PROCESSES OF DEFENCE: INTRODUCTION TO A NEW THEORY

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The book began from some very simple clinical observations. In looking at the defences used by patients, I noticed some basic distinctions. Now, we don't actually see defences directly; what we see are resistances, which are manoeuvres that people use to avoid becoming aware of various things. In all forms of psychoanalytically informed therapy, we attempt to make people aware of certain things that are outside of their awareness, because it seems that as long as certain conflicts, memories, and feelings remain unconscious, they lead to repetitive behaviours, to symptoms, and to emotional turmoil. In the attempt to make the unconscious conscious, we meet with what Freud called resistances, and from the varied nature of these resistances, we make inferences about the nature of certain processes or mechanisms, which Freud called defences, which work to keep feelings, wishes, and memories out of awareness.

As an example, a female patient, B, in psychoanalysis mentioned her younger brother in passing, while talking about childhood fights with her

mother. I noted to B how rarely she talked of her brother, as she went on to talk about her battles for control with her mother. She chuckled and said there was something to that, but really she didn't think her brother played such a big part in her childhood. She then went silent for a minute, and then said her mind had gone quite blank. "It's not that I'm trying not to think of anything, but really, nothing is coming to mind. Maybe it's just that my brother is not that important," she said. "Or maybe he is," she said. But she felt angry at me for interrupting her to bring this up. She herself wondered if there might be something to what I had said, since she felt so annoyed at me. B was a little surprised at how angry she felt. But then she went on to talk about the fights with her mother. In this exchange my patient was demonstrating a number of different resistances. In fact she was exhibiting resistances related to all of the three basic forms of defence I describe in my book. The blank mind and burst of anger are signs of a counterforce defence, which are a class of defences that use a powerful counterforce to push drives such as aggression and overwhelming feelings into the deeper unconscious and maintain a continuing counterforce to keep them there. B's shifting of attention from her brother to difficulties with her mother could be seen as an attentional defence, which are forms of denial defences used to defend against awareness of unpleasant external realities. And, harder to see in my short description, this patient's brother's birth had been traumatic for a number of reasons, and so she was left with split off, unprocessed traumatic memories, which were kept from awareness by examples of the third great class of defences, which I have called zero process defences. I will proceed now to give a brief description of each of these forms of defence, touching on issues of clinical technique, on their connection to different forms of mental functioning, and suggesting areas for further psychoanalytic exploration.

To start, counterforce defences were the ones first studied extensively by Freud and other early analysts, in the form of repression. While counterforce defences were studied first and most extensively, they are actually at present not the best understood, and certainly not the best analyzed, of defences. There are a number of reasons for this. These defences are not easily demonstrated, understood, or analyzed in a short interchange or in one or a few sessions. B's mind going blank, and her burst of anger, when I interpreted her avoidance of talking about her brother, are possible signs of repression. But often enough these days, these reactions are handled by looking at what is going on between the analyst and patient, at intersubjective aspects, and at possible empathic failures by the analyst that may have led to the patient's anger. Even in the realm of classical defence analysis, close process attention to moment-by-moment shifts in affect and attention are tracked and interpreted in order to

make patients aware of their defensive manoeuvres. Each of these techniques has its place and will move analyses forward, but if applied across the board, each will each work against the analysis of powerful counterforce defences such as primal repressions and powerful reaction formations.

Repression is the quintessential intrapsychic defence. The classical analytic technique is designed to mobilize major, primal repressions and make them analyzable, to a large extent by coaxing the hidden intrapsychic, internal defence out into the open, into a transference resistance that can be analyzed. Free association, the intensity of the therapy in terms of many sessions a week, and the recumbent position all loosen secondary defences and encourage the emergence of repressed drives and traumas. This was already happening with my patient B, as feelings related to her family dynamics were emerging. In her brother issues, some feelings were leaking out, and her level of defensiveness was also increasing, as she would get angry at my interpretations. She would also get angry at a number of intrusions, such as noises from outside the room while she was talking. At times she found my uh-huh's too perfunctory and felt I was otherwise occupied, rather than listening to her. She also had a number of dreams in which her associations led to thoughts of babies and sibling rivalry, but she minimized the possible significance of these associations. Nasty thoughts about other patients she saw coming or going from my office, or in the waiting room, also came into B's thoughts and were similarly dismissed as unimportant.

