as the repetition. In this way, the patient registers the analyst, with the latter being drawn into the pattern of the Familiar framework. The analyst thus becomes an object contained within the framework, and is treated as other familiar objects such as the father. Fortunately, before interpreting this issue, Sandler is only exposed to anxiety about the patients' leaving analysis, rather than feeling impatient or angry due to the endless vague and riddle-like questions. In that case, he would have been quickly cast as the violent father, which would likely have exacerbated the patient's implicit and defensive questioning.

On the one hand, in order to facilitate the acceptance of unfamiliarity and encourage therapeutic progress, it is important to identify how the Familiar can be developed. As Piaget (1952) suggests, within a cognitive framework, mental organisations can adapt to new experience by both assimilating it to the present schematic pattern and changing the pattern itself. I assume that a similar mechanism is relevant to the Familiar. As a stable and secure framework, similar to Stern's (1985) notion of an invariant base that is reorganised in relation to the new, the Familiar can be updated with later experiences, hence forming a developmental platform with which to register unfamiliarity. Adaptation of the familiar is only operational following this mechanism.

On the other hand, and perhaps more importantly, change occurs through the repetition of the familiar. In clinical situations, this requires the analyst to be patient during the process of acceptance because it is inevitably a slow process with the possibility of repetitive regressions, as highlighted by the negative therapeutic reaction. As Lafarge (2019) writes, "repetition, which is so often seen as standing in the way of change, is also essential to it, for the repeated makes up a structure—a frame—within which change can occur" (p.1283). Here, the space provided by a repetition in which something new can

occur is suggested. As Russell (2006a) argues, “The apparent repetitiveness has to do with the need, so to speak, of setting the stage to a long and incredibly complex induction process which is necessary if any real change is ever to occur” (p. 93). Whilst repetition motivated solely by the Familiar does not necessarily bring about change, repeated experiences of the Familiar are necessary for change to occur. In clinical sessions, this necessity is highlighted by the repetition of the analytic process, and the patient’s dependence upon it. Change occurs in sessions in which many elements are repetitive and familiar - “the same people meet in the same room for the same amount of time on the same days each week” (Stein, 1997). Without these repetitions, for example, when an analysis is due to be terminated, it is more difficult to promote change (Lafarge, 2019).

In order for the new to be accepted, therefore, connections must be made between the Familiar and the unfamiliar. As suggested previously, the unfamiliar requires introduction via the familiar. We can find the origins of this in a very early stage in the life of an individual, when the father is introduced to an infant by its mother (Winnicott, 1958; Agnel, 1999). As Agnel (1999) writes, “In most cases, if the mother consents, the father, the first stranger introduced to the dyad, quickly lends himself to a certain familiarization although his role always remains distinct” (pp.298-299). We might interpret this situation as representative of how the unfamiliar can only be accepted and known, (i.e., without encountering the arousal of ‘arrogant’ resistance) through gaining consent from the familiar.

(2) The Familiar in a Pathological Situation

In a pathological situation, the work of the Familiar may be manifested through the repetition compulsion following trauma. This is the area of theory from which my idea of the Familiar as a concept is derived, and it features as a key theme in previous chapters where it was comprehensively discussed. In this section, traumatization¹⁶ brought about by ruptures to the Familiar (especially

¹⁶ The influence of trauma on the psyche.

in terms of its loss), and the Familiar's influence on the repetition compulsion will be further explored.

i) Traumatization Regarding the Loss of the Familiar

Following Freud (1926a), trauma is caused by an overwhelming experience in which a person experiences extreme helplessness. The ego, which was previously autonomous, temporarily fails to overcome the trauma. A sense of connection to the Familiar is interrupted, such that psychological stability and the sense of continuity of self is affected; the subject no longer feels secure or on familiar ground. A key factor in trauma is fright, which indicates the subject is insufficiently prepared to respond to trauma. Within the context of the Familiar framework, traumatization highlights ruptures to the Familiar framework, and, more specifically, the loss of familiarity:

“There is no trauma without loss, and no loss that is not potentially traumatic. Traumatic self or object loss impairs the sense of trust, safety, self-confidence, and self-reliance. The primary affect of trauma is anxiety, the primary affect of object loss is depression, but, clinically, the affects of loss and trauma often coalesce. There is usually a fantasy reunion with, as well as resentment toward the lost object for no longer being available. Severe bodily damage and multiple object loss as in a train wreck or war may lead to a shattered self, and traumatic ego damage. Depression follows from aggregate losses of self, object, and the former object world and supportive social structure.” (Sklarew and Blum, 2006, p.859)

A comparison of the loss of parts of the self in trauma and the loss of an object relationship in depression, highlights the close connection between loss and trauma. By considering this connection (in addition to the negative therapeutic reaction), some postulations regarding depression can be applied to the understanding of traumatization. Depression can be considered a primary and long-lasting issue as suggested by Klein (1946), however, the focus here is loss of the Familiar rather than loss of an object. As a composite framework, the Familiar has a compromising quality; thus, in the context of trauma, loss of

the Familiar refers to both an aggregate loss as well as to the loss of parts of the self, as highlighted in the above quote. However, I would emphasise the close association of these different forms of loss as they previously contributed to a stable pattern within the Familiar. In relation to my postulation that in mourning and depression there is a hypercathexis of the representation of the lost object, a similar situation may also occur due to traumatization.

In the same way that hypercathexis causes the lost object representation to become rigid and concrete, traumatization also results in a detailed and precise retainment of traumatic memory. In mourning and depression, any change brought about by libidinal withdrawal from the object representation can be felt as intolerable, because it will be treated as a total loss. This can be subjectively experienced as an overwhelming fear of losing connection to the beloved object, as well as to the part of ego identified with the lost object. In traumatization, as a result of a threat to the subject's survival, hypercathexis¹⁷ appears to operate with greater force. So much so, that the concrete memory of trauma resists alteration, becoming quite inaccessible to the psyche in this respect. An illustrative example of this type of isolation can be seen in Freud's (1909a) case study of Little Hans,

“When he [Little Hans] read his case history, he told me, the whole of it came to him as something unknown; he did not recognize himself; he could remember nothing; and it was only when he came upon the journey to Gmunden that there dawned on him a kind of glimmering recollection that it might have been he himself that it happened to.” (p.148, my insertion in brackets)

This passage shows how a traumatic memory of a phobia was unable to be identified or recollected. This could be interpreted as a typical expression of “the confusion of memory with perception” (Russell, 2006b, p.604), which occurs with the repetition compulsion, and refers to “a resistance to affect, to remembering with feeling” (ibid.) However, through a “glimmering” recollection,

¹⁷ Which is manifested through the exemption of typical memory processes and the limited hermeneutic function of the present.

the traumatic situation was re-experienced. I hypothesise that, even if the hypercathected traumatic memory cannot be accessed, it can, to some extent, be brought into awareness through this type of re-enactment.

In a previous discussion, I additionally hypothesised that in anxiety dreams, wherein both the dream thought and manifest content appear dependent on the familiar, the dreamer has difficulty locating and selecting an unfamiliar representation as the substitute. In contrast, an ordinary dream tends to use unfamiliar manifest content with low psychic value, derived from the day's residues. Such representations act as a form of encasement, which absorb the cathexis of the original experience. This content conceals a familiar dream thought stemming from an original repressed wish. To date, this hypothesis has not been fully verified. It could be postulated that the traumatic experience which provokes the anxiety dream is hypercathected, and thus its pathways to other psychical processes become reduced or closed off. As a result, the concrete dream wish cannot be changed or even disguised, which results in repetitive anxiety dreams.

Interestingly, this type of isolation is also emphasised by Freud (1893f) in his early work:

“In fact the pathogenic organization does not behave like a foreign body, but far more like an infiltrate. ... Nor does the treatment consist in extirpating something—psychotherapy is not able to do this for the present—but in causing the resistance to melt and in thus enabling the circulation to make its way into a region that has hitherto been cut off.”
(pp.290-291)

With this metaphor, Freud suggests that traumatization will lead to an isolation of a psychical region of the mind. I further hypothesise that the part of the Familiar involved in the ego's encounter with trauma is hypercathected to the point of concreteness (it becomes static, or frozen, as if in a state of traumatization) and closure (i.e., unavailable to normal psychic processes), hence the sense that this aspect of the Familiar is psychically lost. In becoming

isolated in this way, the Familiar will not function as before. Inevitably, in an extremely severe traumatic situation, the whole Familiar framework can suffer from overwhelm, resulting in an even greater loss of stability, continuity, security, and the sense of having a reliable sense of self, all of which are derived from the Familiar.

ii) Further Reflections on the Repetition Compulsion

In light of this new perspective concerning traumatization, it is necessary to provide some further explanation of the relationship of the Familiar to the repetition compulsion. In the last section, I hypothesised the difference between the repetition compulsion in traumatic neurosis and that of the other neuroses. I highlighted that in the former, the entire traumatic scene and the subject's survival of it (i.e., the fact of their not dying) has to be re-experienced without access to the Familiar (as evidenced by the fact that the subject feels he is re-experiencing the trauma for the first time, each time he faces it); while in the latter, a compromise formation is made within the Familiar framework. I shall now explain these points in detail.

As suggested earlier, trauma can result in excessive rupture to psychical familiarity, to the extent that the Familiar can become paralysed. Therefore, in the repetition compulsion as it relates to traumatic neurosis, stimuli created through a re-experiencing of the traumatic situation cannot reach the Familiar (which has become ruptured) or find a response (due to paralysis of the framework). Therefore, the repetition compulsion is not able to evoke a sense of familiarity as is typical in normal experiencing.

Due to this cessation of connectivity, in order to gain a response from the Familiar framework, the subject must unconsciously make a rigid and vehement effort to re-experience the entire traumatic situation once more. By returning to the occasion when the framework was originally ruptured, the subject endeavours to regain a sense of familiarity with the entirety of their psychical structure, at least the parts that are available for mobilisation in the current situation. This attempt requires the subject to take the risk of pausing

their current continuity, because regardless of the developments of the present moment, the past will need to be re-lived. They must also surrender the capacity for preparatory protection, because the regression employs the totality of the psychical forces. This all-encompassing process represents an unfortunate state of affairs for the traumatized subject. Without the help of an analysis, it may not be possible for the subject to regain access to the Familiar, and thus generate a sense of familiarity; that is, to become conscious of the compulsive cycle associated with the repetition compulsion. As a result, the subject continues to anticipate the helpless situation occurring again and again.

A further obstruction involves the subject himself. With each compulsive repetition of trauma, the Familiar framework is further threatened. To avoid its complete destruction, the subject unconsciously resists attempts at reconnection with the Familiar. Despite its being inaccessible however, the Familiar, which is dominant, determined, and resolute, is determined to assert itself. Thus on the one hand, following traumatization, the subject is unable to experience the world without reaching for the Familiar; on the other hand however, to avoid further traumatization, the subject cannot let the regressive repetition make contact with the Familiar which has become isolated (as a means of protecting it). Therefore, a compromise is formed between these two necessities; that is, the entire psyche is mobilised in devotion to the repetition compulsion. This drastic motion appears to be able to provoke a resonance from the Familiar, as with Little Han's 'glimmering' recollection. In this way, an unconscious sense of familiarity sought by the subject has the possibility to arise. Through the repetition compulsion, the parts of the ego that have survived the trauma can make implicit contact with the isolated framework. They do so via a weakened signal, which repeatedly supports the fact of survival from the past trauma, and avoids any further damage to the isolated Familiar caused by authentic contact. To both reiterate and elaborate my argument, the repetition compulsion does not aim for mastery or change, but rather, it seeks solely to make an implicit connection with the Familiar. In other words, the aim of repetition compulsion is the repetition compulsion itself.

Furthermore, it is possible that when it is threatened, the effort to refind the Familiar will dominate the ego in much the same way that the ego succumbs to the shadow of the object in depression. In this situation, the ego invests everything in the maintenance of the Familiar, becoming concretely identified with it, resulting in the psyche's devastating stuckness in the repetition compulsion. Returning to the relationship between the loss of the object in depression and the loss of the Familiar in traumatization, I would further hypothesise that in depression, because the lost object relationship is unconsciously relived through identification, the part of the ego that survives the trauma is also kept alive through the repetition compulsion. In addition to the original trauma situation, this 'not-dying' part of the ego is unconsciously re-experienced through isolated traumatic memories, which explains how the isolated Familiar is unconsciously maintained. In this case, there is a similarity with the repetition compulsion as it expresses itself in the other neuroses, that is, a compromise of internal conflicts is re-enacted, as well as a compulsive repetition of defences.

In traumatic neurosis, there is a tendency with the repetition compulsion to highlight the external impact of the trauma (Freud, 1919b, 1926a), which causes a thorough division and isolation of the now damaged and disconnected parts of the Familiar. In contrast, in the other neuroses, what is hypercatheted and isolated can be a secondary structure, a compromise pattern that maintains certain conflicts. This means the primary unit, the elements composing the compromise, may still have its connections to the Familiar through other trajectories. Therefore, in traumatic neurosis there is a requirement for the subject to devote the totality of their psychic energy to repeating the original traumatic experience in order to find resonance from the isolated part of the Familiar. In the other neuroses, regaining a sense of the familiar is more of an internal process, which the subject can achieve through the repetition of a defensive compromise. This enables the subject to gain a resonance from the Familiar. In this process, which encapsulates, i) the loss of the Familiar, ii) hypercathexis of the loss, and iii) the repetitive attempts at connecting with the isolated Familiar, can become a major reason why the

repetition compulsion is perceived as the only way to deal with trauma (Russell, 2006b; Holmes, 2014).

