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Repetition compulsion and choice of love object

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ABSTRACT

In the search for acceptance, people look for love in the wrong places, or from the wrong people and go from one dissatisfying relationship to the next. It seems like experience means nothing and lessons are not learned from past mistakes. Repetitions are most notable, and mystifying, when they are maladaptive and dysfunctional, repeatedly leading to disappointment, sometimes failure and can be self-damaging in nature. This paper argues that even the most maladaptive and self-defeating of compulsive repetitive behaviours are the seeking out of love and validation that the subject was denied through early life experiences. These behaviours are attempts to find libidinal gratification in the here and now and a defining influence in the choosing of a love object. The cure is in remembering and “working through”, which paves the way to the forgotten past in search of abreaction. This paper will review whether the opposing notions of pain avoidance or a drive towards self-destruction is at the root of our compulsion to repeat. Each of the concepts of psychic structures based on parental oedipal triads; symptoms specific to the individual structure categorisation and; therapeutic approach based on psychic structure is reviewed in the discussion regarding compulsion to repeat and choice of love object. The finding is in favour of the notion that the theories put forward provide many insights however, they fall short in providing a comprehensive picture of the workings of the human mind. Further attention to the creation of the environment necessary for awareness to evolve and how affects become associated with representations of the self and object is required.

1. INTRODUCTION

In search of the answer to “why do we repeat?” Verhaeghe (2008. p.115) argues that compulsion to do so boils down to a breakdown of the pleasure principle: "Any given process originates in an unpleasant state of tension and thereupon determines for itself such a path that its ultimate issue coincides with a relaxation of this tension, i.e. with the avoidance of 'pain' or with production of pleasure" (Freud, 1920. p.1.). Interestingly, Freud (1920) came to see the compulsion to repeat as the expression of the instinct in us that wants to drive us back to our inorganic past and one that limits our capacity for change. He called this regressive impulse a “death drive”. The death instinct is ruled by the constancy principle (the Nirvana principle), which opposes the life instinct which is governed by the pleasure principle. This paper will review whether the opposing notions of pain avoidance or a drive towards self-destruction is at the root of our compulsion to repeat.

Compulsion to repeat, is the tendency we have to repeat early life experiences for better or for worse. According to Freud It is a universal human phenomenon and, a way of remembering certain behaviours (Freud, 1920. p.20). Behaviours, feelings and attitudes associated with significant childhood figures and to formative life experiences are evoked to varying degrees in emotionally meaningful relationships and situations (Freud, 1920. p.21). Repetitions of formative early experiences are acted out unconsciously and unknowingly. Dysfunctional, maladaptive and self-defeating repetitions are contributors to psychopathology and is also a core concept in how we choose our significant other based upon infantile conflicts (Freud, 1914. p.151). However, repetition is not necessarily maladaptive. Historic ways of relating to emotionally meaningful objects can be repeated in our adult life and result in satisfying relationships, and as a result can often go unnoticed because we tend to pay more attention to the repeated behaviours that do not serve us well (Corradi, 2009).

Not only does our compulsion to repeat govern our behaviour, it also drives us to act in order to illicit the behaviours from our love object and others in order to satisfy our needs. The choreography of transference and countertransference extends into all aspects of our lives as we project onto others based on unconscious beliefs and identify with what is being projected onto us, all at the level of the unconscious. In this paper, transference and countertransference, projection and introjection will be assumed as discussion on the topic is beyond its scope.

In keeping with interpersonal dynamics, psychic structures are developed based on parental oedipal triads. Ways of being and patterns of behaviour in relationships are brought about as we repeat the familiar, however functional or dysfunctional these patterns may be (Dor, 2001). The formation of symptoms is based on psychic structure and negotiation of desire versus pleasure and reality. The therapeutic encounter bears witness to the effects of the psychic structure. This paper will focus on the psychic structure of neurotic (hysterical/obsessional), where both alienation and separation have taken place. The psychotic; where neither have taken place, and perversion; where alienation but not separation have occurred, are outside the scope of this paper. It is argued that each of these structures present with different symptoms and behaviours which are repeated (Dor, 2001). Examples will be illustrated together with how they bring about certain repeated choices of love object. These repeated patterns may often be “the work” of therapy.