In order to both evoke and help in the interpretation of these sorts of transferences, Freud described specific techniques, such as neutrality and abstinence. A careful reading of Freud's entire writings makes it clear, I believe, that he did not see these terms as describing general ways of interacting with patients, but rather as specific techniques for dealing with major transferences, such as those that were developing with my patient. Abstinence and neutrality do not refer to not laughing at a funny joke a patient tells, or not being interactive or human with one's patients, but rather are ways of handling such things as my patient's annoyance at my other patients and other intrusions, and her feelings that my attention was drifting. By not engaging more actively with the patient's transference, we help to facilitate their analysis.

When B said I seemed uninterested, I remained neutral, asking what further came to mind. This made her angry at times, but her mother then came to mind, and eventually memories and feelings about her mother's intense engagement with her brother, as opposed to herself. Of course what was actually happening in the transference, and in my counter-transference responses, was much more complex and had many layers and meanings, but one of them was intense rage at her parents, and death wishes towards her brother. The

resistance that covered them was shown by the clinical process to be strong and stable, and I think also we can infer that it used aggression to form a powerful counterforce. This was shown by the angry outbursts, but also by the strong negative transference and use of the transference as a resistance that showed themselves as the analysis progressed. There is something very interesting in this: we can see a defence transform itself, if we look closely, from a silent force that leads to a blank mind and nothing coming to mind, to angry outbursts, and then to a specific form of negative transference and transference resistance. In other words, it would seem that the powerful counterforce defence of primal repression is quite a malleable thing. I would say that it partakes of the malleability that Freud discovered was one of the characteristics of the drives and of the primary process. In the classical analytic technique, we make use of this malleability to bring the repression out into the open, in a form that the patient can see and that we can analyze.

So that's the first of the great classes of defence: counterforce defences, which use partly sublimated aggression to push drives especially, but also traumas, into the deeper unconscious. These defences partake of the nature of the drives and the primary process, and thus a quiet and neutral technique that fosters regression and the gradual transformation of the repression into a strong transference and transference resistance, can be extremely effective in undoing repressions and in thus giving patients access to their deeper unconscious conflicts. B's repression of her anger, and sexual wishes as well, related to her sibling conflicts came out from under repression with the use of classical analytic techniques, and her ambivalent obsessionality, difficulty with assertiveness, and need for perfection, which were a great burden to her, were much reduced.

But these were not the only things to emerge in B's issues with her brother. In the first interchange I described, B kept wanting to talk about conflicts with her mother, not about her brother. She had been a favourite of her father's, and she was much more willing to discuss this relationship also, and the ways in which it had fed her narcissism, than to even notice that her brother had also been there throughout her childhood. Her brother had certain physical disabilities, which turned out, as his development proceeded, to be much more serious than at first suspected. B's mother had been quite nurturing of the brother and close to him, not only because of the disability, but probably also because temperamentally they were quite similar, while B was much more like her father. The father became more and more harsh with his son, who, he felt, was being coddled and allowed to get away with all sorts of bad behaviour. There was quite a bit of fighting during B's elementary school and adolescent years between father and brother, as well as tension between the parents.