Finally, an understanding of the loss of the Familiar in pathological situations can support working with this aspect in clinical situations. I have discussed the negative therapeutic reaction as a result of the internal loss of psychological equilibrium - a regression towards the lost Familiar with which the subject previously dealt with experiences. I suggest that in moments where therapeutic change threatens the subject's equilibrium, the potential loss that threatens is suddenly awakened and becomes concrete. In such cases, an isolated framework is created, which has the sole function of psychically 're-living' the experience, rather than providing a means of understanding or connecting through familiarity. This might also explain regressions caused by the ending of the analysis: "When people lose someone they also lose an experience of self with that someone." (Cooper, 2009, p.590). In the termination of an analysis, such loss includes the patient's new psychological pattern formulated by the self through working together with the analyst. The loss of analysis may however offer the patient time and space to negotiate the invasive encounter with old or arising problems. This may explain why there can be a more heightened regression to a pathological situation with the termination of an analysis (Lafarge, 2019), or an exposure to conflicts that were left unsolved in a previous analytic dyad (Cooper, 2009).

(3) Qualities and Aims of the Familiar

First, it is necessary to re-highlight the tendency towards the Familiar, because it is the precondition that makes it possible for the aims of the Familiar to be pursued. According to either the various motivations for the different kinds of repetitions or the situation postulated in traumatization, both a conscious feeling and unconscious sense of familiarity are sought by the subject. Based on what we have discovered, it would be beneficial to identify the aims of the Familiar by outlining its qualities.

If we consider familiarity that tends to go unnoticed in the background, further qualities of the Familiar may reveal themselves. These qualities are not easily determined but form a supporting backdrop in most experiences. In providing a rare explanation of the term 'familiar', Freud (1905c) states that it "can also have the meaning of 'belonging to the family'" (p.17, fn.1). Thus, it may be pertinent to consider the types of familiar experiences that might occur in a family. For example, as Agnel (1999) suggests, the familiarity that is experienced in the context of the primary relationship with the mother is easily underestimated, but it forms a basis for all of an individual's later love relationships. The qualities of this type of familiarity may include a sense of,

“... enclosure, shelter, bonding, warmth and proximity, security, intimacy, routine, peace, and order, which outline the singular limits of the ego, the specificities of family heritage.” (p.299)

There are many aspects, or we might say achievements, of the Familiar embedded in this quotation that I have discussed or implied previously. I interpret Agnel's use of the words "shelter" and "security" to refer strongly to the protection of the psyche. We may then assume that one primary aim of the Familiar is to provide a feeling of safety for the ego. With the presence of such protection, psychical continuity can be developed. This form of 'shelter' can be particularly functional in emergency situations, which further implies that an individual can always return to the Familiar and use it to avoid danger. The presence of an existing pattern of this nature can help the subject defend against the unknown, or to register unfamiliarity. In other words, for the subject, such protection is reliably available whenever needed; thus, the feeling of safety and continuity is solid, stable, but also hidden, to some extent. This type of protection can be achieved by preparing for upcoming unfamiliarity, and is manifested through dependence on the Familiar. In turn, and in terms of the adaptive aspects of the Familiar, due to the existence of this safe, reliable shelter, the subject has enough of a feeling of support and safety to risk venturing into the unfamiliar.

The relational aspect of the familiar can be identified through an interpretation of 'bonding'. As a dynamic framework, it is necessary that the different elements composing the Familiar are closely associated, allowing the framework to develop plasticity and flexibility, and to avoid splitting or dissolution. This can be further linked to a sense of 'order', which can imply a structured process, framework, or association. Therefore, another aim of the Familiar is to establish a type of structure; to organise psychical elements with specific and close associations, which, in turn, allows psychical processes to function. In relation to the repetition compulsion, the structure of the Familiar is sought by the subject regardless of whether or not it is effective or efficient, in other words, it is valid as long as it is familiar.

If we consider 'warmth and proximity' and 'intimacy' (but avoiding a topographical perspective regarding their location), it implies that the familiar can be deeply trusted as it provides sufficient support with easy access to the ego. This suggests that reliability is an important quality of the Familiar. The type of support available could be specified as the maintenance of 'peace' in the psyche. Noticeably, as I pointed out in the discussion of 'minimised anxiety' (p.40), this peace does not refer to a lack of psychical conflict or tension, but to a condition of harmonious equilibrium which allows for a certain amount of anxiety. I further suggest that the measure of this allowance is whether, under the influence of existing anxiety, the ego connects safely to the Familiar or not. Furthermore, the terms 'warmth', 'proximity', and 'intimacy' also remind us of the subjectivity of the Familiar framework - in terms of its influence on an individual - and its intersubjective aspects - in terms of its formation and interactional development. This is implied by 'specificities', which indicates that the composition and formation of the Familiar will vary in different individuals and interpersonal relationships.

The term 'routine' can be interpreted to indicate repetitions influenced by the Familiar. On the one hand, by implying the subject has a full grasp of what is repeated, without unknown risk, it refers to predictability - a routine that occurs fluently without undue consideration. The consistency of repetitions refers to that of the psychical processes within the Familiar, and its development as a

framework. These aspects form a fundamental quality of the Familiar, as well as being the basis of a predictable routine. On the other hand, the routine can be considered a procedural process with a lack of respect for its contents. In accordance with the 'avoidance of the unknown' aspect of the Familiar, disdain for the present familiarity can be linked to the term 'limit'.

This notion of a 'limit' can also be interpreted as a closed area, which brings us to the term 'enclosure'. Firstly, this can refer to the fact that the Familiar, despite having easy access to the ego, is a closed entity. That is to say, it cannot become activated unless through active contact with a psychical process, which is particularly the case with the repetition compulsion. This may be an essential reason why the familiar motivates repetition - the subject is required to repeat a process or an experience to activate the functioning of the Familiar. As previously pointed out, the conscious feeling of familiarity is a direct response by the Familiar framework to a connecting process. In contrast, an unconscious sense of familiarity in the repetition compulsion derives from a Familiar resonance brought about by repetitions that are unable to make contact.

Furthermore, with recognition, due to an explicit boundary, there is a clear separation between the familiar and unfamiliar, a subjectively known and unknown risk, and the self and the other. This sharp separation is also postulated by Agnel (1999):

“The anteriority of familiar values, the fact that they were given to us, and the regressive pleasure or cosiness they procure for us persuade us to consider strange values, which are more troubling and sometimes unrewarding, although fascinating, as inherently inferior.” (p.299)

The 'anteriority' of familiarity (which relates to 'family heritage' in the above quote), once again reminds us of the role of identification in the formation of the Familiar. Accordingly, the initial construction of the Familiar can be interpreted as being a priori to the subject, as it is inherited from the other's

mind. Secondly, with the term 'inherently inferior', the arrogant contempt for unfamiliarity reappears. I would further hypothesise that the reason the primitive reaction of 'refusing the unfamiliar without examination' exists, is because the Familiar only allows objects or experiences to enter the mind in order to be accepted and known.

In addition, even if the familiar is dull, boring, or even harmful, venturing into unfamiliarity is a last resort. A lack of motivation to experience and know unfamiliarity can be explained by its 'troubling' or 'unrewarding' qualities, in comparison with a reassuring familiar routine. The subject cannot be sure whether the current framework can register and handle the unfamiliar, and even if the unfamiliar is tentatively explored, the outcome is not assured. This uncertainty includes the economic dimension, when the ego is unable to assess the total expenditure required to get to know the unfamiliar thing and to deal with the possible repercussions of its impact, it is preferable to hold on to familiarity. Therefore,

“The ego, either striving towards the ideal or content with its routines, represses them or uses them as a means of defence to avoid leaving the shelter of the mother's lap, that harmonious realm where one is always safe, snug, and secure.” (p.299)

Here, although two pathways are suggested, the strong attraction of the Familiar often means that what is known is felt to be the only choice, even when the familiar is less than comfortable.

In conclusion, the Familiar aims towards psychical protection, which mainly works out of sight as a backdrop for experiences and relationships. Economically, protection can refer to stable and predictable psychical expenditure. Overriding Freud's pleasure principle, the Familiar does not strive for the least psychical tension at the quantitative level. Rather, the key factor is its stability, an enduring tool that is continuously and easily available; hence, when accessed, it provides stable expenditure. Further, it is important to note how potential cost is evaluated. As indicated, the ego not only considers the

psychical expenditure involved in engaging in an experience which is unfamiliar, but also evaluates follow-up costs. Therefore, even if a familiar experience causes a degree of psychical tension, because the total energetic expenditure involved is predictable, it continues to be asserted.

Structurally speaking, the protection offered by the Familiar can refer to the construction and organisation of its framework, in which many psychical elements (such as representations, parts of psychical agencies and their connections) can be gradually integrated. By weaving associations between these elements, the ego can maintain itself in a structured psychical environment. Although it is constantly encountering unordered stimuli from both the external and internal world, these can be registered and dealt with by the ego in accordance with a structured framework - the Familiar.

Functionally speaking, the protective Familiar initial includes a consistent, reliable mechanism with which to manage experiences, regulate anxiety, and offer a reassuring sense of security. For example, through the use of primitive recognition in accordance with the Familiar, a clear separation is made between the self and the other, and the narcissistic avoidance of otherness is guaranteed. In addition, in the context of the protective shield, this recognition enables a preparedness with which to mitigate anxiety. Secondly, on the basis of a reassuring sense of security, protection can also refer to a coherent, continuous sense of both self and world. Along with the occurrence of various experiences and the development of the Familiar itself, the consistency of the framework can facilitate the ego and its association with a range of objects during development; hence, the existence of coherent experiences and a continuous connection with the ego.

(4) Other Dimensions of the Familiar

In addition to the descriptive, dynamic, economic, structural, functional, and pathological dimensions of the Familiar introduced in the last section, there are three more aspects to be considered, which can help us attain a better understanding of the Familiar as a dynamic and responsive framework.

i) The Affective Dimension

An essential manifestation of the Familiar is its expression as a feeling, hence its consideration from the viewpoint of an affective state. An experience of the familiar gives rise to different affects, which range from those which are comforting or give a sense of security, to those that are distressing or overwhelming, depending on the specific conditions of the familiar situation or experience.

In Freud's paradigm, affect was first considered to be the economic representative of the instinct (1915b), and later, as a *reaction* of the ego to experiences (1926a). In relation to the second perspective, both the conscious feeling and the unconscious sense of familiarity are derived from a reaction from the Familiar framework, highlighting its responsiveness. Even on occasions when the Familiar is not genuinely accessed, such as in the repetition compulsion, it can still be influenced and make implicit connections. Therefore, as with the framework as a whole, it is only when the familiar feeling is lost or reappears that it can become known. In other words, for the most part, the familiar feeling also exists in a hidden way.

On the other hand, with Freud's notion of identification as a primary emotional tie, affect itself is also an important component of the Familiar. As Valenstein (1973) suggests,

“... it is the affect coordinate as it takes on a systematic quality of pleasure or unpleasure which provides the experiential substance to object recognition and an increasingly stable object representation bringing about object constancy. If the affects, especially those primal and primitive affects associated with the early self and self-object¹⁸ experience, take a predominantly painful direction, then a set is established wherein pain, i.e.,

¹⁸ In self-psychology, self-object refers to a primary subjective experience that occurs within one's psyche. Based on the representation of objects, it is experienced as an extension of the self's needs. Within the Freudian paradigm, it can be compared to an object invested with narcissistic love.

painful affect, connotes the original self-object, and more succinctly later, the self and/or object. Primal and then primitive affects, as I conceive them, appear to serve phenomenologically as transitional experience toward the definition of self and object awareness.” (p.375)

This statement suggests recognition and representation develop in accordance with the affective state. This collaborative development forms a pattern containing elements of experience as well as the primitive sense of self and other. In the context of the Familiar, I suggest that within this framework, the affect acts as a primary core, around which psychical elements are concentrated and gathered. This leads to the establishment of a pattern, which structures the associated psychical processes. Thus, affect, as a reaction, does contain psychical complexity through the structures and processes from which it forms. Also, as I earlier discussed, by relating the primitive sense of self and object to the prototype of a pleasurable familiarity and the unpleasant awareness of the other in the mother-infant relationship, the affective aspect of narcissism can be considered.