In therapy, transference neurosis makes mental illness accessible. As the essence of this paper ultimately centres on the therapeutic endeavour, the concept of “working through” and suggested approaches in treatment of presented symptomology will be discussed. Each of these areas will be reviewed in order to explore the manner in which compulsion to repeat influences our choice of love object. Are we destined to repeat compulsively in a determined fashion or is there hope that we can change our ways? In order to fully address this, the following themes will be explored:

AIMS:

Overall aim: To explore the effect that compulsion to repeat has on the choice of love object

Chapter 2.

Provides insight into the evolution of the concept of compulsion to repeat and what the driving forces behind it are; even when the behaviours are maladaptive and dysfunctional.

Chapter 3.

Focuses on the psychic structure of the neurotic to show example of how structure is determined.

Chapter 4.

Illustrates how certain traits develop in the neurotic psychic structure; what that means in terms of the types of behaviours being repeated, and how does the associated symptomology influence choice of love object.

Chapter 5.

Provides an overview of the concept of “working through” and possible optimal approaches in therapy, based on responding to the neurotic’s compulsion to repeat, even their choice of love object.

2. COMPULSION TO REPEAT

Freud distinguished between regular repetitions, and compulsive repetitions. The former can be worked through and are subject to a normal therapeutic process. Compulsive repetitions revive "experiences of the past that contain no potentiality of pleasure, and which could at no time have been satisfactory, even of impulses since repressed". In discussing the pleasure principle "recognition of the familiar" was Freud's forerunner to "compulsion to repeat" (1978 [1920g]. p. 20). The origins of repeating behaviours lie in repetitions occurring in substitutions. For example, the likes of the infant substituting suckling for oral gratification in thumb sucking. Repeating the behaviour to repeat the pleasure. In his analysis of play Freud argued that children's games were about mimicry of adults for the most part, resulting in repetitions occurring in mimicry of behaviour. Adult games however, are largely about competition with equals and repetition of pleasurable pursuits. Fantasying (mostly sexual) is also about repetition for Freud in that renunciations of childhood pleasures are actually substitutions and hence covert repetitions i.e. repetitions occurring in fantasy (Freud, 1976. SE IX). In this way infantile behaviours that elicited pleasure are repeated and substituted by other behaviours in the pursuit of the original pleasure that is repressed. In effect this is how repetition begins. Let us now turn attention towards what is the driving force behind repetition compulsion.

The repressive tendency displayed in the repetition compulsion led Freud to believe that there must be a psychic force active in us striving for an inorganic state, a drive towards obliteration, simplicity and quietness. Turned towards the self, it would manifest itself as primary masochism and suicidal depression. Turned towards the outside world, it is called aggression (Van Hoeck, 2012). When there is reduction or successful discharge in psychic energy it results in pleasure. When this reduction or discharge fails there is unpleasure. The Nirvana principle and the pleasure principle (its derivative), serve all the instincts. The compulsion to repeat can be accounted for in terms of this regulatory system in operation. It is what happens when the psychic apparatus fails to discharge. It is the opposite

of pleasure. Freud explains the inability to discharge and why instinctual processes may lead to discharge and others to repetition in claiming that excitation needs to be bound before it can be discharged. In the case of the trauma neuroses, for example, an overload of excitation can overwhelm the mental apparatus. Reliving traumatic experiences are attempts to make sense of the trauma. Psychic energy is bound and silenced in this repetition and so obeying the Nirvana principle, binding precedes discharge. The experience of reliving the trauma is not pleasurable but leads to discharge which is pleasurable. For the adult, transference is what games are for children, attempts at mastery of painful situations (Van Hoeck, 2012). While compulsion to repeat might seem like insanity on the surface it actually underlies the psyche's attempt at maintaining sanity.

Therefore, is the proposal that we are we are seeking total annihilation through repeating behaviours realistic? Or, can we understand compulsion to repeat without assuming Freud's death drive? Van Hoeck (2012) argues that we can better understand it through the lens of the Nirvana principle where regulation of psychic excitation is achieved by binding it prior to discharge. In this process the mind is guided towards a tranquil state. If binding cannot take place it results in unpleasure and compulsion to repeat.