B retreated into her studies, trying to shut out the thick emotional tension at home. She described this situation in passing in the analysis but always seemed to slide off it to other things. For quite awhile I also tended not to give it that much importance. She was much more open to spending time discussing Oedipal dynamics, for instance, or her sense of combined specialness and inferiority, and its relation to early interactions and separation conflicts with her mother, and I also found these topics congenial, feeling we were getting to deep issues. But I couldn't help noticing that B would slide off and minimize the later tensions in the family, and when I did probe a bit more, she would talk a bit about it, and then slide off again. There was not the burst of irritation and anger that I described in relation to my interpreting her wish to get rid of her brother, but rather a continued use of shifting of attention and then, over the next sessions, a failure to take up the discussion. It took awhile, and it went against my preconceived inclinations, but it finally dawned on me just what a strong wall of denial covered over these later childhood years, at least in relation to the tension with the brother and the parents. I interpreted the shifting of attention and general denial and minimization. B agreed readily enough, being struck by her level of denial herself, and then . . . she continued with her denials.

Here B was demonstrating an example of what I have described as the second great class of defences: attentional or denial defences. These are not as closely tied to the drives. They defend against unpleasant and overwhelming realities, not powerful drives, and they do this by using various ego mechanisms, such as shifting of attention, intellectualization, and higher order identifications. Thus both the thing defended against and the defence itself remain to a greater extent in what Freud referred to as the secondary process—the more organized and structured form of mental functioning. This would seem to be a great advantage in analysis, and at first B was clearly more able to comprehend and see the operation of her avoidance and shifting of attention than she was able to see her much more hidden repression. But seeing is not the same thing as analyzing. Even over long periods of time, consistent interpretation of the avoidance manoeuvres does not lead to a weakening of the defence. This is partly because these attentional defences are anchored in powerful repressions and post-traumatic defences, which need to be analyzed concurrently. For B there were the aggressive wishes towards her brother, and the intense guilt brought on by his disability, that were part of counterforce, repressed dynamics. But I believe that the difficulty with attentional defences is also that, because they are part of the more structured part of the mind, they are not so malleable as repression and not so capable of being brought into the transference relationship. I feel that in major instances of attentional defences

a more active technique needs to be used. I repeated some of the things B had told me about the tension and fights in the family, when she said she could not remember what we had talked about in the last session, and I at times asked questions and kept pushing to bring to light the realities of that time. This sort of activity needs to be used judiciously and only in order to open up things, which then the patient can expand upon on her own. For instance, B talked movingly of how difficult it was in those later years of childhood, as she described the shouting and the tension, after I was more active in getting her to talk of these times, and she fleshed out her denial in fantasy, in which she clung to the fantasy of the perfect family, so much superior to others, which were ridden with conflict, as a screen for the actual difficulties and painful feelings. But if one remains too passive, expecting the techniques that work for repressive dynamics to work in these instances, I believe it will be to the detriment of the therapy.

And finally, there is the third great class of defences, and of mental dynamics, which are related to trauma. These also relate to external impingement, as do attentional defences, but they relate to external impingement that overwhelms the mind's ability to process and integrate the events. From an internal, psychoanalytic perspective, trauma refers to a very specific process, set in motion by this overwhelming, which involves a quite generalized ego—or in neurological terms cortical—shutdown. The event is not processed in the normal way, by being integrated with our previous knowledge and models of the world. This lack of processing leads to the laying down of a peculiar sort of memory of trauma. I coined the terms *zero process* to refer to this form of memory and processing, and suggested in my book that the zero process was a third major way in which the mind organizes and processes its contents, to be put alongside the primary and secondary processes. One way to describe the zero process is to say that its contents behave more like immediate perceptual experiences than more regular memories. It is as if the sequence of perception and processing that leads to memory had been frozen at a very early stage, before even the pieces of the perception had been integrated one with the other, and certainly before a connected narrative of things had been formed. The flashbacks of the trauma in people who have been traumatized give something of a flavour of this sort of experience that lives in a perpetual present. The zero process defences are post-traumatic defences that make use of the various characteristics of the zero process for their own purposes. The best-known of these are the splitting defences. Not all splitting defences are related to trauma, but many are. They use the lack of integration of the original traumatic experience as their model and anchor, which they build upon.

These splitting and dissociative processes can be pervasive, powerful, and yet at the same time subtle and difficult to spot.