Subsequently, when an affect is repeated, it not only involves the reproduction of a simple feeling, but also the repetition of the associated psychical processes within the Familiar. Freud’s (1933) focus on the total traumatic scene, which is beneath a repeating affect offers support for this:

“Anxiety, it seems, in so far as it is an affective state, is the reproduction of an old event which brought a threat of danger; anxiety serves the purposes of self-preservation and is a signal of a new danger...” (p.84)

Further, we might now usefully recall an important but unanswered question posed in my discussion of the affect-trauma model. That is, why does the repetition of traumatic affect result in a helpful working-through of traumatic experiences, whereas the repetition of the total traumatic scene is unable to achieve this outcome? In the last chapter, I was able to partially explain the first situation by attributing the mitigative effect to the use of signal anxiety. Now we have further evidence that the second type of repetition can refer to

the repetition compulsion, a concrete repetition of an isolated part of the Familiar. Regarding the former repetition, it is based on “the memory of the danger” (Breuer and Freud, 1893, p.9), which implies a situation involving signal anxiety. This involves less traumatic conditions in terms of the level of loss, including of the Familiar. Therefore, in this type of repetition, the affect itself and the psychological processes behind it are able to access the Familiar; hence, the reactivation of the associated pattern within the Familiar, which helps the subject register and deal with traumatic memory. In addition, in relation to the compromising quality of the repetition compulsion, its resistance against “remembering with feeling” (Russell, 2006b, p.604), can be explained as being an unconscious defence against the affect threatening to access the isolated Familiar. This may also partially explain why the working-through of the affect is therapeutic and progressive (Fenichel, 1945; Bowins, 2010).

ii) The Temporal Dimension

“Awareness of the succession of mental events and extended duration form the basis of our experience of time. Projected onto the external world, this gives rise to the concept of the flux or the flow of time. Transposed onto discrete, particulate matter, time becomes consensual and measurable. Here is the beginning of so-called objective time, with all of its implications for science and the mastery of the physical world.” (Arlow, 1986, p.526)

According to this quote, a sense of time derives from subjective experience. In psychoanalysis, it is well appreciated that temporality is not merely dependent on the duration of objectively observed events. Rather, a psychoanalytic understanding of time focuses on the psychical continuity that is derived from consistency and development along the line of past, present, and future (Loewald, 1972). For instance, this continuity is especially epitomised by anxiety, because the basis for its signalling incorporates a trinity - a past experience, a present encounter, and the expectation of a repeated, yet masterable version in the future. These act together to continuously protect the ego from states of helplessness. I suggest the decisive condition for continuity relevant to signal anxiety is the recognition of a situation, which can be

attributed to the work of the Familiar in linking the past and the future in the present.

Thus, the temporal dimension mainly refers to continuity brought about by the Familiar and its mechanisms. Such continuity can initially manifest in the *regaining* of what is familiar under a presupposition of its previous formation. This implies a continuous basis on which the formation, maintenance, and alteration of the Familiar over time can be developed. From a descriptive level, familiarity is rooted in past experiences; repeated and continuous exposure to certain situations can facilitate the formulation of a sense of familiarity. Therefore, it can be hypothesised that the memory of these past experiences, especially those relating to primary experiences in the subject's early history, provide the basis for the responsive mechanism of the Familiar, which, with a reaction, is able to remind the subject of the existence of familiar history.

Other aspects of the work of the Familiar can also contribute to temporal continuity. Firstly, we can consider the registration of unfamiliarity according to the familiar. Through this mechanism, the subject unconsciously seeks consistency between present and past familiarity, with the two dimensions being connected within a continuous experience. Secondly, by means of reality-testing oriented towards re-finding an object, subsequent experiences are expectantly sought on the basis of the past and present; thus, an experience of continuity can be extended into the future.

In addition to the continuity of past, present, and future, the psychoanalytic view of temporality also pays attention to how each dimension shapes the other (Loewald, 1972; Fletcher, 2013). For example, in the last section, I highlighted the reductive inclination of registration by the Familiar, which allows the self to avoid the exertion of adapting to change. This avoidance occurs through a continuous reliance on familiarity; in addition, by treating the new as if it is familiar, different experiences can be reduced into one that is homogeneous. By losing its own characteristics in this way, the present becomes shaped by the past. In pathological situations wherein the Familiar cannot function normally, recognition will fail, with the result that continuity is

damaged. As we have seen, in the case of the repetition compulsion, which attempts to recover a sense of familiarity, the experience of continuity is replaced by concrete repetitions and a temporal lacuna (Stolorow, 2003; Bohleber 2007; Marucco, 2007; Green, 2008), in which the past becomes the present and dominates the future.

Furthermore, under the temporal dimension, *Nachträglichkeit* is an inevitable topic. It highlights 'afterwardsness', the notion that an old event can combine with a new relevant experience, becoming psychically manifest and even traumatic. It should be noted that it is not that the traumatic impact of the old event is deferred, but that the two situations merge, endowing the original event with new meaning. Traumatization occurs only after the appearance of the second event (Fletcher, 2013; Bistoën, Vanheule and Craps, 2014). That is to say, the earlier memory can only be revealed through activation by a relevant new experience; a process which bears similarity to the postulation of implicit memory in the Familiar. *Nachträglichkeit* can therefore be hypothesised as an uncanny experience, which is formed through the traumatic embodiment of an implicit memory following a trigger - the second relevant experience. In the event, the "familiar chaos" (Stern, 1983, p.73), which until then had remained implicit, erupts and a destructive otherness is revealed.

iii) The Negative Dimension

The negative dimension refers to the potential downsides or destructive consequences that can result from the tendency towards the Familiar. As discussed before, although the Familiar is able to provide psychical security, consistency, continuity, stability, reliability, reassurance, and the organisation of psychical elements, which enables the world to be experienced as safe, it can still cause unhealthy patterns and hinder one's psychical growth.

Firstly, the Familiar itself can contain elements that are negative for the subject. This is particularly relevant to identification during the formation of the Familiar, because it relates to an inheritance from an other's mind. This can come in the

form of a concrete and confusing message that cannot be understood by the subject (Ferenczi, 1949; Laplanche, 1997), and that eventually causes traumatization.

Secondly, the tendency towards the Familiar can cause negative outcomes, either due to the strong attraction of the tendency or through the influential nature of its mechanisms. The repetition compulsion is perhaps the most typical manifestation of a negative outcome relevant to the Familiar's attractive qualities. As a result of traumatization, the Familiar is eradicated by being attacked and split, and psychological security and continuity are lost. Despite suffering from a repetition of pain, the influence of the repetition compulsion means the subject continuously seeks to connect with the now remote Familiar. The subject, rather than being motivated by the Familiar as in ordinary situations, is now detained by it. The experience of pain in mourning¹⁹ and depression are similar situations, in which the subject remains adhered to the lost object relationship and cannot move on.

In regard to the negative outcomes brought about by the mechanisms of the Familiar, the excessive narcissism that accompanies the avoidance of otherness, the contempt for familiarity as a result of avoidance and strong resistance towards the unknown has already been introduced. Furthermore, these factors overlap with Winborn's (2012) postulation of 'defensive familiarity', which refers to states of familiarity, which a patient uses as a defence against anxiety in the clinical situation. For example, regarding the type of clinical impasse this can cause, he suggests,

"Defensive familiarity can eventually result in an impasse that blocks the unfolding of analysis. Wolstein nicely defines impasse as an area or dimension where the two analytic participants are stuck resulting in the situation where 'neither participant is capable of free and independent movement' (1959, p. 135). More recently Atwood and Stolorow (1984) have described impasse as the outcome of two subjectivities exerting unreflective reciprocal impact on each other. Impasses frequently emerge

¹⁹ Especially in its early phase.

from material not yet understood or from therapeutic errors not yet worked through; contributing in the background may well be defensive familiarity. ... Because familiarity states are more diffuse and less palpable than overt impasse the need for intervention is often also less noticeable.” (p.196)

It is indicated that this use of familiarity formulates a negative pattern in an analytic relationship, in which the two participants cannot move forward, but remain in a pseudo-harmonious stage. Problems and anxieties are hidden behind familiar routines, because as Winborn argues, “as we become more familiar, we may lose the sense of ‘otherness’” (p.197). From an intersubjective point of view, this pattern is co-created by both analyst and analysand, who collude by working in accordance with the expectations of the other. I suggest that under the influence of the Familiar’s ‘avoidance of the unknown’ characteristic and dependence on the framework as a whole, this unconscious collusion is carefully preserved; thus, the otherness of the subject’s unconsciousness, of the other, and of the analytic relationship itself can be successfully avoided. This impasse not only appears in therapeutic relationships, but in every kind of relationship. Furthermore,

“We recoil from the danger posed by the importance one gives, implicitly and explicitly, to the person with whom we create this experience. If the other person remains distinctly other, they live psychologically outside our control, placing us in a psychologically precarious position. Therefore, couples, both romantic and analytic, create multiple forms of enactment that result in stale, habitual, lifeless forms of relatedness that offer the illusion of security while undermining love and deeper connection.” (p.192)

I would highlight, that in such situations, before the rigidity of impasse sets in, a cul-de-sac is created in which no psychical space for spontaneous interaction is actively sought. Through familiarity, an illusional sense of security is established, and because conditions for impasse are enhanced, the relationship begins to deteriorate. I suggest that the inactivity within the relational impasse is caused by the work of the Familiar, with the pattern for gaining awareness of the object becoming fixed, as well as the tendency to

develop a familiar relationship. From a negative perspective, this type of interaction is procedural in format - a performance or a stylization without reflection in which neither participant can further develop the relationship or the Familiar. Instead of facilitating a relational experience imbued with a feeling of constructive security from the Familiar, this negative outcome immensely restricts the relationship, which becomes determined by a rigid and unreflective loop.

An impasse or deterioration in the analytic relationship caused by the Familiar framework may occur due to the subject's unconscious resistance towards potential otherness or because the entire framework itself is losing its influence. As a result, familiarity obstructs the development of the relationship, to the point that a false and secure sense of familiarity is applied and experienced in the relationship. This results in the various potentialities of the relationship being lost, with the relationship gradually losing its vitality and eventually failing to function. This can be observed in analyses which stagnate or break down. In this situation, the ability to see the familiar in the unfamiliar, which is a great achievement in infancy (Schachtel, 1959), becomes an insurmountable obstacle to relational and personal development. Only by dismantling the cul-de-sac of negative familiar recognition can a relationship step beyond the illusional sense of safety and be genuinely seen, reviewed, and evaluated by the subject.

In the wake of this type of obstacle, there can be a sense of contentment with the impasse - a 'falling into the swamp'; thus, expectations of change are further invalidated and diminished. As Winborn (2012) suggests,

“Resting in the seductive embrace of defensive familiarity in which there is an absence of tension and opposition, there is little demand to wrestle with what we don't know, to grapple with the frustrating limitations of our techniques, or to feel into the sense of abandonment created by the dearth of images in our reveries.” (p.194)

Here, Winborn is pointing to the avoidance of anxiety, but I would stress that in this state of contentment, the adaptative aspect of the Familiar will be inhibited. In an inactive, stagnant relationship, the subject becomes blind to anything except the procedural format, hence the sense of unwillingness, impossibility, and inability to register the new. For example, to prevent the further loss of the Familiar due to therapeutic progress, the patient maintains his psychopathology and unconsciously refuses to engage in the analysis. These aspects are manifested in the negative therapeutic reaction, which represents a resistance to change through an unconscious surrendering to pathology.

This situation can be further linked to a lack of curiosity, which is held to be an active attitude of openness (Schachtel, 1959), and exploration imbued with interest and kindness (Akhtar, 2017). This stands in opposition to the numb attitude and inactive closed loop discussed above. Stern (1983) relates this negative aspect of the Familiar to the defensive maintenance of implicit chaos.

“Unquestioning acceptance of the familiar ensures that there will be no inadvertent deployment of curiosity. The familiar swallows anything. It is bottomless. When experience fades into the familiar, it loses substance, it becomes a ghost. It may be gone forever, irretrievable in its original form. ... Unquestioning acceptance of the familiar is the attitude by which maintenance of unformulated experience as familiar chaos is accomplished.” (pp.92-93)

Following Stern's suggestion that familiarity impinges on curiosity, we might consider that the clouding effect of the Familiar can act negatively by establishing a shelter for hidden problems, a black hole concerning interest in unfamiliarity, and a substitute for a relationship or experience. Through the dominance of a familiar but unreflective recognition, the original nature of the relationship or experience becomes 'irretrievable'. Under its sway, the subject exists in a faded world, with no enthusiasm to explore further; everything is safely maintained within the controlled simplicity of the familiar. Inevitably, the subject becomes a passerby in life, rather than an experienter and witness.

In contrast to the negative outcomes of an excessive dependence on the Familiar, extreme isolation from the Familiar framework may also cause a loss of basic psychological security and continuity, with severe implications. Regarding these two situations, Agnel (1999) suggests,

“Both poles contain elements which are beneficial to the ego, as well as others which are clearly pathogenic: for example, excessive attachment to the familiar (narcissistic syndromes) or excessive exile or alienation (borderline syndromes). It is only when the pathogenic elements, which confine the ego to a single pole, have been analysed and the autonomous complexes which activated them have been related to the ego that it becomes possible to reconcile the opposites, either by an opening to the strange (in the first case) or access to the familiar (in the second).”(p.299)

In the case of excessive alienation, “[reality] is dominated by unfamiliarity” (Green, 2008, p.1039, my insertion in brackets). Specifically, with the borderline personality there is an unstable relationship with the Familiar, i.e., an oscillation between an extreme dependence on familiarity, with excessive and urgent needs, and, simultaneously, a thorough repulsion towards it, including hostility and distrust (Kernberg, 1967). It should be noted that this alienation causes an unreflective relationship pattern (Fonagy, 2000) as with dependence on the Familiar. The main difference between the two types of ‘unreflectiveness’ is that the first involves instability and intensity, and the second, routine and triviality.

Finally, I wish to emphasise that the Familiar as a framework is in itself neutral, and so is the pull towards it. The factor that determines whether the Familiar becomes a source of stagnation and suffering or not is its particular expression, that is, how the framework’s content influences a subject, and how it is maintained and developed. Even in situations where the Familiar contains negative elements (e.g., when there has been identification with a confused inherited message), there is essentially no difference from other normal or positive identifications²⁰ existing within the framework. Identification

²⁰ For example, an identification with the love of the mother.

represents an ordinary pathway in the subject's experience that, at times, can unfortunately involve a bad exchange, one that has the power to drive out other elements in the framework that facilitate psychological growth. Thus, in clinical situations, the real danger is not the Familiar itself, but "the lack of sufficient consideration for how it affects our various analytic relationships" (Winborn, 2012, p.202). On the one hand, this requires awareness and acceptance of the primary pull towards the Familiar, and on the other, sensitivity to the presence of destructive content within the framework.