One way or the other, Freud attributed the power of the repressed as the driving force behind the compulsion to repeat. In psychoanalysis he argues that the patient "repeats all his symptoms in the course of treatment" (Freud, 1914. p. 151). Instead of remembering the patient repeats, or acts out, manifestations of the repressed infantile conflict that are escaping repression. It is reproduced as an action, not a memory without knowing it is a repetition. The stronger the repression, the stronger the urge to repeat: "The greater the resistance, the more extensively will expressing in action (repetition) be substituted for recollecting" (Freud, 1924, p. 151 cited in Fink, 2017). The less we understand the more we repeat. It would make sense therefore that it is out of our preverbal stage, when our minds are less developed, that the most stubborn of repetitions arise (Van Hoeck, 2012). It is almost as if

what is buried bubbles under cover of repression but changes form into psychic energy. The psyche recognises its form and attempts to bind it. If successful - all is well, discharge takes place. If not - the psychic energy arising out of the repressed haunts the halls of the psyche demanding to be expressed. All of the behaviours brought about by psychic structure and symptomology produced will be compelled to be repeated until the unconscious is brought into the conscious realm and dealt with in the current reality thus allowing that expression and resolution.

3. PSYCHIC STRUCTURES

The various psychic structures of perverse, hysterical, obsessional and psychotic are determined by the outcome of how the child negotiates the oedipal dynamic of their psychosexual development. When we talk about castration it is not fear of losing or missing a penis it is the symbolic severing of the bond between mother and child and subsequent expression of that loss in words (Dor et al., 1999 p. 19). The process from being the object of desire (phallus) to having the object of desire (phallus) is a general occurrence in the oedipal process and is determined by the intervention of the laying down of the law by the father (Dor et al., 1999 p. 71). Dor (1999. p. 55) cites two determinants as “the mother’s erotic complicity and father’s silent complacency” as instrumental in creating ambiguity around phallic identification. When castration is accepted but only on the condition of transgression hysterical and obsessional neurosis persists. The hysteric sets himself up as a rival to the father in the desire of the mother. He feels like he has been unjustly deprived of the object of oedipal desire (phallus) and so follows questions around who then has the phallus? (Dor et al., 1999).

On the other hand, the development of the obsessional structure is dependent on ambiguity on the part of the mother concerning the object of desire. If there is a gap in maternal satisfaction between what is expected and what is delivered the child can place himself in the position of fulfilment of that desire (Dor et al., 1999, p.111). According to Freud (1986), libidinal drives return in a disguised form of representations and affects following childhood sexual passive-aggression following a form of previous intimacy (Dor et al., 1999. p.115).

“Normal men’s” sexual desire for their mother or sister is not repressed because there was no sexual desire present at the time of negotiating the castration complex. These men grow up to love and desire the same woman. As it is argued that most of the caring for the child is done by the mother and most early sensual sensations are associated with her. Some become partially fixated on their mother as sexual objects, others become totally fixated. The fixated, Freud would have us believe, never

experience lasting love and sexual desire for the same woman (Freud, 1912/1957b. p.183). Many men turn their wives into a mother figure over time and render them an untouchable figure sometimes to the point of experiencing erectile dysfunction. Desire may be found in the “bad girl” willing to transgress moral and legal boundaries to engage in extramarital affairs but love belongs with the wife (Dor, 1999).

In this way the story unfolds that out of early experience psychic structure is established. There is no doubt that the theory is deterministic in nature. Furthermore, it lends to the belief that human psychology is stable. In fact, argued to be predictive of behaviours, patterns and generalisations. The notion of structures on the one hand, points to a map of how things look and what will be experienced under that landscape. On the other hand, it must also be remembered that it serves to influence how we observe and interpret what we are endeavouring to understand. It is under this deterministic premise and influenced observance that we reflect on the symptomology associated with the neurotic psychic structure.

