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ORIGINAL PAPER

# The Role of Representational and Non-Representational Processes in Psychoanalytic Therapy

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**Abstract**
Gaining insight is often considered to be the specific mechanism that leads to change in psychoanalytic therapy. By returning to Freud's seminal paper on remembering, repeating, and working through and his neurological model of the mind, we develop the role of representational and non-representational processes in psychoanalytic therapy. Freud argued that remembering and repeating are intertwined processes, driven by a common impetus but operating according to different principles. Despite the dominance of repetition, Freud acknowledges the enduring struggle between remembering and repeating, underscoring the complexity of psychoanalytic practice. Effective insight transcends cognitive understanding, encompassing representational and non-representational processes within the therapeutic relationship. The therapist's presence catalyzes the emergence of past experiences into present awareness, facilitating transformative insight acquisition. Balancing primary associative processes with secondary rational processes is essential, requiring an approach that embraces both nonsensical and rational aspects of the patient's discourse. Effective insight emerges from a dialogue intertwining both processes, leading to a reevaluation of psychopathology as a formidable adversary deserving of curiosity and confrontation. Freud's insights continue to inform contemporary psychotherapeutic practice, highlighting the enduring relevance of psychoanalysis.

**Keywords** Remembering · Repetition · Psychoanalysis · Primary processes · Unconscious · Interpretation

## Introduction

The specific mechanism that underpins psychoanalytic therapy is often described as gaining insight into unconscious conflicts and unravelling the unconscious meaning of our behavior, dreams, and symptoms (Barber et al., 2021). Patients who contact a psychotherapist typically hope to get a better grip on their suffering through a clearer understanding of what they are going through. Although gaining insight can be a very powerful and transformative experience, every psychotherapist knows that providing insight is often not enough to produce enduring change in the patient. The problem that will be addressed in this paper is that representational processes are insufficient to effectuate change in a patient. Rather, it will be argued that effective insight, i. e., insight that makes a difference to the patient, depends on the therapeutic work with both representational and non-representational processes as they become real in the presence of the therapist.

To develop this point, we will first return to one of Freud's key technical writings on the topic of gaining insight. In his 1914 paper *Remembering*, *repeating and working through*, Freud tackled the topic of gaining insight through the question of memory: is it possible to gain an accurate insight into the past through psychoanalysis? In reference to Freud's model of the mind, we will argue that gaining insight does not consist in one cumulative process but involves two very different processes: a primary associative process and a slower secondary process. These processes work according to different rules and cut across one another. Moreover, the process of gaining insight not only makes use of verbal 'rememoration' but also passes through the behavioral re-actualization of the past in the context of the present psychotherapeutic context. An exclusive focus on what the patient says, and a disregard for what he or she

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demonstrates, would leave out half of the information that is available. This is why the concept of repetition, introduced by Freud in 1914, is a crucial point of reference. Clinical vignettes will be used to illustrate the concepts. In the conclusion, the complex and multi-layered process of gaining insight will be summarized.

## Remembering, Repeating and Working through

Freud's, 1914 paper *Remembering*, *repeating and working through* is a turning point in his oeuvre. In the last few days of calm before the start of the first World War, Freud formulated a radically new view on the possibility to unravel the origin of neurotic symptoms. Before this paper, Freud was convinced that a complete insight into the origins of the neurosis was possible and would lead to the disappearance of the neurotic symptom. In the first paragraphs of his paper *Remembering*, *repeating and working-through*, Freud affirmed this view by describing the aim of psychoanalysis as "to fill in gaps in memory" (Freud, 1914, p. 148). He describes how he initially relied on hypnosis and the cathartic method, but then developed the classic psychanalytic talking cure to obtain more lasting results. As an avid collector of antiquities, he often compared the psychoanalytic technique to the work of the archeologist who also tries to construct a representation of the past based on the shattered remainders that he can expose (Freud, 1937a).