(5) The Formation of the Familiar

In this final section, I aim to provide a detailed explanation to the question of how the Familiar framework is formed. Namely, how does an object or experience become familiar to an individual and enter into the framework. We have previously hypothesised the Familiar to be a composite framework consisting of different elements; a feeling of familiarity is considered to be a derivative of the Familiar framework which responds to experiences and interprets them. I mentioned earlier how identification is a necessary part of the construction of the Familiar. However, as a concept borrowed from Freud, identification cannot fully incorporate the natural characteristics of the familiar (e.g., avoidance of otherness and the unknown, and concealment); thus, there is a need to further elaborate its formation process.

The first key element is the transformation of multiple psychological traces into a single quality. In regard to an object, the precondition for the formation of a familiar feeling are the multiple experiences associated with it, as well as psychological traces of these experiences, which are accompanied by a corresponding mental representation that demands psychological investment. This 'multiplicity' may derive from psychological traces formulated by repetitive perceptions of the object, or from a special impression following a specific experience with particular psychological value. If these experiences become consistent and coherent, then the investment in the object representation will gradually develop; the associated psychological traces are transformed into a quality of the mental representation - we can give it the name '*familiarity*'. In

this way, the representation associated with the psychical traces is prepared in order to become a component of the Familiar framework.

This of course relates to the subject's ability to maintain object permanence, both cognitively and psychoanalytically, which paves the way for the establishment of the Familiar. In Piaget's framework, cognitive object permanence refers to an infant's awareness of the existence of an object in its physical absence (Akhtar, 1994); the object is not deemed to be vanished or lost when unseen. Psychoanalytic object permanence refers to the subject's ability to experience a relationship with an object that is separate and independent even when absent, which further contributes to a stable object relationship (ibid.)

In relation to the transformation process, as an example, we might first consider our awareness of a cube. Our knowledge of this object is established through observing it from different positions; a process which forms a multiplicity of perspectives. Its colour, feel, and the noise it makes when interacting with it, will also facilitate enriching descriptive traces. This process allows the representation of the cube to become well-rounded, and inspire a sense of confidence in our knowledge of it. When we re-encounter the cube, instead of recalling any specific previous experience, a clear feeling of familiarity will initially arise (as with Groos' [1901] easy recognition of his hat).

Here, the use of the term 'transform' does not refer to a replacement (in which one element will disappear) or a condensation (in which two elements are homogeneous and have the same function), but rather, the quality of familiarity derived from these psychical traces, which functions as an independent representative of them. Similar to signal anxiety (a process in which a signal arouses a memory), familiarity is the representation formed from multiple traces, and the interaction of this representation with (and/or in connection to) the psychical agencies. Thus, it can be argued that it is the representative quality of familiarity that enters the Familiar framework as a basic unit/component, and through which a response to upcoming stimuli is created and experienced as a familiar feeling. This can be supported by Freud's

(1905b) postulation that “It was the child's first and most vital activity, his sucking at his mother's breast, or at substitutes for it, that must have familiarized him with this pleasure” (p.181). This suggests that what is familiar is both the object and the pattern by which an experience, like pleasure, is created within the object relationship. The difference lies in the fact that, in the context of the Familiar, a familiar feeling does not derive from a direct link to psychical representations, but is instead a response from the transformed representative quality.

I further hypothesise that with the establishment of familiarity, the ego is able to withdraw most of its investment from the psychic representational traces, leaving only a minimal cathexis to maintain the quality of familiarity. From an economic viewpoint, this transformation condenses the needed investment into the Familiar framework; whilst from a topographical viewpoint, its scale is diminished. In this way, the Familiar can become activated and connected with less psychical energy, and this advantageous economic achievement bestows the Familiar with its ‘easy’ characteristic, as previously discussed. Also, as a result of the low level of investment and scale, the Familiar is able to function in a hidden way, beyond our awareness. From a functional perspective, the transformation also facilitates the Familiar’s implicit characteristic, because, on the one hand, it does represent a familiar experience, but on the other hand, it remains independent. This latter factor is manifested through recognition, wherein a familiar feeling, rather than other perceptions or memories, is first to arise. As the Familiar is reflected on the basis of a transformation, our sense of an object or experience is truncated and does not belong to any of the perceptions that contributed to the representation of its familiar quality. During and after the transformation, the withdrawn investment from a representation returns to the ego, which further enhances its sense of security in subsequent experiences. This is the case with the ego’s investment in the pre-cathexis of the protective shield, which results in its increased protection.

Furthermore, the quality of familiarity may also have the ability to allow the representation to regain investment when required (e.g., in recollection). In mourning, for example, investment in the object representation is gradually

withdrawn following its hypercathexis, but the remaining investment in the quality of familiarity is not altered; thus, the ego's connection to the object relationship is preserved. When the subject encounters an object or experience that is relevant to the previous loss, the associated perception reaches the Familiar framework followed by a response. Simultaneously, the quality of familiarity may be re-activated, resulting in the re-investment of the object representation.

On this theme, an interesting implication can be found in Freud's (1912) work:

"It must be understood that each individual, through the combined operation of his innate disposition and the influences brought to bear on him during his early years, has acquired a specific method of his own in his conduct of his erotic life—that is, in the preconditions to falling in love which he lays down, in the instincts he satisfies and the aims he sets himself in the course of it. This produces what might be described as a stereotype plate (or several such), which is constantly repeated—constantly reprinted afresh—in the course of the person's life, so far as external circumstances and the nature of the love-objects accessible to him permit, and which is certainly not entirely insusceptible to change in the face of recent experiences." (pp.99-100)

Here, Freud suggests that a familiar prototype generated in the early stages of life may be repeated in later experiences. In the context of the Familiar, this can be understood as a quality of familiarity representing a primary experience, but one that is applicable to certain subsequent experiences. In relation to Prototype Matching Theory found in Cognitive Psychology, which refers to a recognition process wherein current stimuli are matched with a psychological prototype representing a set of objects or experiences (Westen, 1997), I hypothesise that familiarity is not an exclusive characteristic of an object relation, but a relatively independent quality that can be associated to other similar experiences according to its mechanism of transformation. This can be especially supported by the particular attention given to the mother-infant

relationship in psychoanalysis, which is considered the prototype of later adult relationships.

The second key element regarding the formation of the Familiar is the solidification of the quality of familiarity. Once the quality has formed and become part of the subject's Familiar framework, a familiar feeling in relation to an object can arise following a response from the framework. In the meantime, the subjective understanding of the object will be changed. Before the appearance of the sense of familiarity, a subject may have an open attitude in approaching and knowing an object. The object awaits experiencing from different dimensions. However, in this context, 'being familiar' becomes one of the characteristics of the object, rather than an experience of the subject. Phenomenologically speaking, this suggests that instead of the subject knowing the familiar characteristic is derived from their multiple but essentially limited object experiences, they believe that the object naturally presents in this familiar way.

If we link this to our earlier consideration of 'being familiar' with a cube, on re-encountering this object, a feeling of reassurance may arise: "Yes, it should be like that". Thus, the quality of familiarity is solidified, being quickly taken for granted and treated as the essence and total presence of the object. As a result, the object may not be experienced in any other way. If the cube is lying on the ground, in 'being familiar' with its current state, we might avoid picking it up to examine its underneath, because it is, should be, and is meant to be on the ground. If the familiar cube's colour is changed from yellow to red, our first response may not be, 'it's a different cube', but rather, 'where is the familiarity – the cube should be yellow'. In this way, as well as forming a backdrop in one's life, the familiar is powerfully and spontaneously expected, sought after, and repeated. The same situation will occur in the pursuit of an object relationship. First, the transformation process endows an object relationship with familiarity. Once solidified, the quality of familiarity influences all the subject's experiences in that relationship and is further sought out in other subsequent relationships.

This formation process brings a psychological consistency to experiences by identifying their familiar characteristic. It directly contributes to the 'avoidance of the unknown' aspect of the Familiar, and also paves the way for the avoidance of otherness. Such avoidance seems to be unintended, because with the solidification of the quality of familiarity and its loyal repetition, there is no need to worry about unexpected unfamiliarity. Furthermore, this also explains the excessive dependence on or pathological concrete repetition of the Familiar, due to the implication that an individual is unable to imagine experiencing the world without the Familiar. The latter represents the only and essential (although subjective) way of experiencing something, even if the experience itself is not always comfortable. The solidification of familiarity also effects the framework because the relevant quality is imbued with a state of 'closure'. Not only is it hard to amend this state, but it also prevents the Familiar from being consciously active. In this case, it is only via a response from the Familiar framework that a familiar feeling can arise.

Further, qualities of familiarity can be closely related to each other within the Familiar. This results in connections forming between experiences and the development of a solid schematic pattern on which later experiences depend. Based on the formation processes above, and as previously outlined, the Familiar is able to function according to the following recognition mechanisms: reconnection, dependence with resistance to the new, and registration. In pathological situations, such as in the repetition compulsion, following the hypercathexis of certain representations during traumatization, the associated qualities of familiarity will be impacted and isolated from the Familiar framework. Both a splitting of the Familiar and the psychological loss of a specific connection to an object relationship are therefore created.

(6) Conclusion

In general, the Familiar framework is one of the most important psychological structures that a subject endeavours to maintain. In accordance with my conceptualisation of the Familiar, I conclude this chapter with a consideration of its relevance to important psychoanalytic topics and theories.

In regard to its form, in being a framework, the Familiar depends on Freud's postulation of the mental agencies - the id, ego, and superego - as well as mental representations. As the basic unit in the Familiar framework, a quality of familiarity is generated within an object relationship, that is, through an individual's experience of and interactions with an object. This can consist of ego experiences, object representations, id wishes, and the demands of the superego. Of course, some elements may be absent if a relationship is experienced in an unformulated state.

Furthermore, regarding its compromise characteristic, the Familiar is deeply relevant to Freud's drive theory and repression. The interactions between psychical agencies and object representations form compromises, which may achieve a relative degree of equilibrium among the various psychical forces. For example, the process of repression can become a part of the Familiar framework, with failures of repression causing disturbances in the framework through the revelation of previously hidden wishes.

However, in the context of this 'topographical' description, even if the Familiar overlaps with these psychoanalytic concepts to some extent, it operates in its own right and has its own functions. The Familiar framework itself provides protection through the following ways: i) reliable anxiety-regulation, ii) stabilising patterns of libido-investment, iii) consistency of experiences, iv) constancy of security, v) predictability of psychical expenditure, vi) organisation of psychical elements, and vii) coherency of the sense of self. The extent and range of these functions illustrates the primary and powerful nature of the tendency towards the Familiar. Although topographically, it is intertwined with many other concepts, the Familiar, or to be more precise, these elements within its framework, play a functional role. Thus, it is the Familiar rather than any other structure or force that motivates various kinds of repetitions, both conscious and unconscious. As shown in the repetition compulsion, it can also override the pleasure principle.

Therefore, in a pathological context, mourning, depression and the negative therapeutic reaction can be considered on the same level, and to involve a reaction to a disturbed Familiar framework following the loss of either an actual object or an internal process. The concept of the Familiar stresses the element of loss in traumatization by suggesting that a severely disturbed Familiar framework is the key factor in this clinical picture. Consistent with Freud's consideration of trauma as an alien body, and also with contemporary theorising that trauma is a specific experience exempt from the ordinary processes of reconnection, the distinction between a danger and a trauma lies mainly in the differing extent to which the Familiar has been destroyed. In facing a danger, the Familiar can be reconnected, enabling mitigation following the arousal of signal anxiety. In contrast, by causing an aggregate loss, trauma leads to an overwhelming disturbance within the Familiar, to the extent that it becomes split. Under the sway of the tendency towards the Familiar, an individual can only reconnect through the experience of regressive repetitions, which in this context, represent the Freudian repetition compulsion. It is important to reiterate that, in contrast to psychoanalysts who emphasise factors such as the role of active mastery or the involvement of the death drive, in this context, the repetition compulsion merely represents a neutral expression of the tendency towards the Familiar. That is to say, the repetition compulsion does not have the aim of destructive regression in association with the death drive, as Freud suggests, nor the function of active mastery, but rather, to reconnect to the Familiar as a general occurrence in daily life.

The main limitation of the present conceptualisation is that, although the tendency towards Familiar dominantly motivates an individual's behaviours, there are some situations where it does not work effectively. For example, in the Oedipal situation, wherein a familiar attachment figure becomes taboo, the now unfamiliar figure may offer a certain sense of safety and provoke the curiosity of the subject (Gentile, 2016). Also, under the sway of the Familiar, the repetition compulsion can be motivated following traumatization. However, related to my previous discussion in which I suggested that the particular mobility of libido occurs due to the fear of losing the Familiar (Chapter 3,

Section 3), the reason why such a fear is able to overcome the tendency towards the Familiar still requires identification.