4. SYMPTOM FORMATION IN THE NEUROTIC STRUCTURE

According to Fink (2000), labels such as depression, bipolar disorder, and polysubstance dependence represent a micro-symptom or a mini pattern in the overall make-up of a person's psychological being. Freud (1983-1985) tells us that an overdetermined psychic elaboration results in a symptom. The latent signifier of desire has been replaced by a signifying substrate and holds that desire under captivation. As discussed, these repressed infantile conflicts brings about a psychic structure that has implications of an associated symptomology and patterns of behaviour. These patterns influence how we relate to our love object, repeatedly! When considering the position of the subject in relation to the object of desire it is suggested that one can envisage characteristics based on that position as follows:

Neurosis implies repression, the return of the repressed and the installing of the paternal function. There is an inhibition of drives and assimilation of the structure of language. Doubt and uncertainty is characteristic of neurotics which makes it hard to say what is real and what is not. The neurotic practices extensive ego and superego control. They find more pleasure in fantasy than direct sexual contact and there is a predominance of the genital zone over other erogenous zones. They are not certain about what turns them on and difficulty pursuing it when they do (Fink, 2000. pp. 112-164).

The neurotic hysteric is characterised by a tendency towards conversion symptoms connected to anxiety. There are three categories; conversion, anxiety and traumatic hysteria. The hysterical male places his love object on a pedestal as she is valued for her desirability and enhances his prestige. Should she fall from grace she becomes hated and threatening, and must be destroyed. The love object, while being exhibited as a trophy on display, is jealously guarded. In the coveting of her by admirers the hysteric's (his phallus) is coveted vicariously through her. However, this can cause problems because she may become an object that can be lost so must be mastered. The hysteric can oscillate between hostility and atonement in a bid to maintain possession. In atonement no price is

too high and the love object is re-instated to the lofty pedestal (Dor et al., 1999). The female hysteric seeks the complete father, who never existed. She attributes all things wonderful to him. Eventually he disappoints, falls from the position of Master and becomes an object of dissatisfaction. The male hysteric is incapable of becoming involved in a relationship beyond seduction. He wants to be loved by everyone and does not want to give up the possibility of any love object. He does not derive pleasure from what he has and regrets what he does not have (Dor et al., 1999. p.97).

Hysterics tend to hide their light under the bushel so that others might shine, and in doing so shine by reflected light. The female hysteric put themselves at the service of the other while the male, it is argued, identify with the role of the master, the status symbol that has been assigned to them (Dor et al., 1999. p. 79). Identity for the hysteric is always unsatisfactory and incomplete. They feel like they were not loved enough by the mother. Freud (1900. p. 147-151) argued that the hysteric's main desire was that his desire remains unsatisfied. However, the hysteric is like the male peacock, putting on the brilliant show to fascinate and attract, and based on phallic brilliance. Suspense must be maintained in the process and when actually called on to perform, things usually do not work out. The hysteric is the master of not getting what he wants (Dor et al., 1999. p. 82). They are their own harshest critique, decisions are mulled over and they are often filled with uncertainty, doubts and regret. Most outcomes fall short of the ideal. In the pursuit of perfection comes the realisation of the constancy of imperfection. There is a tendency to idealise those they view as perfect and metamorphose into their way of thinking and being and often extend to the stealing of romantic partners (Dor et al., 1999).

The oedipal origins of "why does daddy love mammy more than me?" gives rise to the jealous hysteric who interprets the love objects slightest interest in another in an overdetermined way. They can become fixated on "the other woman". If and when the triangle fails, a substitute threat will be found to elicit desire that the hysteric can then explore. It is the love objects wanting that sustains the desire of the hysteric – the unsatisfied desire characteristic of the hysteric.

Characteristics of the obsessional structure can manifest for some obsessives in that they can worship their woman and will do anything in his power to obtain forgiveness (Dor et al., 1999. p. 61). Idealise them but render them untouchable and non-desirous. It may result in reducing her to an object of possession and consumption (Dor et al., 1999. p.60) with the desire to have control over the object. They want to be the bringer and provider of all things. Unlike the hysteric the obsessional feels that his mother loved him too much (Dor et al., 1999. p. 110). Symptomology of the obsessional structure often presents in the form of obsessional ideation, ritualization, reaction formation, guilt/mortification/contrition, isolation and undoing, obsessional organisation of pleasure, ambivalence and weakness of demand i.e. anal character (Freud, 1896).