This view, however, had become problematical to Freud in 1914. In the weeks before he wrote this paper, he completed the analysis of Sergei Pankejeff, a Russian aristocrat who struggled with depression and chronic constipation. The treatment of this patient had centered around one childhood memory of a dream in which the patient had observed a wolf pack sitting in a tree through his bedroom window. According to Freud, this memory referred to an earlier scene in which the one-and-a-half years old Sergei, awakened by strange sounds, had observed the sexual intercourse of his parents over the edge of his bed. Freud was able to corroborate his hypothesis with evidence that he found in the Wolfman's free associations. The only problem was that the patient himself did not remember this 'primal scene'. This absence of confirmation by the patient confronted Freud with the problematic nature of gaining insight into historical events on the basis of the patient's current associations.

This led Freud to describe in *Remembering*, *repeating and working through* three ways in which memory is an unreliable reflection of historical events. First, the patient is not always aware of the importance of certain memories: memories that are central in the analysis might strike the patient as banal memories that they have always been aware of but have never given any consideration. Second, the patient's rendering of a memory is not a reliable account of what happened, but is influenced by wishes, associations, and feelings. Third, some events from the past are not remembered because the patient didn't make anything of them at the time they happened, and their significance can only be reconstructed in hindsight.

Moreover, there are memories that are not reproduced as a memory but as an action: "he [the patient] repeats it, without, of course, knowing that he is repeating it" (Freud, 1914, p. 150). In other words, some of the behaviors demonstrated by the patient in analysis are enacted memories. Freud gives several examples. The patient doesn't say that he used to be defiant and critical towards his parents' authority, but he behaves in that way to the analyst. Or the patient doesn't remember having been intensely ashamed of certain sexual activities, but he makes it clear that he is ashamed of the treatment and tries to keep it secret from everybody. Features of the manifest personality of the patient, such as his inhibitions, unserviceable attitude and pathological character-traits are repetitions of earlier experiences and impressions that were repressed and resurface in the context of the treatment. These examples demonstrate that the 'remembering' through action often happens in relation to the therapist (transference).

The groundbreaking nature of Freud's paper resides in this observation that the behavior of the patient in treatment is a way of remembering. As memory is "reproduction in the psychical field" (Freud, 1914, p. 153), repetition is reproduction in the field of action. This implies that the patient's behavior and attitude in therapy are carriers of meaning and must be received by the therapist in the same way as he or she listens to the patient's speech. The patient's manifest personality is as much an expression of the unconscious as his or her free associations.

Moreover, Freud identified in the patient a force that tries to manifest itself in the psychical sphere and in the motor sphere. In relation to speech, he referred to "the impulsion to remember" (Freud, 1914, p. 151), as if something in the patient is pushing towards the psychic reproduction and expression of memories. In relation to behavior and attitudes, Freud refers to the compulsion to repeat. Nothing in Freud's paper suggests that he considered these two forces to represent two distinct tendencies. Rather, Freud describes how every impulse to remember tends to direct itself into the motor sphere: memories try to re-actualize themselves before they can be remembered.

By consequence, the remembering of the past through behavior (repetition compulsion) rather than through words, is not indicative of the failure of the treatment. On the contrary, it is a necessary condition for psychoanalytic therapy. Entering therapy implies that the patient changes his attitude towards his symptoms and the repressed memories that are attached to them. Rather than just suffering from his

symptoms, the patient must become interested in them and consider them like "an enemy worthy of his mettle, a piece of his personality, which has solid ground for its existence and out of which things of value for his future life have to be derived" (Freud, 1914, p. 152). This changed attitude towards the symptoms, and the prospect of psychic change, will activate and intensify the psychic conflicts, resulting in the repetition of symptoms in the context of the treatment. This is also what allows the analyst to treat these conflicts, as "one cannot overcome an enemy who is absent or not within range" (Freud, 1914, p. 152). In other words, repetition makes the neurotic conflicts present in the therapy and thereby makes them treatable.