Chapter 5

A Further Illustration of the Work of the Familiar: The Uncanny Era of the COVID-19 Pandemic

In proposing a new conceptualisation of the Familiar, it is useful to consider specific examples in order to move away from purely theoretical constructs and clarify how the concept work in practice. In order to achieve this, I will first focus on the uncanny as it involves typical aspects of the Familiar relating to trauma, and constitute an appropriate vehicle for the application of this new perspective. In my earlier discussions, I drew attention to the potential of the uncanny to delineate familiarity as a factor, and postulated its common elements – a repressed idea, the process of repression, and a current external object. In this chapter, my aim is to describe a more generalised scenario than those represented in previous clinical vignettes, so as to show the widespread existence of a tendency towards the Familiar, and the traumatic impact that occurs when the Familiar framework of a wider social group is threatened. In this case, I am referring to the COVID-19 global pandemic.

It is often argued that applying psychoanalysis outside of the consulting room is problematic because psychoanalytic ideas, generated within clinical work, cannot be tested for validity outside of this sphere (Esman, 1998). A lack of consensus on the fundamentals of psychoanalytic theory (Pigman, 1992; Tummala-Narra, 2013) makes this even more problematic. As Kubie (1950) suggests, psychoanalysts' attention to social issues and to the analysis of patients are two entirely different things. However, it should be noted that the selection of a social issue as a case study for psychoanalytic interpretation has a long tradition in psychoanalysis:

“... Freud ... always saw men and their mental movements: affects, emotions and thinking, in interaction with their respective environment. Some brief references to such important articles as “Group Psychology and the Analysis of the Ego” (Freud, 1921), “The Future of an Illusion” (Freud, 1927) or “Civilization and its Discontents” (Freud, 1930) may suffice to show that Freud was always interested in social issues and included them

in the scope of psychoanalysis. So, when we deal ... with the impact of the pandemic on our culture and society, we are following a consistent tradition of Freudian thought.” (Leuzinger-Bohleber and Blass, 2021, p.113)

In this way, the use of the pandemic as a focal point for interpreting the uncanny (and for examining the Familiar) is not a thematic diversion into the realms of other disciplines. Rather, it offers a psychoanalytic perspective of the subject’s experience of a particular situation and/or environment, consistent with previous clinical examples.

Obviously, different psychoanalytic schools will focus on different concepts to interpret the same phenomenon. Within the Lacanian school, the explosive threat of the virus may be seen as a sudden breakdown of the order of one’s psychical registers (the Symbolic, the Imaginary, and the Real), while in the Kleinian school the stigmatization of Chinese or Asian races may be seen as a paranoid attack on a bad object, driven by paranoid-schizoid anxieties. The aim of this chapter is not to provide a comprehensive discussion of these possible theories but to further illustrate my own conceptualisation of the role of the Familiar, using the situation of the pandemic.

To set the general scene, the COVID-19 outbreak represented an emergency event, a biological disaster, and a continuing crisis. From the first outbreak in the Wuhan province of China in 2019 until the beginning of 2024, the virus claimed almost 8 million lives (World Health Organization, 2024), with this number continuing to increase. Thus, even if COVID-19 is no longer considered a public health emergency or a situation of international concern (World Health Organization, 2023), the virus remains active. The key qualities of the virus are that it is highly contagious, spreading mainly through human contact, and that the general population is susceptible. Disorders triggered by the virus include those which are neurological, respiratory, cardiovascular, and gastrointestinal (Zhong et al., 2023).

Amidst the shadow of the threat of death represented by the virus, panic and stress were widely observed in human populations across the world, hence the

necessity for governments, communities, and individuals to focus on mental health (Bao et al., 2020; Pierce et al., 2020; Holmes et al. 2020). The alien nature of the virus and the uncertainty concerning its transmission (Asmundson and Taylor, 2020) became a major reason for the deterioration of psychical health.

After what appeared to be an unstoppable increase of contaminated patients in Wuhan, the Chinese government instituted a lockdown within the city on 23rd January 2020. Similar restrictions were imposed in many cities and towns across China (Kraemer et al., 2020), and, following the realisation of how rapidly the virus was transmitted, the use of lockdowns soon became a common measure worldwide (Jackson, 2020). Because this strategy limited freedom of movement and significantly curtailed human social interaction, lockdowns also increased the likelihood that mental health issues, including depression, insomnia, suicidal intent, anxiety, sadness, and domestic violence would result (Brodeur et al., 2021; Qiu et al., 2020; Butterworth et al., 2022; Ma et al., 2022; Chen, 2022; De la Rosa et al., 2022).

Moving beyond the descriptive research, further investigations regarding the potential degradation of psychical health repeatedly observe that a loss of familiarity - a dominant factor of the uncertain, alien-like threat posed by the virus - was a significant factor. During the pandemic, under the influence of both the fear of death and the urgent compulsory quarantines, there was a loss of “familiar daily rituals and routines” (Essig and Russell, 2021, p.168), which increased the risk of mental health problems (Moreno et al., 2020). With the lockdowns in particular, the sudden and unpredictable termination of daily familiarities become a major source of pressure, one that was perhaps more significant than the resulting financial crisis or even the threat of the virus itself (Zhou et al., 2020). This strongly suggests that the pandemics’ impact on familiarity was traumatic in its own right. Following this notion of “a lost familiarity”, I would further suggest that the COVID-19 pandemic can be considered to be an uncanny experience or era. The pandemic led to an overwhelming intrusion into familiar daily life, involving both an unfamiliar viral threat and the ensuing states of emergency (such as lockdowns, quarantines,

etc.), which revealed hidden and disturbing social attitudes and patterns that very much align with a psychoanalytic understanding of the uncanny. In this chapter, I will discuss how the Familiar operates in relation to these uncanny aspects.

5.1 THE UNCANNY BY WAY OF THE INTRUSION OF THE UNFAMILIAR UPON THE FAMILIAR

In my earlier discussion of the uncanny (Chapter 3, Section 2), that which is previously familiar can refer to a current object. Thus, one way of interpreting the uncanny involves the sudden appearance of a threatening unfamiliarity that changes the subject's experience of this familiar object. The pandemic itself engendered a new 'norm' that overturned what was previously familiar within society. As a result of this sudden invasion of overwhelming unfamiliarity, a feeling of uncanniness arose. To illustrate this, I shall offer two personal examples.

In early 2020, having spent a month of lockdown elsewhere, I was finally able to return to my home in X city. Arriving at the gates of my apartment complex, I found the entrance, normally manned by a single security guard, to be occupied by a large number of staff. I was informed that cars were not permitted to enter, these same staff began busily spraying disinfectant onto my vehicle. I was forced to abandon my car on the street and walk to my apartment carrying my belongings, and sufficient food and necessities, whilst wearing disposable gloves and an N95 mask (which offers a better filtering of air, giving greater protection against transmission of the virus, but makes breathing more difficult than a regular mask.). When I eventually made it to the elevator, I was struggling for breath, but did not dare remove the mask until I reached my apartment. Once inside, it took me considerable time to recover and to breathe normally again. In those moments, I felt as if the virus was omnipresent, whilst familiar life was nowhere to be found.

By May 2022, the city was once again in lockdown, just one of a series occurring in that period. By now, citizens were requested to test daily for COVID; if found to be positive, the person was immediately moved to an isolation centre until they had recovered. My apartment was located in a central business district, which was traditionally very crowded between the hours of 7am-10pm. At this time, however, the atmosphere was starkly different. Only a few people could be seen attending the COVID test points, often quickly disappearing from view after testing. Overall, the volume of pedestrians and traffic outside was decidedly abnormal, in fact, almost zero. I felt I was living in another world and found myself questioning my current experience in terms of what was familiar to me both before and after the outbreak.

As these two examples infer, my encounter with well-known objects and experiences had been completely disrupted by the effects of the pandemic. My once familiar home was now heavily guarded and surrounded by silent roads and streets. My body's ability to breathe, a natural and necessary occurrence, was at times severely impeded by the requirement to wear a mask. To add complexity, an essence of familiarity remained because everything was known to me but different. This unbelievably strange experience caused me to question my own identity within the new environment. The superposition of the unfamiliar upon the familiar created an unnerving sense of the uncanny, replicating Freud's depiction of the concept.

Using a Lacanian context, Küchenhoff (2021) interprets the uncanny meaning of the COVID virus by suggesting the pandemic was an intrusion of the Real that threatens the Symbolic order. This resulted in the virus becoming an uncanny Imaginary object, a process which caused an all-encompassing disruption to familiar life, accompanied by a pervasive feeling of the uncanny.

By way of explanation, I shall briefly introduce the three registers in which the psyche functions in Lacanian theory. The Imaginary is the realm of ideas and illusions, whereas the Symbolic can be seen as a representation system of that which exists in the Imaginary. The relationship between the Imaginary and

the Symbolic realms can be compared to that between the signified (ideas) and the signifiers (representations of ideas) (Bailly, 2009). Without the Symbolic, an object cannot be known and symbolized, and is thus bereft of meaning. The Real, as the domain of undifferentiated chaos, such as death, can be traumatic if its contents are exposed (ibid.) This is exactly what occurred with the pandemic – the threatening ‘un-represented’ alienness of the Real destroyed the current Symbolic realm, which finally located itself at the level of ideas or illusions. As Küchenhoff writes,

“Crucial to the feeling surrounding the uncanny is its weirdness, in German “Verrücktheit,” meaning in a literal sense “displacement,” for example of routines in everyday life, or even “derailment”: something that has hitherto been on track is now called into question. Being no longer an acute and temporary crisis, the pandemic perpetuates the uncanny. The virus becomes an uncanny object, an object that is not a vis-a-vis (ob-jectum in Latin [referring to an object presented to the senses]) after all, but everywhere and nowhere at the same time.” (Küchenhoff, 2021, p.152, my insertion in brackets)

Here, the weirdness of the uncanny is emphasised. According to Küchenhoff, consistent with an intrusion from the realm of the Real, the uncanny experience encountered by many during the pandemic can be mainly attributed to the incomprehensible nature of the virus. It denotes something that cannot be represented or explained, but which arrives powerfully in the present, existing everywhere and nowhere. The uncanny thus proliferates in the realm of the Imaginary, intensifying anxiety within what was already felt to be a terribly precarious situation.

Moving away from a Lacanian perspective, I would now like to explain how an uncanny pandemic was formed from the perspective of the Familiar. One of the most disturbing features of the COVID-19 virus is that it can be carried asymptotically (Lin, et al., 2020). Further, because the virus’ latency period is over 14 days in duration (Chen, et al., 2020), it is difficult to know whether or not one has been infected or from where it has been transmitted. Both familiar

and unfamiliar others may pose a risk, and it is this aspect which I believe causes a prevalence of the uncanny. As Blass (2021) argues,

“The basic trust in the inoffensiveness of the other person has been shaken. The virus has seriously changed our everyday contact. It has destroyed the assurance that the other is not carrying a deadly weapon, which is implicit in shaking hands with strangers or in the welcoming hug that has been customary up to now. Now every other human being can be seen as a potential carrier of a deadly virus, and this is increasingly creating an underlying mood of paranoia.” (p.141)

Fundamentally, what is highlighted is the loss of confidence that normal interactions with others are uninjurious. Many familiar, everyday experiences were banished, including being able to see a person’s face when communicating due to mandated mask wearing. Such changes to basic patterns of interaction, meant a general sense of the familiar was radically altered. This type of uncanny experience may account for the diffuse anxiety that is still being felt by many when approaching what were once familiar everyday situations. Under the influence of this type of anxiety, a subject cannot guarantee their own safety without the knowledge that everyone else in the world is safe, despite this being an impossible achievement (Leuzinger-Bohleber and Blass, 2021). This would suggest that a sense of security can only be gained once the objects and experiences which make up one’s everyday experience are again felt to be familiar. In other words, that they are re-constellated within the Familiar framework.

Due to its powerful pull, I would argue that in situations like the pandemic, where what is known has been traumatically lost, a similarly strong compulsion to recreate the Familiar exists. This urge is obviously expressed in the wish for the virus to disappear, a sentiment which was frequently voiced on social media or in personal communications during this time. This included the then president of the United States, Donald Trump, who in a meeting on 27th February 2020 declared, “One day - it’s like a miracle - it will disappear” (Wolfe and Dale, 2020). This public denial of the threat to health posed by the

COVID-19 virus could be interpreted as the expression of an omnipotent infantile wish. Of course, this type of wish cannot be satisfied as it is impossible to return to the old, familiar pre-pandemic way of life without dissolving the threat of the virus.

Defences against a threatening unfamiliarity, such as the paranoid reaction described above, are evoked in response to this type of diffuse anxiety. Indeed, a pandemic of fear and suspicion (Strong, 1990) could also be said to have been created. In particular, a denial of the danger of COVID-19 (Leuzinger-Bohleber and Montigny, 2021) and stigmatization of China and the Chinese race (Giorgi, 2021; Liu, 2021) were actively mobilised. In this way, the viral pandemic polarised societies into good and bad factions - those who were responsible for the virus and those who were its victims, for example. As long as the threat can be projected onto an object existing outside of the scope of the subject's daily familiar life, it is possible to pretend that the familiar secure world has returned.

It is important to note, however, that this type of projection does not involve moving the threat beyond the Familiar framework. On the contrary, in order to sustain the Familiar framework that has been ruptured by the alien and destructive nature of the virus, the subject tries to transfer the threat onto something which is familiar. This ensures that the framework continues to function normally, which is a typical example of how the unfamiliar is registered according to the Familiar. Particularly in the case of stigmatization, the virus was identified as an overdetermined characteristic or derivative of an object existing within the Familiar, such as an old or traditional enemy.