While obsessional neurotic experiences overbearing need, they lack a strength in the expression of demand. He then tries to get others to articulate his desire. His lack of ability to ask for what he wants leads to a sense of duty to accept and endure all things. This vulnerability can lead to sadistic mistreatment by the other. Loss is intolerable for the obsessional. Also trying to take the place of symbolic father manifests as rivalry, competitiveness and goal-orientated with little regard for mastery. He displays high moral standards and adheres to laws and rules. He defends virtue and established norms. They exercise self-control rituals and pauses in speech are commonly seen. Free association in therapy is resisted at all costs by the obsessional (Dor et al., 1999. p.123).

Some obsessives cannot fall in love unless the other is already involved. This behaviour is based in the oedipal triangle and the obsessive needs to feel the rivalry and hostility towards the person who was on the scene before them. So, rather than the love object being important it is the structural situation that is all important to these people. When the love object leaves the significant other for the obsessive the love triangle collapses and the love object is no longer a person of interest (Fink, 2017).

p.9). The obsessive competes with his rival. The hysteric models themselves on theirs (Fink, 2017. p.15).

With regard to the loves object the obsessional invests huge energy so that the object lacks nothing, and is fully satisfied so that there is nothing to demand. They have a tendency towards romantic imprisonment by providing luxurious surroundings to incarcerate them in. The obsessional does not respond well to ingratitude as it is interpreted as unjust in their universe that is governed by justice (Dor et al., 1999. p. 127). The obsessive's desire is always for something impossible i.e. perfection, immortality, omniscience, omnipotence. Lacan (1955) argues that his desire is for impossibility itself.

Dor et al. (1999. p.18) argues that we must exercise caution in apportioning deterministic approach to symptom formation in respect to psychic structure. For example, obsessive cleaning can be indicative of an obsessive structure as it can equally be representative of "borrowed from the marriage" between a hysteric and an obsessional partner in anticipating the desire of the other through the process of hysterical identification. Symptom identity is therefore something observed and attributed to the effects of the subconscious in order to orient the interventions' of the practitioner.

In fact, Dor's argument could be applied in broader terms in so far as by adopting a deterministic and predictive approach, do we not run the risk of producing a self-fulfilling prophesy affect both for the analyst and analysand. Furthermore, while awareness of the repressed may be brought about there is little insight into how to create the right conditions for awareness to evolve. Nonetheless the compulsion to repeat these, sometimes maladaptive, behaviours may often lead people into the therapeutic endeavour and "working through", which is addressed in the next chapter.

5. WORKING THROUGH AND TREATMENT

Freud in *Beyond the Pleasure Principle* (1920-1922), outlined how desire is expressed in “representations” (words). Defence then acts on them through repression, moving, reversing into opposite, even sometimes rejecting them so that the original words and associated desire are no longer available to the consciousness. Six years after linking the compulsion to repeat to transference Freud (1914), in his paper “Remembering, Repeating, and Working-Through” (1976, SE, XII), became disturbed by the self-destructive element of compulsion to repeat. He cited occurrences where compulsion to repeat appeared to contradict another of his central tenets of psychoanalysis already discussed, namely that the mind operates according to the Nirvana/pleasure principle (1920, p.1). Patients remember nothing of what they have repressed, otherwise it is not repressed. Instead, they repetitively re-enact repressed material in and outside the analytic setting (1976, SE, XII p. 149–150).

What therapy aims to do is neutralise the defence so that the original representation is made available to consciousness again. “What is being repeated?” is the underlying question of psychoanalytic therapy. What is the content? What are the dynamics of the conflict being re-lived by the patient in the relationship with the therapist? The answers to these questions are found in the working through, which is “the process of making emotional and intellectual connections among transference, real-life repetitions and formative experiences” (Corradi, 2009. p. 483). In following the laws of the normal pleasure principle conscious abreaction can take place (Verhaeghe, 2008. p.115).

The cure lies in the remembering. The remembering takes place via the transference and the “working through” of the transference, which is the bones of psychoanalytic treatment. The idea of the repetition compulsion led directly to a defining clinical tactic of psychoanalysis: analysis of the transference neurosis and working through (Freud, 1914. p.152). The symptoms of different sorts of neuroses express repetitions in different ways as previously illustrated.