## The Impulse to Remember

Something in the human psyche strives towards the reproduction of memories. What is repressed strives to resurface. Indeed, clinical psychoanalysis builds on the idea that the patient who can talk in all freedom will spontaneously present relevant material. Freud had formulated the theoretical basis for this clinical idea many years before when he developed a neuropsychological model of the mind in *Project for a scientific psychology* (Freud, 1895). Despite being formulated by Freud more than 100 years ago, this model of the mind still has a lot of traction in neuroscience (Friston, 2010; Bazan, 2023). According to Freud, the mental apparatus is driven by quantities of energy that are stimulated internally (the drives) or through contact with the external world. The mind is geared towards getting rid of this energy to maintain homeostasis. The easiest way to do so is through a reflex movement to avoid excess stimulation, for instance turning away from the stimulus. However, this reflex movement is not always sufficient to reach homeostasis. As the psychic apparatus develops, it succeeds in binding quantities of psychic energy to representations (memory traces). This allows the human mind to 'imagine' a state of homeostasis, based on the representation of a state of satisfaction. To put it very simple, the infant who is hungry will 'remember' the mother's breast and imagine being fed. Of course, this representation cannot really satisfy the hunger, so when the feeling of hunger becomes too strong, the infant will start to cry. These two steps in dealing with stimuli (first wishing the return to a known solution, then looking for a new solution) derive from two fundamental processes that govern the psyche, which Freud called the primary and the secondary processes (Freud, 1895).

Bazan (2023) described the primary and secondary processes as two ways of thinking and acting. The primary process (return to a known solution) is a quicker process in which memories are activated based on associative features and these memories manifest themselves in a bottom-up way. This primary process is at work in the more spontaneous form of thinking and acting, for instance as ideas 'pop into our mind' without conscious effort. In psychoanalysis, a particular importance is given to any kind of spontaneous products of the mind, such as dreams, fantasies, associations, as well as slips and parapraxes. It is assumed that these are not random but carriers of meaning for the subject. The fundamental rule in psychoanalysis, asking the patient to say everything what comes to mind and not seek to hold anything back, intends to give free reign to the primary process. In German, a freely associated thought is called an *Einfall*, which literally means "what falls in", i. e. thoughts that suddenly fall into consciousness.

The primary process is not pathological, but it does not respect the rules of rationality. The primary process is linguistic and associative, making associations between unrelated psychic representations on the basis of phonological associations (Bazan, 2023). The primary process does not strive towards a coherent representation and leaves contradictions unresolved. For instance, formations of the unconscious, such as dreams, slips of the tongue and symptoms are a compromise between two contradicting representations: a wish to return to an earlier state of satisfaction (primary process) and a need to adapt to new circumstances (secondary process). If one focusses on one aspect of the compromise only, one leaves out half of the relevant content. This implies that psychotherapists who try to develop an insight into their patient should not look for a coherent understanding. It has been argued that not trying to understand and not trying to get a grip on the process, are crucial 'negative' skills in psychoanalysis (Storck, 2024).

In *Remembering*, *repeating and working-through*, Freud wrote that the spontaneous mental expressions that derive from the primary process could reveal things about the historical reality of a patient: "One gains a knowledge of them [early childhood events] through dreams and one is obliged to believe in them on the most compelling evidence provided by the fabric of the neurosis." (Freud, 1914, p. 149) This idea, however, is no longer upheld in contemporary psychoanalysis. The spontaneous mental productions are now considered representations of the patient's *psychic reality* rather than a historical reality. The spontaneous thoughts, daydreams, dreams, etcetera are considered to refer to unconscious phantasies, psychic conflicts. In other words, psychic reproductions that emanate from the primary process reflect the way events in the past were received by the patient, the emotional reaction rather than the event itself. As Bazan writes, "the subject is implied in the primary process mentation" (Bazan, 2023, p. 9) In other words, spontaneous mentation is revelatory of some subjective truth, rather than an objective, historical fact.