5.1.1 Sustaining the Familiar: The Role of Denial and Negation

In the early stages of the pandemic, denial was the most commonly observed reaction amongst both individuals and governments, who claimed that the threat of the virus was an empty one and not worth worrying about. This denial and neglect of the dangers of COVID-19 appears to have involved an attempt to cling to a Familiar framework by refusing to acknowledge the presence of a

frightening, alien intrusion. After the first handful of COVID-19-infected patients were diagnosed with a suspected SARS virus in Wuhan, China, there were reports that a doctor (later identified as Dr. Li) who was involved with these early cases had warned friends to be careful. He had soon found himself charged with illegally spreading rumors (Chu, 2020). Shortly afterwards, the seafood market in Wuhan, which was later considered the location of the initial outbreak of the epidemic, was closed “for hygiene management purposes” (Zhang, 2020). Another typical form of denial is illustrated by the now famous attitude of Donald Trump, who asserted that no expert knew the coronavirus better than him (Bouie, 2020), and that the threat was “fake”. Similarly, even after the existence of the virus was broadly acknowledged and its rapid transmission became obvious, experts seemed reluctant to warn the public against the threat until local casualties (Chu, 2020; Soucheray, 2020) became strikingly evident. For example,

“... even after two Chinese tourists imported the virus into Italy on January 30, 2020, and Italy closed air traffic with China, epidemics experts at the Robert Koch Institute in Berlin told the German public not to worry.” (Leuzinger-Bohleber and Montigny, 2021, p.123)

It seems clear to me that in order to maintain the Familiar framework, the threat of an alien virus was thoroughly and determinedly resisted. Leuzinger-Bohleber and Montigny (ibid.) suggest that as a primitive defence mechanism, denial is used as a means to quickly eradicate a looming threat and its associated affects. In this way, an illusional security is omnipotently preserved. As they describe,

“The disadvantage of the mental state in which these primitive defense mechanisms prevail is obvious: the real existing danger is suppressed from consciousness. It can therefore not be perceived in an adequate form and thus cannot be dealt with — it is denied. In the pandemic, denial and disavowal proved devastating.” (ibid., p.123)

By means of denial, an identification with the virus could be temporarily avoided, the danger suppressed, and internal fear repressed effectively. However, as the virus continued to spread, such denial could not be sustained. Although transmission of the virus was invisible, its manifest effects were numerous, and casualties increased exponentially. Even if the threat had formerly been swept out of consciousness, these occurrences were impossible to ignore. Repeated evidence of the existence of the denied threat then required further negation:

“... the content of a repressed image or idea can make its way into consciousness, on condition that it is *negated*. Negation is a way of taking cognizance of what is repressed; indeed it is already a lifting of the repression, though not, of course, an acceptance of what is repressed.”
(Freud, 1925c, pp.235-6, author’s italics)

Freud stresses that negation involves a half-awareness of what is repressed. The internal threat is acknowledged, but then very quickly negated. During the pandemic, previously suppressed knowledge about the virus had to be negated because of its repeated appearance in external reality. The inevitable threat was still not accepted, but gained traction within wider consciousness. In this way, a formerly unfamiliar threat gradually revealed itself in the Familiar framework, leading many people to experience a range of uncanny feelings. The resulting anxiety then produced a further wish to repress, and so a cycle was perpetuated:

“The confrontation with the elusive uncanny object cannot be endured for long. Therefore, it is sought to be incorporated somewhere and made tangible. The uncanny is replaced by a (seemingly) tangible, familiar object image. Like Bion's bizarre objects, the uncanny object is externalized and projected into others, and so it is transformed and embedded, for example, in a conspiracy theory. If assimilation fails, it is located projectively as an agent of a hostile power, a Chinese virus. That is what makes populism attractive: To have a story in which to integrate the uncanny even though it may seem absurd.” (Küchenhoff, 2021, p.152)

Küchenhoff points out that the uncanny may be defended against by constellating it within a familiar position. Thus, the diffuse anxiety that is felt towards an uncanny object is transformed into a specific hostility against an enemy, usually an outsider. This type of manoeuvre, whereby the unfamiliar is re-perceived through the lens of the Familiar framework, has been well documented in previous chapters. As was observed during the pandemic, the virus eventually became registered as a familiar object, enabling this alien-derived threat to be avoided. In taking this route, the tendency towards stigmatization increased, in this case, concerning the Chinese, who were held to be originators of the virus, and established a basis for conspiracy theories.

5.1.2 Stigmatization as a Negative Outcome of the Tendency Towards the Familiar

Stigmatization is not uncommon in the history of epidemics (Strong, 1990; Xiang et al., 2020). In 2003, during the SARS era, public avoidance and stigmatization of inhabitants living in neighbourhoods from which the infections stemmed were evident (Pappas et al., 2009), with many people being discriminated against within their social circle and community (Lee et al., 2005). A similar situation occurred during the Ebola crisis from 2014 to 2016 (Desclaux et al., 2017), in which an individual was even physically harmed because he was believed to have brought the virus into his local area (ibid.)

In the COVID-19 era, stigmatization has been even more pervasive because of the enormous scale of the infection. At first, citizens of Wuhan were avoided and discriminated against within China itself. For example, vehicles with Wuhan license plates were reported to the police (Liu, 2020), and individuals from the city's wider province were refused accommodation in hotels (Lin et al., 2020). Once the virus had spread beyond China, the Chinese population as a whole, and even other Asian races, were stigmatized. As a result, there was a striking increase in hate crime towards this population, as well as more pervasive racism in general (Jones, 2020). The former president of the United States, Donald Trump, frequently referred to COVID-19 in public as the "China virus" (Hall, 2021).

In relation to the Familiar, it is particularly interesting to analyse *the type of object* that was identified as the enemy - in other words, the unfamiliar object and container of projected anxiety - by paranoid individuals during the pandemic. As stated earlier, in Wuhan at the end of 2019, a Dr. Li was charged with spreading rumours about a possible new SARS epidemic after alerting colleagues and friends. His pronouncement turned out to be the first warning the world received. After the first group of COVID-19 patients received considerable public attention, Wuhan became a name that was both hated and feared. Shortly afterwards, China, who were first to report the virus to the World Health Organization (WHO), became a synonym for COVID-19. A very similar phenomenon occurred over one hundred years earlier during the Spanish flu epidemic. At that time,

“Censorship also trailed the course of the disease, the extent of whose devastation was, just like today, silenced or palmed off from one country to the next. It was only called “Spanish” flu because Spain – neither the country of origin nor the most stricken – was the only nation not to suppress the truth of its virulent nature.” (Rose, 2021, pp.3-4)

In my view, the similarity of the type of stigmatization that took place during both pandemics clearly reveals a striking tendency. That is, the person or entity who highlights the existence of a virus is likely to be stigmatized, because in doing so they become identified as its creator. It appears evident that, in general, individuals are reluctant to discover the true nature of an unfamiliar, overwhelming, and unbearable threat, and to discover both how it operates and how it can be confronted. The focus instead tends to be on the source of the knowledge, thus the danger itself is felt to be less harmful than the person or persons who revealed it.

I suggest that this factor can be accounted for by our human need to locate experiences within the Familiar framework, that is, to register the unfamiliar. In being faced with the powerful and pervasive anxiety generated by something as unfamiliar as a potentially fatal, infectious virus, one has to take notice. It is

impossible to effectively avoid and sustain resistance against this type of novel alien threat. Eventually, the virus' destructive influence is felt in every corner of life and cannot be hidden. In threatening the entire Familiar framework, its presence is increasingly experienced as uncanny. Inevitably, an individual must attempt to respond to the virus in order to protect the Familiar and to ameliorate the uncomfortable confrontation with a frightening unfamiliarity. This essentially means that in order to transform a life that has become uncanny back into one which is 'normal' and familiar, on the one hand, the traumatic unfamiliarity must be registered somewhere within the Familiar. On the other hand, the element of the Familiar that is chosen to register the unfamiliarity must have enough correlation to the threat to be a successful representation of it. Thus, when the individual thinks about the newly registered element within the Familiar, he/she is actually experiencing the real unfamiliarity itself, and, above all, *in a way that is already known*. It is in this way that the person or entity that introduces the unfamiliar threat becomes a target, because they already embody some aspect that meets these requirements.

Once the previously unfamiliar virus is registered within the Familiar, the overwhelming threat is now qualitatively changed into a concrete familiar danger. Psychological security is protected because there is no longer concern for the actual danger, which has been transferred onto something more predictable, such as the qualities, behaviour or activities of an external other.

This process of registration comes at a cost, however; primarily, because temporality becomes paused. From the moment the subject's awareness is first introduced to COVID-19 (a moment in which the virus' existence had not yet interfered with the Familiar), psychological time may cease. Each time the subject discovers new and anxiety inducing information about the unbearable topic, a temporal psychic regression to the original "moment of introduction" is provoked. This can lead to a repetition compulsion in terms of a "murdered" temporality (Green, 2008, p.1029), representing, in Freud's view, a type of fixation to trauma.

An additional cost of this registration process is a further deterioration of public health. I would argue that this occurs for a number of reasons. Firstly, those with a tendency to stigmatize or claim the presence of conspiracies may be less likely to listen to suggestions from health experts or to respect government health guidelines (Freeman et al., 2020), which has the potential to increase transmission. Although social distancing, handwashing, and mask-wearing are officially recommended safeguards against viral transmission, such individuals may exhibit more “self-centered prepping behaviors” (Imhoff and Lamberty, 2020, p.1110). This may include withdrawing large sums of money from their bank, and stockpiling supplies such as food and petrol in an effort to protect themselves. Similarly, government advice may be regarded in a somewhat paranoid way; instead of regarding the pandemic as a communal challenge, it may be perceived as a war involving a potentially ruthless enemy other. This enemy is believed to be attempting to depopulate the masses via the use of viruses, and to restrict the quality of life of the global population through economic competition and the appropriation of limited resources. Such attitudes can further intensify social or international conflicts.

Secondly, the effects of stigmatization may also indirectly cause the transmission of the virus to increase. This is because victims of stigmatization may be less inclined to disclose positive symptoms or ask for help to avoid further humiliation (Logie and Turan, 2020). This also explains why, in the case of an epidemic, concealment of the virus, its true nature and origins is the norm, particularly in the early stages. Unfortunately, in situations where individuals or the representatives of social groups (be these districts, cities, states or countries) are afraid to reveal a viral outbreak, in other words, to be the ones to introduce an unwanted and unfamiliar threat, the greater the danger becomes. The inevitable result of delays in enforcing social isolation and treating those with symptoms, is an increase in the spread of infection.

The type of stigmatization described here in relation to COVID-19 is not new. Rather, it is an all too common and familiar phenomenon, although its

existence was perhaps more hidden until its recent incarnation during the pandemic. As Kouhestani (2020) writes:

“A French newspaper on its front page with a picture of a masked Chinese woman wrote in big letters ‘Yellow Alert’. Another headline in this newspaper mentioned the term ‘New Yellow Peril’, which dealt with the outbreak of corona in Wuhan, China. Yellow Peril, yellow threat, yellow ghost is an old racist ideology in the Western countries against the people of East Asia and refers to the worst anti-Asian stereotypes that began with the first wave of Chinese immigration to the United States in the nineteenth century. At that time, government propaganda in the United States, as well as popular culture, using the term ‘Yellow Peril’, illustrated the Chinese as infected, uncivilized, amoral, and a threat to society. For this reason, the use of this old term to refer to the outbreak of coronavirus and deaths in China is racist. That's why the phrase ‘Yellow Peril’ is evidence of trauma for centuries and bears a heavy burden.” (p.7)

What is made clear is that the stigmatization mobilised during the pandemic did not entail the invention of an enemy. Rather, as highlighted by press outlets, there was a general sense that the viral threat contained a hidden familiarity, in that it originated from an old and familiar enemy. From this perspective, the pandemic enabled underlying stigmata to surface (Perini, 2020), and, alongside this, a feeling of the uncanny. This situation aligns with the traditional Freudian notion of the concept, which centres upon the reappearance of a hidden familiarity.

5.2 THE UNCANNY BY WAY OF THE REVELATION OF A HIDDEN FAMILIARITY

In addition to the intrusion of an unfamiliar virus into a familiar world, as considered in the previous sections, I suggest there is a further way in which the COVID-19 pandemic produced an experience of the uncanny. That is, it revealed hidden but familiar aspects of human existence that were not usually recognised to be present, a factor which, according to Freud, comprises the most important configuration of the uncanny.

In dynamic terms, the uncanny was considered to be “something repressed which recurs” (Freud, 1919c, p.241). As Freud implies, a familiar feeling related to an old idea vanishes from consciousness the moment it is repressed; the subject is only able to recall its existence with its reappearance. However, because what is repressed continually strives for discharge, often achieving this through roundabout or substitutive ways, it is unsurprising that the ‘thing’ repressed and the attendant experience of the uncanny are occasionally encountered. If such a feeling were to arise with each reappearance of the repressed, then the uncanny itself would not be so frightening. In fact, it would be readily accepted and even anticipated. However, the repetition compulsion operates in such a way that when one ‘round’ of repetition ends, the subject is left to process a moderately traumatic experience, which is now, to some extent, familiar. With this process, what the subject “seeks after” and what was hidden (providing motivation for the repetition), are simultaneously discovered. In other words, each instance of the repetition compulsion entails an experience of the uncanny. For example, Freud (1919c) wrote,

“I have described how the patient [the ‘Rat Man’] once stayed in a hydropathic establishment and benefited greatly by it. He had the good sense, however, to attribute his improvement not to the therapeutic properties of the water, but to the situation of his room, which immediately adjoined that of a very accommodating nurse. So on his second visit to the establishment he asked for the same room, but was told that it was already occupied by an old gentleman, whereupon he gave vent to his annoyance in the words: ‘I wish he may be struck dead for it.’ A fortnight later the old gentleman really did have a stroke. My patient thought this an ‘uncanny’ experience. ... he had no difficulty in producing coincidences of this sort ... every obsessional neurotic I have observed has been able to relate analogous experiences.” (p.239, my insertion in brackets)

In this example, the uncanny is not only a sudden feeling following the return of a repressed idea, but a persistent feature of the patients’ experience, implying it is in some sense expected. Freud (1919c) states that obsessional

neurotics “are in the habit of referring to this state of affairs in the most modest manner, saying that they have ‘presentiments’ which ‘usually’ come true” (p.239-240). This suggests that some commonly hidden, but actually familiar experiences (such as infantile omnipotence in the case of the Rat Man), are continually revealed. In other words, the reappearance of the repressed idea and the accompanying uncanny feeling may become a normal experience. In regard to COVID-19, we might refer to Küchenhoff’s (2021) words that “the pandemic perpetuates the uncanny” (p.152).