In "working through" elements of the patient's maladaptive or dysfunctional behaviours and attitudes are looked at in all of the significant life situations or object relationships where they can be identified. Object relations theorist, Klein (1940), suggests that the child separates the object into gratifying/good and persecuting/bad splits and in doing so assumes a paranoid-schizoid position through the process of introjection and projection. The child will then integrate the split due to anxiety regarding losing the love object and guilt associated with their aggression towards the persecuting object and this anxiety and guilt is resolved by the depressive position. The child moves between idealisation and denigration of the object and that the often illusive psychological maturity comes with accepting that good and bad can co-exist. Verhaeghe (2008. p.138) offers the view that every child is faced with the conflict of "who do they love the best" that arises out of opposing desires emanating from the mother, the father and others.

The notion of good breast/bad breast (Klein 1940) may be in evidence in the compulsion to repeat "the wrong type" of partner. When the Idealised mother/father figure representative of love becomes the map of what love looks like desire must be found in people that are nothing like them. The "unsuitable boy" or the "bad girl" may offer excitement, thrills and desire but without dialectization of the primary desire and separation from the desire of the Other so that better choices can be made. The behaviour has origins in the inability to master ambivalence of the integrated imagoes of the "good" and "bad" mother. Resolution can be sought in therapy (Corradi, 2009).

For the neurotic Lacan (1991) cautioned the analyst against attempting to bring about fusion between the analysand's love object and sexual object. In fact "normal heterosexual genital" satisfaction in general. While Lacan argues that love, desire and jouissance are structurally different in seeking the

ideal of “the perfect love”, the pursuit of desire and sexual excitement are forsaken. Neurotics seek normality and will relinquish their desires for the sake of it. Both the hysteric and the obsessive refuse to be the cause of the others jouissance, however in conforming to their own ideals at the expense of personal satisfaction they assure the others jouissance (Fink, 2000).

The hysterics look to the Other to fill the lack of either being or knowing. Similarly, they will seek this from the analyst. If the demands are met the hysteric will briefly acknowledge the satisfaction of the need but immediately will be evaluating, questioning and finding flaws in the knowledge in order to complement it but the appetite for knowledge can never be appeased. In resolving one symptom another will be produced and is always one step ahead of any technique or theory. Therefore, the analyst must encourage a change in discourse that deters the hysteric from seeking to receive knowledge from the analyst. Otherwise the hysteric will continue to repeat the behaviour of seeking to discern the desire of the analyst, incite it and frustrate it (Fink, 2017).

In contrast, the obsessive neutralizes the other, refuses help, and is a rebel without a cause. The more obsessive they are, the less likely they are to seek analysis, and it is usually some specific occurrence that drives them to it. When in analysis the realisation of their dependence on the Other, manifestations of the Others desire and a break in successfully neutralising the Other, comes as a major shock to them. As a result, the obsessive becomes “hystericized”, and is always attentive to the Other’s needs. It does not last long, and the obsessive reverts to type unless the analyst fosters the “hysterization” and the shutting off of the obsessive (Fink, 2017). Otherwise the repeat behaviours of the act, the row, modified improved behaviours, slowly deteriorate back to the original pattern of behaviour that will persist.

In essence, there will be tendencies to varying degrees on the part of the hysterics to test the analyst and of the obsessive to shut them out. Freud hypothesized that obsession is caused by experiencing

too much pleasure from an early sexual experience. This is followed by feelings of guilt and avoidant behaviours. A second event gives meaning to the first event (Freud, 1925-1926). In therapy the analyst must assume the position of the “right person” so that the analysand can desist from their compulsion to repeat everything they did with previous partners and make something new possible (Fink, 2017. p.205).

With regard to this paper’s discussion on compulsion to repeat and choice of love object reasonable questions such as the following may be asked: Can the ideas herein discussed be effectively evaluated given the focus on subjectivity and psychic realities? When the basic data are behaviours and meanings attributed to those behaviours and communications can these theories be validated? When the surface forms represent something that is disguised or hidden can we ever truly understand it? In the relationship dynamic, words and actions are observed and interpreted as if it is designed at an unconscious level to have an effect and treated as discourse but as our understanding is based on theory and conjecture can we ever really know? (Wetherell et al., 2002). However, the reason the theories are accepted is because proof of the arguments is found in the lived experience and everyday practice. Also, the resonance of mind and logic and the evolution of the therapeutic endeavour is based on the theories and conjecture as outlined.

