

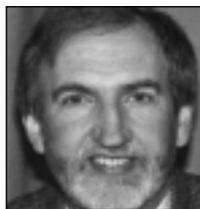
Psychological defence mechanisms

The example of repression

FOR many years the central role accorded to mechanisms of psychological defence was one of the characteristics that divided psychoanalytic theory and therapy from behavioural and cognitive therapies. Throughout his life Freud claimed that the purpose of psychoanalytic therapy was to lift the repression that excluded unacceptable mental contents from awareness in order to 'make the unconscious conscious'.

In 1893 he and Breuer argued that repression operated on memories of traumatic events, and that allowing these memories back into consciousness, accompanied by their original affect, could bring about a permanent cure for hysteria. In 1896 Freud adapted this idea and claimed a unique role for early sexual traumas. By the beginning of the new century he had already abandoned this stance in favour of the position that was to become part of mainstream psychoanalysis: namely that repression operated primarily on infantile drives and wishes, rather than on memories of actual events.

But what did Freud mean by



CHRIS R. BREWIN and BERNICE ANDREWS uncover parallels between repression and modern cognitive theories of forgetting.

'repression'? He used the term in two main ways, and often failed to distinguish between them. One usage referred to a process whereby unwanted material is turned away before it reaches awareness. Freud called this 'primary repression'. Rather than quietly remaining in the unconscious, however, this material is likely to enter awareness in disguised ways. In his second usage of the term, Freud proposed that a person becomes aware of these unwanted derivatives of the original repressed material and then deliberately attempts to exclude them from consciousness. Freud called this 'repression proper' or 'after-expulsion'.

However, these descriptions leave a lot of questions unanswered. For example, did Freud conceive of primary repression as a process that is at all times completely unconscious, or as a process that starts with

some degree of awareness of the unwanted material but then becomes unconscious? In contrast, the notion of 'after-expulsion' would clearly seem to permit some conscious encoding of the material, and to identify the locus of forgetting at the stage of storage or retrieval.

Selective forgetting

Although there is little empirical evidence to support the notion of primary repression as a fully unconscious process, most memory researchers would have little problem with Freud's other use of the term. Rather than forgetting being simply a passive process involving decay of the memory trace and interference, it is now widely accepted that efficient mental functioning depends on flexible excitatory and inhibitory mechanisms that select relevant material and exclude unwanted material from entering consciousness (e.g. Conway, 1997).

For example, in one version of the directed forgetting paradigm participants read a word list and midway are instructed to forget words from the first half of the list (the 'to-be-forgotten' or TBF set). They then get a surprise recall test on both halves of the list, and find it difficult to retrieve the words from the TBF set (although they can still recognise them). The most likely explanation currently is that these effects are due to an inhibitory mechanism preventing the retrieval of the TBF items.

Other experiments suggest that

decisional processes can block awareness of irrelevant items after initial retrieval has taken place (for a more detailed discussion see Bjork, 1989, and Brewin & Andrews, 1998).

Similarly, research on 'retrieval-induced forgetting' shows that items can be forgotten simply by practising the retrieval of competing items in memory. In the study phase of a typical experiment, participants study several categories, each with a set of examples (e.g. category: animal; examples: horse, tiger, and so on). In the second phase the participants practise retrieval of half the items by completing example stem cues for given categories (e.g. animal/ho—; animal/ti—). The remaining items are not retrieved. Following a retention interval, there is an unexpected recall test in which participants are cued with the category name (animal) and asked to remember as many examples as possible. Under these conditions participants recall more of the practised items at the expense of unpractised items from the same categories. Again, it seems likely that this is due to some kind of inhibitory process.

Anderson (in press), who has conducted much of the experimental work on retrieval-induced forgetting, has speculated that such

a process could help to explain how children abused by someone they know well could come to forget their ill-treatment. Repeated rehearsal of positive interactions with the perpetrator, Anderson suggests, would have the effect of blocking recall of abusive interactions, and reduce the long-term accessibility of these memories.

Intriguingly, there appears to be a substantial group of people who have a selective difficulty in recalling negative information and are particularly good at forgetting negative information (see Myers, 2000). These are individuals with a 'repressive coping style', defined as a tendency to score high on measures of social desirability and low on measures of trait anxiety, who also tend to underreport anxiety even when there is physiological evidence that they are highly aroused. This group reliably take longer than controls to recall negative memories from their own past, although they are no slower at recalling positive memories (Myers & Brewin, 1994). They are also more successful than controls at forgetting negative material when instructed to do so in a directed forgetting task (Myers *et al.*, 1998).

With these characteristics, most memory theorists would expect them to report very happy childhoods with lots of positive and few negative experiences. What is interesting about the female 'repressors' that have been studied so far is that independent raters judge them to have had significantly poorer relationships with their fathers than matched controls (Myers & Brewin, 1994). These paradoxical findings are consistent with psychoanalytic theory, if it is assumed that at some level inhibitory processes have generalised from adverse childhood events to affect memory processing more widely.