A noticeable difference between the mechanism by which a hidden familiarity is revealed and Küchenhoff’s notion is that in the latter the uncanny is perpetuated because of the intrusion into what is familiar by an overwhelming weirdness, while with the repetition compulsion, it is achieved through a process in which the reappearance of the repressed becomes steadily more familiar. With the repetitive reappearance of the repressed, the frightening characteristic of the uncanny tends to fade. However, little benefit results from this constant reappearance, merely the unbearable destruction of the Familiar through deprivation of repression as a defence – as is observed when Nathaniel’s fear of castration becomes overwhelming following his uncanny encounter with Coppelius. This is exactly what occurred with the COVID-19 pandemic, wherein, in addition to stigmatization, there was a massive increase in anxiety because repression (concerning certain truths about the virus) was no longer available. As Rose (2020) states in regard to Albert Camus’ novel, ‘The Plague’, “the pestilence is at once blight and revelation. It brings the hidden truth of a corrupt world to the surface” (p.2).

There were other commonly hidden elements that were continually revealed by the arrival of COVID-19. Firstly, in facing a viral pandemic, the global population was confronted with the prospect of deteriorating physical and psychological health. Individuals with pre-existing physical conditions, such as hypertension, cardiovascular disease, chronic kidney and liver disease, cancer, obesity, and immunosuppressed states, were all at a higher risk of experiencing severe symptoms or death if infected with COVID-19 (Treskova-Schwarzbach et al., 2021). The virus thus represented a catalyst

that threatened to exacerbate a range of existing health problems. Similar risks arose in relation to mental health. For example, during the crisis, individuals who were already experiencing anxiety disorders were vulnerable to a worsening of their symptoms (Bystritsky et al., 2000). Such individuals were more likely to misinterpret benign bodily symptoms as evidence of the presence of COVID-19, increasing their anxiety and distress, which placed an increased burden on public health resources.

Furthermore, because the threat of death was a very real factor during the pandemic, mental health conflicts, which may have been previously well managed, were liable to be re-activated (Perelberg, 2021). For example, the sense of helplessness engendered by the pandemic and ensuing lockdowns may have contributed to a fear of breakdown due to “a projection into the future of primitive agonies that occurred in the past, but which have yet to be experienced because the infant was not yet a subject capable of experiencing them” (Gentile, 2020, p.657). In sensing this inherent vulnerability, the subject experiences a subtle and distant feeling of familiar dread, re-activating previous traumas.

In addition, perhaps in relation to the rise of stigmatization, well-established and thus familiar social inequalities became particularly manifest:

“The COVID epidemic magnified and exacerbated numerous pre-existing obscenities that inhere our society and that many of us disavow: the systemic inequalities within American society that are organized through the structure of whiteness and the legacies of colonialism. With COVID-19, some white people have been exposed to the helplessness, the vulnerability, death and illness, anxiety, trauma, uncertainty, and physical and mental un-safety that communities of color have routinely suffered for years. Some white people’s current abnormality is a small taste of people of color’s normality.” (Padrón, 2021, p. 125)

As this example highlights, a longstanding inequality in the social structure again rose to prominence. Although subject to change in recent years

(although perhaps due to denial and repression), the increasingly distinct gap in life quality experienced by particular social and/or ethnic groups became extremely evident and could no longer be ignored. The COVID-19 virus did not discriminate in terms of class, educational background, economic status, and so on, but the differences existing between various social groups did not dissolve. Rather, they became exaggerated, to the extent that previously hidden divisions once more became manifest. For example, those living in spacious and comfortable surroundings were able to isolate more easily, experiencing advantages that those living in crowded conditions were denied. Those on the lower economic spectrum had to wait longer to access overwhelmed public health services and faced the more immediate financial risk of losing their jobs. An economic gap, which had previously been experienced at a financial or educational level, was now exposed as a life or death situation due to the shadow of death associated with COVID-19. Social conflicts that were already present to some degree therefore intensified.

In addition to the aforementioned differences, at an organisational level, the pandemic took an intense toll on social and economic sectors, one after the other. For example, the sudden emptying of supermarket shelves due to the impending lockdowns illustrated how familiar elements of society could simply vanish overnight:

“The synchronisation which normally keeps the whole system running harmoniously breaks down. It is precisely at the moment the system breaks down that we realise how interconnected it is. What is normally hidden because, as we used to say, it functions like clockwork, is exposed.”
(Chanan, 2020, p.1)

This statement reminds us that what we are accustomed to, in terms of the functioning of society, is not invulnerable. Rather, modern societies and cultures are fragile and, as far as this is possible, need protecting lest they collapse in the wake of psychological, social, organisational, and economic catastrophe. If this were to occur, we would awaken to an entirely unfamiliar world.

5.3 THE UNCANNY IN LOCKDOWN: THE REAPPEARANCE OF A 'FROZEN' DEATH THREAT

Although the method of locking down a population can help relieve the intensity of a pandemic, its impact on mental health is concerning. In the context of the Familiar, lockdowns revealed the uncanny by representing both a threatening intrusion of unfamiliarity and the return of the repressed, the latter taking the form of the threat of death when the lockdown was no longer sustainable. During the pandemic, the further application of mandatory quarantines also had serious implications for mental health (Wu et al., 2020).

In hindsight, as a new and urgent reaction provoked by the pandemic, social lockdowns were as unfamiliar an experience as the COVID-19 virus itself. Due to the emergency nature of lockdowns, authorities around the world were making unprecedented decisions regarding their necessity, duration, the limitations involved, and so on. In this way, the relationship between the individual and the government was completely changed. Previous, and thus familiar rules relating to pandemics did not exist, and these new rules inevitably impacted people's civil rights. For example, there were no explicit guidelines concerning what percentage of infected people in a particular region would deem a lockdown necessary. Nonetheless, once a lockdown order was given, it had to be obeyed immediately, without recourse to traditional procedural discussions.

On being subjected to lockdown, individuals lost their ability to move about and travel freely, with no means to appeal the decision, even on the basis of biological evidence. Extreme precautions were taken to ensure that the now isolated population was prevented from going outside, regardless of any concern for basic health. General security measures were also overturned. For example, in one city in China, 19 people died when they were unable to escape a fire in their high-rise apartment because the entrance to the building was locked, and the attending fire brigade was unable to penetrate the lockdown barrier (British Broadcasting Corporation, 2022). In other areas,

earthquake escape routes within buildings located in high-risk COVID-19 neighbourhoods were closed off, with deadly results (Mao, 2022). In a situation that was completely unprecedented, the lockdown policy effectively 'imprisoned' individuals and often reduced their level of safety and security. Thus, ways of life that were previously familiar were torn away by both virus and lockdowns alike.

Unlike the new and alien COVID-19 virus, I would suggest that the lockdown experience may have had elements that were unconsciously familiar. It could be argued that the experience of lockdown was similar to the very earliest stages of human development, when a baby is utterly dependent on its mother and helplessly awaits her care. For the most part, the lockdown operated as a protective measure, albeit one with many restrictions. However, just as a mother must feed her infant to keep him alive, in situations where the authorities were unable to take full responsibility for their now helpless population (e.g., when there was a threat caused to life), the protective figure, rather like the dead mother (Green, 1986), becomes disappointing, hateful, and destructive.

Given the nature of the imposed restrictions, hostility towards this 'protective figure' may be further intensified with the realisation that the safety offered is ineffective, as became apparent with the rapid spread of variants, such as the Omicron strain. Because the incomes of many people were negatively impacted during the pandemic, with huge job losses occurring, the supposed protection provided by the lockdowns was often felt to be injurious. For example, in China during the winter of 2021, a man was arrested after travelling on foot through a highly mountainous snow-bound region in order to avoid quarantine and return to his home and work. Walking over 100km without appropriate clothing or equipment, he managed to survive for 9 days before being apprehended (Zhu, 2021). This type of desperate measure illustrates the extent to which individuals were prepared to risk death to evade the figure of the dead mother - the 'protector' who cannot respond to their dependent baby or guarantee his safety.

I suggest that the devastation brought about by the lockdowns occurred because despite offering temporary protection from transmission, they did not eradicate the virus. When governments were no longer able to afford the enforcement of lockdowns due to their immeasurable costs, the virus once again took hold. Therefore, the threat of COVID-19 was only temporarily managed or 'frozen'. In keeping the virus at bay, the longer the lockdowns continued, the stronger the belief that they were successful forms of protection, yet such reassurance was in fact false and fragile.

As an example, at the end of 2022, China, one of the countries with the longest lockdown policy (running from the beginning of 2020 to the end of 2022), suddenly cancelled all restrictions within a week. As an outcome, a concentrated outbreak of public panic took place (Zhan, 2023). I would argue that this incident derived from the fact that many people experienced a powerful sense of the uncanny, because a way of life that was once familiar, but of which they had been deprived for so long, was suddenly envisioned. The traumatic element of such an uncanny experience is not simply the return of a particular repressed idea, but the conscious awareness (following the failed compromise) that the Familiar framework has been comprehensively damaged. In the same way that Nathaniel's disbelief in the Sandman's existence shattered on re-encountering Coppelius' threatening gaze, with the sudden lifting of the Chinese lockdown, the protection it had seemed to offer dissolved. The frozen spectre of COVID-19 rapidly convened within the current time and space, haunting the population once more. I would argue, therefore, that similar to *Nachträglichkeit*, the uncanny appears to move through time and space, destroying the Familiar framework. However, on this occasion, the uncanny was perhaps felt to be more intensely traumatic because the individuals involved had already formerly 'overcome' the threat.

It is important to draw attention to another form of 'lockdown' that took place during the pandemic, involving a person's identity. With the physical isolation of the lockdowns, interaction with the ordinary environment was denied. This loss of contact with the external world had an impact on an individual's sense of identity, resulting in an uncanny feeling. An extreme example of this

occurred in China. From the outset of the pandemic, each individual was assigned a QR 'health code' via an official mobile phone app. Collated and calculated using 'big data', the QR code was created by the government to monitor, trace, evaluate, and locate an individual according to his/her travel history. This code would show a person's level of 'health risk' via the use of different colours - red, yellow, green, etc. (Yuan, 2022).

This e-passport became the singular means of determining an individual's right to physical freedom, with one's identity and presence being 'cyberised' into a data code. The code or symbol formed a cyber 'I', which concretely replaced the actual living person, and represented an invisible and strange 'thing' that existed in external society. In a world where only this coded presence matters, the actual identity is placed in 'lockdown'. Through the enforcement of such collective conditions, the actual presence of the individual is dissociated from the social environment and becomes an uncanny object itself.

With the passing of time, this uncanny feeling intensified when it became known that the codes, rather than being the product of a scientific algorithm, were actually created by a 'black box' that could be manipulated by the government (British Broadcasting Corporation, 2022a; Chu, Wang, and Bradsher, 2022; Zhu and Liao, 2022). Thus, the originators of the code, who had expressed responsibility for protecting the biological safety of their citizens, could in fact be said to be endangering the basic rights of these same individuals. The uncanny feeling engendered by such a situation was more acute than that described in the original Freudian context. Going back to Freud's illustration, Coppelius/The Sand-Man was a threatening figure who never pretended to be a protector.

5.4 INTERNET 'ECHO CHAMBERS' DURING THE PANDEMIC: AN INTENSIFIED VIRTUAL FAMILIARITY

In addition to travel limitations, the lockdowns considerably reduced normal levels of social interaction and, in some ways, narrowed access to information. Because the majority of people were spending all their time at home, the

Internet became the main, if not only path to an understanding of what was happening outside. In some cases, tailored algorithms supported the retrieval of subjective information, which reinforced perspectives that one might describe as familiar in nature. As one might imagine, this was more extreme in China than in other countries in the world. For example, a phenomenon of the current era brought about by Internet usage is noteworthy:

“Selective exposure and confirmation bias, indeed, have been shown to play a pivotal role in content consumption and information spreading. Users tend to select information adhering (and reinforcing) their worldview and to ignore dissenting information. This pattern elicits the formation of polarized groups – i.e., echo chambers – where the interaction with like-minded people might even reinforce polarization.” (Del Vicario et al., 2017, p.6)

In other words, when using the Internet, individuals tend to select information that confirms their pre-existing beliefs, encouraging the establishment of polarized communities. These groups tend to be mostly closed, in that they do not interact or communicate with other online communities, and thus discussions can become oversimplified (Bessi, 2016). This type of “echo chamber” can be further solidified by algorithms, which recommend personalised information to users (Zuiderveen Borgesius et al., 2016), in other words, content that matches what the individual has already read or ‘liked’. In this way, the Internet user’s familiar beliefs can be further reinforced.