The zero process is like another dimension, and anyone who has been significantly traumatized lives in two worlds at the same time. Because we all have suffered traumas, we all in fact live in two worlds to some extent, although we are as unaware of this as we are of the deeper reaches of our repressed id wishes and fantasies. Certainly B was unaware, and in fact thought it laughable that there could have been anything traumatic about her brother's birth. It seemed to her such a normal occurrence, the birth of a sibling. But the signs were the dissociative defences, which it became clear she had in relation to her brother. She both knew and didn't know about him. In one life, her brother really didn't exist. She was the favourite of everyone and the centre of attention. In the other, she was unnoticed and unattractive, just one of the crowd. The thing I would stress again about this sort of dynamic is its non-symbolic, perceptual, and concrete nature. It is different from the wish to be special, or the denial of a sibling's birth. It is not *as if* one had and did not have a brother. It is rather that these are lived as two concrete realities. One of the key things for any clinician to learn in relation to trauma is how to spot this difference: to be able to differentiate a wish, a fantasy, denial and drive/defence conflicts, from the concrete, quasi-perceptual functioning of the zero process and zero process defences. Hopefully this will be a topic for discussion as this day progresses. A related topic, which I cannot expand on here, but which will also hopefully be discussed, is the way in which the different defences and dynamics I have enumerated—counterforce, attentional, and zero process, repression, denial, and post-traumatic—interact and influence each other. And, related to this, there are the different and at times contradictory types of intervention needed in the analysis of each of these different dynamics: how do these different interventions interact, and which ways are helpful, and which not? I have already mentioned the judicious use of active techniques in analyzing attentional dynamics. In analyzing zero process defences such as dissociation, similar active techniques are also at times called for.

I will end with some ideas that I have developed more recently, on a specific form of zero process defence and techniques for its analysis. This defence has to do with time, and I have named it *temporal shifting*. It uses a specific characteristic of the zero process, which is that, because the core traumatic memories have never been processed, at the psychical level these incidents are not in the past, but rather live in the present or the future. In the defence of temporal shifting, these core traumatic memories are pushed into the future, and the person lives as if he is at the point just before the trauma. A common and yet quite striking example of this is that most people who have been severely

traumatized are certain they will die young. In this, the certainty of physical and/or psychical death experienced during the height of the trauma is shifted to the future, and the person lives at the point before the trauma occurred.

The key thing I would stress about this defence is its concrete, immediate, and perceptual nature. The person does not just worry or expect that he will die young, he *knows* it, just as one might know that it's raining outside by looking out the window. His unprocessed traumatic past comes to live in his future. He looks out the window to his future and what he sees is this past, when he fully expected to be killed by an abuser, for instance, or felt his life was over. Similarly, in the related defence of zero process denial, the abused patient may say that even as she has come to know about her abuse, to remember many of the incidents, and have become more and more convinced of the reality of it, in one way it just doesn't seem it could have happened and doesn't feel real to her: she can't really believe it. This is not only a regular denial. Because the core of the trauma has not been fully constructed, in the way that all normal experience has to be constructed for us to feel it as a real and present normal experience, the person's feeling that the events have not happened is actually, again at the psychical level, true. One way to approach both this zero process denial and temporal shift defences is to say to the patient that actually what she says is true. The experience has actually not happened and remains as a reality only in the future. One can say that one part of the work of the analysis of the trauma is to help the trauma to happen, to be constructed in the normal way, for the very first time. And then it can be something in the present and eventually something in the past. Various interventions of this type can be useful, I have found, in helping the patient to connect with the other, post-traumatic domain of her life, and thus in bridging the world of the zero process with the world of the primary/secondary process, and fostering integration.

So that's the summary. While it may seem that my ideas divide things up a bit too neatly, I see the concepts really as tools to help us make sense of things. As tools, I hope they will be used, and reshaped, to foster further exploration and insights into the nature of, and treatment of, that most complex and mysterious of phenomena: the workings of the human mind.

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