Memory and trauma

Is it then possible for people first to forget and later to remember major traumatic incidents, as Breuer and Freud originally claimed? A growing number of prospective and retrospective studies have found that somewhere between 20 per cent and 60 per cent of clients in therapy for the effects of child sexual abuse report having periods in their lives (often lasting for several years) when they could not remember that the abuse had taken place (see Brewin & Andrews, 1998, for review). Interestingly, a systematic survey of British psychologists describing their experience of such 'recovered memories' among their clients

revealed reported forgetting for a variety of sexual and non-sexual traumas, and some degree of corroboration for 40 per cent of the incidents (Andrews *et al.*, 1999, 2000). Consistent with Breuer and Freud's original observations, the recovery of many of these apparent memories was accompanied by intense affect. As in the case of traumatic memories reported by clients with post-traumatic stress disorder, fear and distress were the most common accompanying emotions. Most memories, but not all, were detailed and involved what appeared to be a degree of reliving of the original experience. The majority of memories also appeared to be recovered at least initially in the form of fragments.

These data, and other recent studies that report similar findings, strongly suggest that it is indeed possible to forget traumatic incidents. They do not, however, say anything about whether repression is the mechanism involved or rule out the possibility that some 'recovered memories' may not be accurate. Nor do they speak to the more general issue of the exclusion from consciousness of unwanted thoughts and feelings.

After many years of neglect, cognitive-behaviour therapists are becoming more and more interested in defence mechanisms, particularly the conscious suppression or avoidance of threatening thoughts or memories. Influential cognitive-behavioural theories now explicitly contain the idea that mental activity such as rumination or distraction can be used to block the retrieval of feared images or thoughts, and must be overcome if a cure is to be effected. For example, the theory of generalised anxiety disorder of Borkovec and Lyonfields (1993) suggested that worrying is a symptom that has a functional value in blocking access to more specific feared thoughts and images. What has so far received little empirical investigation is the nature of the feared thoughts and images.

Salkovskis's (1985) theory of obsessive compulsive disorder suggested that the use of neutralising thoughts or actions serves to avoid automatic negative thoughts of personal responsibility for harm. This is reminiscent of Freud's description of the defence of 'undoing' or reversing hostile wishes: 'Compulsive acts like this, in two successive stages, of which the second neutralises the first, are a typical occurrence in obsessional neurosis.' (Freud, 1909/1961, p.192.) Similarly, people with depression or post-traumatic stress disorder typically spend a great deal of time trying to avoid

Freud with two of his grandsons, Ernst and Heinerle, in 1922. Their mother, Sophie, had died in 1920

intrusive memories of death, injury and illness, assaults, and interpersonal loss and conflict (Reynolds & Brewin, 1999).

Freud's theories today

The similarities between the observations of cognitive avoidance described above and psychoanalytic observations of defences mobilised to protect the person from a hidden idea or feeling are striking, and represent another example of the potential rapprochement between psychodynamic theory and cognitive science.

The term 'cognitive avoidance' is neutral, however, regarding the extent to which individuals are aware of exactly what they are avoiding, or even of the fact that they are avoiding something at all. Descriptions in the literature suggest that there are likely to be varying degrees of awareness: at one extreme is a lack of awareness akin to what Freud might have referred to as repression. Theoretically, this could arise from repeated strategic attempts to exclude information from consciousness that then become automatic and operate outside awareness. Like the term 'psychological defence', therefore, 'cognitive avoidance' could be applied both to deliberate avoidance and to avoidance of which the person is no longer aware.

There are many parallels between Freud's observations and those of modern theorists (see also the close parallels with modern theories of autobiographical memory pointed out by Conway, 1997). His emphasis on the importance of defences against unwanted mental contents, and his

analysis of some symptoms in these terms, have clearly been borne out. Repression, at least in one sense in which he used the term, no longer seems an outlandish notion but has parallels in our modern view of memory and forgetting. The systematic forgetting of negative and traumatic material appears to be both possible and reasonably common among people who have been repeatedly victimised, although the mechanisms are not yet understood.

Other aspects of Freud's theory of repression have not been supported, however. The notions of repression as a fully unconscious defence, or as one that is directed at infantile wishes and feelings, have not received empirical corroboration. If anything, it is the earlier 1893 formulation of Breuer and Freud that has benefited most from recent empirical studies.

Another primary tenet, that the lifting of repression is the essential element in recovery, has also not been supported. As noted by Grünbaum (1993), Freud had already discovered by the mid-1890s that its therapeutic value was very limited, but this did not stop him from continuing to place it at the core of the psychoanalytic method. From a contemporary perspective, it seems more plausible that the lifting of repression, or the revealing of unwanted mental contents in any other way, is but a first step in bringing about change. It is one that is necessary to understand clients' phenomenological world, their beliefs and their coping strategies, but it is insufficient to change it. To achieve a real therapeutic impact requires the additional process of transforming interpretations focused on malevolence, hopelessness, and worthlessness to yield personal meanings that are preferably benign and, even if not, to make it seem worthwhile to go on living and hoping (Power & Brewin, 1997).

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