The secondary process (the looking for a new solution) is a slower process in which memories are activated in a purposeful manner and these memories impose themselves in a top-down way, thereby inhibiting the primary process (Bazan, 2023). This secondary process in memory moves backwards in time and is intentional. It is the patient's harking back in his memory to remember, to give meaning, and to explore certain events from the past. In cognitive science, it has been established that memories are constructions, rather than accurate reflections of past events (Schacter & Addis, 2007). Psychoanalysis, however, goes further, as it considers the secondary process not just as a mental function (as in academic psychology) but as a process in which the subject is implied. The subject exists in relation to his or her memories, and the way he or she constructs the memories will determine the subject's position towards his past, his present and his future.

The best description of this process of appropriating memories in the context of psychoanalytic treatment is given by Lacan in his so-called Rome discourse or *The function and field of speech and language in psychoanalysis* (1953). Lacan puts the emphasis on the patient's speech act of putting experiences into words in the interpersonal context of psychoanalysis: "[…] she [the subject] verbalizes it, or […] she forces the event into the Word [le verbe] or, more precisely, into the *epos* by which she relates in the present the origins of her person." (Lacan, 2006, p. 212) The psychoanalytic process relies on the putting into words and reflecting on fragments that return through the primary process, in relation to an interlocutor who is also involved in the same process. The speech act is crucial: that is where the past is articulated in relation to the future. For Lacan, the past is relevant in so far as the patient must look backwards to change the future. This doesn't mean that Lacan adopts a relativist, constructivist view according to which the past can be interpreted in any possible way (Hook & De Kesel, 2022). Rather, it means that the past is irretrievably lost but that it does leave traces in the subject's life. These traces testify to the subject's reception of past events. They need to be deciphered to find the truth about one's subjective stance towards the past and to plan for the future. This process happens through speech in psychoanalysis:

> " […] what is at stake is not reality, but truth, because the effect of full speech is to reorder past contingencies by conferring on them the sense of necessities to come, such as they are constituted by the scant freedom through which the subject makes them present." (Lacan, 2006, p. 213).

While Freud until 1914 was focused on the question of the historical truth of memories, psychoanalysis took a different perspective with the later Freud and with Lacan. What mattered to Lacan was not the exactitude of what has happened in the past, but the truth about the subject. Any experience, already at the moment of its event, is received by the subject in a particular way that reflects the subject as much as it reflets the facts. He gives the example of the developmental stages that are not just biological 'facts' but are already subjectively organized at the moment they are experienced (Lacan, 2006). Children respond very differently to potty training, for instance, as some experience the control over their sphincter as a victory, others get caught up in a power struggle with their parents, and still others are invested in the excitement of anal retention. The subjective reaction determines the impact of this historical event in the subject's life, as it might be the starting point of a struggle with the other's demands for one subject and a lifetime pleasure in giving the other exactly what they want for another subject. The libidinal functioning is rooted in such events. This doesn't mean that the historical facts are irrelevant. It means that the subjective reception of past events is more important when it come to understand the subject's psyche.

The role of the primary and secondary process mentation in the context of psychoanalytic treatment can be illustrated with a published case study (Cornelis et al., 2021). James is a 23-year-old man who suffered from periodic episodes of dissociation during which he cheated on his girlfriend and bought expensive IT equipment. When his girlfriend confronted him with irrefutable evidence of his behavior, he was shocked and repulsed to the point of being suicidal over what he had done during these episodes. He arrived at the psychoanalytic therapist in great distress as he was frightened that he would keep dissociating uncontrollably for the rest of his life. During the intake sessions, James explained that he couldn't remember anything from his childhood prior to the age of fifteen. He just had a few vivid memories of seeing his older brother being harshly punished by his physically aggressive father. He didn't know anything about the context and motive for this violence. His father was strict and short-spoken but had never been violent towards him as far as he could remember.