Due to the reach of the Internet in our daily lives, we are exposed to an increasing familiarity with that which is already familiar. Primarily, this solidifies one’s current Familiar framework, because there is a lack of contact with unfamiliar content. The perpetual intake of the same or similar content repeatedly proves the correctness and effectiveness of this framework. Secondly, this tendency generates narcissistic satisfaction by reducing encounters with otherness. An Internet user is not required to make the effort to refute or disprove contradictory information, because, as I earlier hypothesised, algorithms function in a similar way to the psychological protective shield. That is, they pre-emptively eliminate the unfamiliar. Thus, in advance of

the user's conscious perception, a familiarity is chosen and a familiar world constructed. Of course, this will cause negative outcomes. For example, members of the aforementioned closed and polarised online communities may believe that what they are experiencing encompasses the whole world, rather than just one of its many different facets. This tends to produce a lack of curiosity about natural diversity in the world, and diminishes basic respect for others and their experiences.

The echo chamber phenomenon may not split a society at a political level because at this stage, ideological segregation in social-media usage is not sufficiently severe (Barberá et al., 2015). However, the split between polarized communities is concerning, because conflict over public health policy has the potential to influence the lives of many people. For example, in China, one of the countries with the strictest COVID-19 policy, a serious conflict arose (observable on the Internet) between those who supported the zero-COVID policy and those who appealed for coexistence with the virus (Che, C., Fu, C., and Chien, A., 2023). As Dimitriadis (2021) writes:

“As the death toll continued to rise, the governments of most developed countries could not afford to be seen as passive, while in some countries, as time passed, it became impossible to continue to support a policy of fiscal restraint in matters pertaining to public health. The proximity of this Real of death needed to be kept at bay, as it would have traumatized the vast majority of citizens, for whom its presence has become, in recent decades, something quite virtual – belonging chiefly to autopsies on TV screens and/or to the horror genre – in which this virtualization of death exemplifies the ‘mastery of the uncanny’.” (p.550)

For those who appealed during the lockdown for coexistence with the virus, the Internet echo chambers would have supported an increasing familiarisation with death. This virtual ‘mastery’ may indeed have provided the confidence and courage to face realities brought about by the virus, but it may also have established an overdetermined belief that the world under the pandemic was one in which death was familiar. This had the effect of invalidating contrasting

appeals for restrictions, which were intended to protect against death. In contrast, for those who supported zero-COVID policies, these same echo chambers would have intensified their fear of the virus. Although these individuals may have been more prone to obey health guidelines and other official mandates, which may have had a positive effect in reducing transmission, they may also have refused to consider the other implications of these restrictions, such as the negative impact on income, employment, and the ability to move or travel freely. In the event that the lockdowns were recognised as being unsustainable, their sudden demise inevitably triggered an uncanny feeling brought about by the loss of a virtual familiar world. Each group was then faced with the opportunity to realise truths relating to both sides of the polarisation – that both protection and death were active factors.

In conclusion, both COVID-19 and the ensuing lockdowns greatly challenged the Familiar framework of the global population, resulting in a resurgence of the uncanny. In calling to mind my earlier discussion of the increase in stigmatization, I would argue that it is only through tolerating, encouraging, and praising those who take the risk to declare the unfamiliar that such threats can be successfully recognised and responded to. However, this scenario would require sufficient trust in the Familiar framework and confidence in its unshakable capacity to provide solutions for the threat. However, as evidenced by recent circumstances, the Familiar framework can be extremely fragile, to the extent that it harbours an ingrained avoidance of alienness. Further, acceptance of the object or entity that introduces unfamiliarity requires an attitude of openness, primarily because the sudden awareness of its existence actively damages the framework, and thus opposes the tendency towards the Familiar.

Chapter 6

Conclusion

While inspired by the uncanny and by examination of the nature of repetition compulsion, I came to notice that individuals seem to seek what is familiar to them, even when to do so is harmful or destructive. This thesis tries to develop an understanding of this tendency and to clarify the concept of 'familiar' in psychoanalysis.

This perspective does not negate the Freudian definition of the repetition compulsion or deny the contribution of existing explanations for it. Rather, it tries to provide a more integrated view in understanding it. Beginning with a close study of Freud's work, I hope to have clarified the possible psychoanalytic meaning of our search for the familiar. In throwing light on our understanding of the repetition compulsion, it led me to develop 'the Familiar' as a concept in itself, which I felt was rich in potential.

The repetition compulsion cannot be accounted for by the pleasure principle alone, since both the process of repetition and the end point of such a process often do not bring pleasure. Further, most people want to stop repeating when they become conscious of the destruction it causes. The repetition compulsion can also not be fully explained by the wish for mastery over traumatic experiences, since mastery is only rarely achieved even when a traumatic situation is repeated in a substitute situation. Finally, as I have tried to show in Chapter 2, the death drive as a motivation for repetition can be seen as a metapsychological necessity, instead of a credible theory. I suggest a new perspective in understanding the repetition compulsion - it is motivated by a strong tendency towards the Familiar.

I hypothesised that the familiar feeling one has towards an object or experience is actually generated by an internal, psychical framework which I called 'the Familiar'. A strong tendency towards familiarity is actually driven by this Familiar framework, which stores the quality of one's object relations,

derived from patterns of interactions between self and objects, and ensures the subject seeks similar object relations again and again. The Familiar framework is, firstly, responsive. That is to say, it is built up in response to experience and is reactive to stimuli. The familiar feeling the subject experiences, and goes on seeking, is thus derived from the response of the framework towards specific stimuli. Secondly, the framework is dynamic, since it provides a guideline and motivation for the subject's engagement with objects. For example, when one is facing an object, familiar aspects of it will be actively sought out. Thus, the subject is able to experience it as somewhat familiar, even where it isn't that well known at all. A typical expression of both characteristics can be seen in signal anxiety. The framework responds to a dangerous experience that is similar to the one the subject has already experienced, and becomes activated to motivate the subject to protect himself.

The formation of the Familiar framework mainly relies on two mechanisms. One is that which I call transformation. Where one retains multiple psychical traces of an object, these traces are transformed into, and retained as a specific quality of the object relation – familiarity. These qualities are the basic units, the known and sought after qualities which are held by the framework. When a new stimulus (an object or experience) is perceived that is similar to one known by the framework, the framework responds as if by saying 'this is familiar (and therefore safe)', and a familiar feeling follows. That is to say, a familiar feeling is produced immediately in response to an experience, even if the subject is not himself making a link to a psychical representation of an object. Rather, a familiar feeling is a direct response generated within the Familiar framework. I think this goes on outside of conscious awareness, which explains why a familiar feeling can be an unconscious experience with an implicit characteristic.

The other mechanism upon which the Familiar framework relies, is that once an object or experience becomes familiar to the subject, the subject's way of seeing it tends to become fixed. I have called this solidification. The familiar object is believed to be naturally and unquestionably familiar, indeed all aspects of it, in the subject's view, are thought to be familiar, to the extent that

the sense of familiarity becomes the object. For example, a subject who compulsively and repeatedly engages in destructive intimate relationships may unconsciously believe the destructive characteristic to be the inevitable essence of every intimate relationship. This also goes on outside of conscious awareness, and it contributes to the concealment of out seeking after the Familiar. This also makes the discovery of different aspects of a familiar object difficult, since the subject has in effect stopped looking for the new, which contributes to the avoidance of otherness. Further, any new object approximating the one which is well known to the subject is quickly believed to have all the familiar characteristics the subject expects.

The Familiar framework provides the subject with a kind of psychical constancy and security, hence there is a strong tendency towards it. It comes to powerfully influence our psychical activities and behaviours, and ways of functioning, thinking, and being. The constancy and security it provides mainly consists of four dimensions: economically speaking, the perception of familiarity and the mobilization of familiar representations requires less psychical expenditure; dynamically speaking, the Familiar framework can be flexibly activated in specific situations, such as the reconnection to the previous danger by which the signal anxiety is triggered; structurally speaking, the Familiar provides an internal organization – it is an organizer of experiences; functionally speaking, the Familiar protects the subject from unfamiliar threats and guarantees consistent experiences by keeping registering the unfamiliarity according to the framework – the adaptation mainly happens in this way otherwise the new will be resisted; temporally speaking, the Familiar effectively connects the past to the present, the latter being seen in light of the what has gone before, and the future being anticipated based on both the past and the present. It should be highlighted that the tendency towards the Familiar is neutral, merely an essential way in which a subject experiences the world. That is to say, the Familiar framework may drive the subject towards positive or negative influences, depending on the subject's prior experiences. A subject who has experienced destructive relationships will likely seek these again, whereas one who has experienced

strongly supportive relationship will likely be driven to seek similar such relationships.

The Familiar framework can be disrupted by experiences of loss, particularly the loss of the familiar. For example, in mourning, an external loss brings about a sense of internal loss, and in pathological cases, a powerful identification with the lost object follows. It is the tendency towards the Familiar which may intensify an identification with a lost object to the extent the subject becomes it, losing himself. In this way, a familiar relationship is preserved at an unconscious level.

The Familiar framework is also powerfully activated following traumatisation. According to the human tendency towards the Familiar, an individual will not cease in his efforts to repeat earlier experiences, even when he has been traumatized by these. I have argued that this can be seen in traumatic neurosis, where one unconsciously returns to an earlier experience, reviving a traumatic scene either in his mind or in external reality, in order to attain some resonance with the Familiar.

The conceptualisation of the Familiar developed in this thesis outlines the protective nature of familiarity. The conceptualisation provides a new background that effectively connects general repetitions to pathological repetitions, and illustrates corresponding mechanisms functioning in different situations. This may enrich a psychoanalytic understanding of trauma and psychopathology, which has mainly focused on the role of unfamiliarity and the alien. For example, the Familiar gives us a new lens through which to understand the connection between trauma and the uncanny, shifting the traditional attention on the undoing of repression towards the determining influence of the Familiar framework. In an intense, uncanny situation such as the pandemic, the uncanny can be evoked by i) the overwhelming destruction of the familiar, which is suddenly lost, ii) the sudden reappearance of familiarity (i.e. of that which had formerly been repressed or denied), and iii) the frozen and then unfrozen threat of the virus following the unsustainable lockdowns.

All of this reminds us of the traumatic nature of the uncanny which damaged the Familiar framework, and alerted us to its fragile nature.

It can be argued that the concept of the Familiar can also contribute to clinical applications. Firstly, it brings new explanations of the repetition compulsion, depression, and the negative therapeutic reaction by highlighting their insistence on reattaining a lost familiarity. Secondly, the concept can account for our adhesion to the familiar which means we are so resistant to change. This actually gives some hope that resistance to change can be worked with in therapeutic sessions, since becoming familiar with the analysis, e.g., with the setting, and the person of the analyst, can genuinely facilitate the treatment. The analysand has the opportunity to give up old, destructive patterns, partly because he is now embarked on a newly familiar journey which will help him in this effort.

Finally, I would like to respond to some anticipated criticisms to my thesis. The first such criticism may be of the theoretical nature of psychoanalytic research itself, since a psychoanalytic study can hardly be substantiated without clinical research. However, the aim of this thesis is to introduce a supplementary perspective in the psychoanalytic understanding of the causation of psychological phenomena and symptoms. This is accompanied by tentative suggestions regarding the possible applications of it in clinical situations and to social issues. Beginning with a consideration of the repetition compulsion, this thesis tries to provide a solid theoretical contribution whilst bearing in mind the possible usefulness of this in the clinical context. Clinicians will hopefully find this concept clinically meaningful and may try to apply the constructs I have developed, and to carry out further clinical research.

I also acknowledge that my postulations concerning the construction of the Familiar framework, primarily the transformation and solidification of experiences and perceptions, has not been developed by other authors. These are new ideas that should be further examined in clinical practice. However, as a theoretical postulate, this specific formation mechanism can well explain those characteristics of the Familiar derived from the comprehensive

integration of other theories. As to the initial establishment of the Familiar, I suggest that it is the subject's primary relationships which form the basis of the framework, and indeed there is infinite support within the psychoanalytic literature to suggest that such relationships are formative, such as the infant-mother relationship in Winnicottian theory as the foundation by which other objects are introduced, e.g., the father (Abram, 1996).

Furthermore, one might not necessarily agree that some of the clinical material quoted in this thesis support my theory. I hope that the material I selected does just this. I only used clinical material where the original discussion was also concerned with the similar topic at the similar conceptual level. For example, my reference to and re-interpretation of Freud's Wolf-man case in light of my own theory did not deviate from Freud's original paradigm, though I hope to have added some new understanding of it.

I would like to also consider that only evidence supporting my hypothesis is cited. My work has involved considering contrary evidence. For example, I am clear that although the Familiar powerfully motivates individuals' behaviours and psychic activities, it cannot predominate in all situations. As discussed in Chapter 3, a special kind of libidinal investments is particularly mobile, and at times one may not dare hold on to the Familiar, for example when one has been traumatized by the loss of it. Then, there may be a powerful turning away from that which is familiar, and this phenomenon needs further exploration.

Finally, I found that the COVID pandemic provided a powerful illustration of my hypothesis. Then, even if there were other reasons for degraded psychological health, as illustrated in chapter 5, the loss of familiarity significantly explained why the pandemic was more than a biological disaster, and the interruption of familiar aspects of life caused far more anxiety than the viral threat itself.

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