6. CONCLUSION

In looking for love, we are flattered because we think we are being loved for our own individuality but our subjective difference from everyone else is totally negated. In attempting to find one's ideal self or self in the Other, all differences between the self and the other are overlooked. After all, fusion is the annihilation of difference. The joy of love comes with the recognition of ourselves in the other while hatred and tension comes about when one can no longer deny some feature of difference in the other that does not comply with our self-image. Neurotics seek to return to the time before alienation and separation has taken place, to reverse the loss of the object. It would seem that love, for the obsessive, amounts to rivalry and, for the hysteric, fascination with the rival. Again, this paper would ask if this theory allows for the analysand's ability to recognise their rivalrous or fascinated position and capability to employ the motivation to change. Does it incorporate the views based on the efficacy of the human and their capacity for change?

There is little doubt that the development of Freud's ideas on repetition and compulsion to repeat set the tone for much ground-breaking research on memory and psychic dysfunction. His ideas are accepted and are the basis for many debates, theories and conjectures. Despite the fact that we are more enlightened clinically, the family structures may look different and society holds more evolved views than Freud's time he continues to exert influence on today's publications. Papers written on the topic of compulsion to repeat and choice of love object continue to be discussion papers rather than novel thinking. Current leading experts expounding new theories in this regard were not identified, as was one of the aims of this paper's proposal.

The role of repetition and compulsion to repeat also appears to have given way to Freud's elaboration of the structural theory. It is found to be deterministic in nature, fails to allow for free will and the ability the human has to overcome bad habits. As Rycroft (1973) argues that with the development of

the structural theory, the compulsion to repeat together with the notion of working through points to the human tendency to become stuck in old ways similar to habits of the mind. Structural theory also de-emphasised the recovery often out of reach of old data and argues the importance of defence in analysis and the function of regression with its links to those defences. Unconscious wishes and impulses, though important, were more and more left for the analysand to report with increasing emphasis placed on helping patients to notice repetition (Holowchak & Lavin, 2015).

Based on the aforementioned, there is an argument that there is a need for a revised model that takes cognisance of the dynamic nature of the changing face of the parental triad reflected in today's society into account rather than one based on "the mother's erotic complicity and father's silent complacency" Dor (1999 p. 55). This approach places emphasis on how the parents act on the child. Should an emphasis on the interpretations of the child not be part of the dynamic model? Psychoanalysis facilitates awareness of the return of the repressed form of a previous intimacy and its associated emotions. However current theory does not allow for creating the conditions necessary for this awareness to evolve. Also, how affective states become associated with representations of object and self, is in need of attention. How these issues impact on understanding not only of our conscious but our unconscious must be reflected upon. Furthermore, a model that does not take the efficacious nature of the human and their capacity for change into account does not tell the full story.

So, in the search for acceptance we may look for love in the wrong places, or from the wrong people, and go from one dissatisfying relationship to the next. In order to make experience matter and learn lessons from past mistakes we must look to our behaviours rooted in our psychic structures. However functional or dysfunctional an attachment style serves a person, our compulsion to repeat the early life experiences for better or for worse (Freud, 1978 [1920g]. p.20) is the core concept in how we choose our significant other. It is based upon unresolved infantile conflicts and must be reflected upon when our repeat behaviours do not serve us well. All the analyst can hope to achieve is a cease and

desist order on the analysand's compulsion to repeat and provide the potential to find jouissance and love differently to what has gone before.

Ultimately, compulsive repetitive behaviour is the seeking out of love and validation that the patient was denied. Their behaviours, even the most maladaptive and self-defeating of them are attempts to avoid pain and find libidinal gratification in the here and now that was denied to them in earlier life experience and is a defining influence in the choosing of love object.

7. FURTHER STUDIES

A. Does having a mammy and daddy matter?

A comparative study of children of LGBT couples and single parent families, compared to the children of nuclear families to explore if/or how differences in family structure and parental triads may impact on psychic structure developments, related symptomology, repetition compulsion and choice of love.

B. Does science support the theory?

Collaboration with neuroscience to determine if the advances in neuroimaging support the notion of psychic structures, symptomology repetition compulsion and choice of love object.

C. Developing a comprehensive model.

Study to develop a model of the mind to incorporate the shortcomings of the current model as outlined in the concluding argument of this paper.

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