As the therapy progressed, memories of the past started to come back. In the sixth session, James reported that he had suddenly remembered another episode of dissociation that happened a few years before in the context of his previous relationship. By the eleventh session, other memories had suddenly come back, stimulated by renewed contacts with friends from school. In the twenty-first session, he explained that memories from childhood had come back to him, such as the memory of his father calling him "a wrapped-up piece of shit". In the twenty-third session, he was able to re-experience the anger he had felt as a child seeing the unjust treatment of his brother by the father. As dissociation was

gradually lifted through the analytical work, these memories and their related affects became available again.

From a therapeutic point of view, the priority is not to know whether these memories are reliable indicators of historical facts. More important is that they reveal aspects of his psychic life that were unconscious. For instance, the fact that he remembered an episode of dissociation in a previous relationship indicated that this was not a new symptom. In fact, he was able to construct the context in which the dissociations emerged, which was a context of feeling rejected by his partners and experiencing jealousy in his romantic relationships. In other words, the symptom of dissociation changed from being nonsensical and threatening, into something that was meaningfully related to his emotional life. These types of insights are part of the second movement of memory, in which the meaning is worked through.

Part of the work to remember involved the consultation of others. Around the twenty-third sessions, James approached his mother and insisted that they should talk more about the past. She then revealed to him that the reason for the violent punishment of the brother by the father had been the brother's engagement in drug abuse and male prostitution. This changed his view of his father as an inscrutable bogeyman into a more nuanced view of a man with a complicated life, and he started to see similarities between his father's impulsiveness and his own behavior during the episodes of dissociation. This implied for James the hard task of facing his own aggression that occasionally emerged in conflicts with his girlfriend. In that way, he was further able to tie his symptom of dissociation with the epos of his life and to assume ownership for his behavior.

The aim of this therapy was not to fill in all the gaps in his memory and to construct a complete picture of James' childhood. Many childhood memories remained blank and a clear recollection of what happened during the dissociative episodes didn't return. Moreover, unlike Freud's attempt to reconstruct the early childhood memories of his patient Sergei Pankejeff, it was James who did the work of remembering. This is consistent with a contemporary psychoanalytic approach in which the psychoanalyst supports the patient in the formulation of his own interpretations (Miller, 1994). Through this work, the meaning of the symptom of dissociation changed, and James became able to engage in a new way in relationships. During a follow-up interview three-and-a-half year after completion of the treatment, James confirmed that he was doing fine, that he had not had any new dissociative episodes, that the relation with his parents had much improved, and that he had started his own family.

## The Compulsion to Repeat

Something in the unconscious insistently strives towards expression. Freud's radical thesis in *Remembering*, *repeating and working through* consists in the claim that this tendency to expression can rely on both verbal and non-verbal means. Moreover, he indicates that the push towards expression favors reproduction in the field of action rather than in the psychical field. The reason for this can again be found in the model of the mind he formulated in 1895. As mentioned before, any stimulation will in the first place give rise to a reflex movement to discharge the excess stimulation. It is only later, as the psychic apparatus develops, that it learns to avoid the reflex movement by binding the psychic energy to representations. But the initial reflex movement remains the quickest, although often not the most adequate means for the psyche to divest itself from quantities of psychic energy (Bazan, 2023).

This thesis has important clinical implications, in particular pertaining to the idea of gaining insight through psychoanalysis. To understand what the patient is trying to communicate, the psychotherapist should not only pay attention to what the patient is saying, but also to what he is doing. This behavioral aspect is not limited to the non-verbal behavior that accompanies the verbal expression but includes the patient's attitudes, actions, and choices in the context of the psychoanalytic situation. By the psychoanalytic situation, we refer to conscious and unconscious aspects of the therapeutic relation (e. g., transference) but also to everything related to the psychoanalytic frame: the physical setting, a set of practical arrangements, everything related to payments, the fixing of appointment, timing, an agreement to follow the fundamental rule of free association, but also the theory used by the analyst.

Every therapeutic approach has a specific approach to creating a situation that enables therapeutic work. It is specific to psychoanalysis, however, that the situation is not just considered to be a precondition for treatment, but also an important component of the treatment. According to Bleger (1967), clinical psychoanalysis consists of the combination of something that is fixed (the psychoanalytic frame) and something that evolves (the psychoanalytic process). He compares the frame with the background of a Gestalt and the process with the figure of the Gestalt. The two are clearly separable and it might be difficult to see both at once: either one sees the figure, or one sees the background.

The frame is put in place by the psychoanalyst to enable a psychoanalytic process. In that sense, the frame is more like a strategy than a technique. However, as unconscious content tends to reproduce itself in the field of action rather than in memory, the analytic situation can be invested with unconscious conflicts and fantasies. In that case, the frame

itself becomes part of the process (the background becomes the form).

This can be illustrated with the following vignette of a young man who came to see me because of physical exhaustion, a state of anxiety, sleeplessness and professional burnout. He had been taking up a lot of responsibilities in his job lately but got frustrated by the fact that his superiors didn't give him any recognition for his commitment. The refusal of his request for an extra compensation made him break down in a state of complete exhaustion. During the first sessions with me, I sensed that he found it very difficult to trust me. He described the recent events that led to his current state in a matter-of-fact style. He also mentioned having spoken to several psychologists in recent years, but that he hadn't continue seeing them because he never felt understood and taken seriously. Him mentioning this to me made me aware of the possibility of an emerging pattern of repetition: the past psychologists and his current superiors gave him a sense of not being taken seriously, which led him to drop out. I should be cautious because this might also happen in the context of our work.

A couple of hours before his third session with me, he called me because he had forgotten the exact time of his session. I confirmed that we were supposed to meet at 2PM that same day. When he arrived, he grumbled that this kind of forgetfulness proved that he was not going any better and that he might even be getting worse. I sensed some accusation in his tone of speech. Moreover, he added, coming to see me required a tremendous effort. I reassured him that we will take things slowly and that he can decide how fast to go. He replied by sharing a fragment of a fantasy: before he called, he had been thinking about me and that I was probably seeing another patient. I interpreted this as a sign that transference is emerging in the form of a fantasy about me being busy with another patient. I didn't say this to the patient because I prefer to foster the transference, rather than to interpret it. Instead, I pointed out his psychic conflict between on the one hand the painful effort to come and see me, and on the other hand a desire to come and claim his time with me. He concurred. Suddenly, an image came to his mind: he constantly feels like a car engine that is running without oil and that starts overheating. This is the first time he succeeded in putting words on the subjective experience of his burnout. Before, he had only been able to describe it as 'muddled' or as a 'cloud of thoughts'. Moreover, I knew that the metaphor of the car engine had a particular importance to him as he had said before that cars are his favourite hobby. I realized that his words contained an important interpretation of his own symptom: it was his passion or desire that burned him out. In the following sessions, he continued to explore this in relation to his burnout, as he discovered how his ambition had driven him to exhaustion.

What this vignette illustrates is how difficult it can be to talk about subjective experiences and that first something needs to be actualized in relation to the therapist. In this example, it is his fantasy of me being occupied with other patients that triggered in him the reaction to call me (primary process). The forgetting of the time of our sessions was but the conscious excuse to satisfy an unconscious tendency to manifest his presence to me. If I had not been able to understand this affective and fantasmatic dimension of his behavior, then I would not have been able to point out later in the session the psychic conflict between coming and not coming to treatment. Maybe he might not have felt really understood and he might have dropped out. This is a hypothesis I cannot prove. But the fact is that he continued working with me to explore the origins of professional ambition (secondary process).

According to Bleger (1967), it is the psychotic part of the personality that enters in relation to the frame. This means that the primordial aspects of the personality that were created during early childhood and that are often not in the field of representation, re-emerge in relation to the frame. The relation to the frame offers the patient the possibility of what Bleger calls the most perfect repetition compulsion, because he or she can repeat action tendencies that constitute very basic pre-verbal aspects of the personality. In the vignette above, we see that the man risks repeating a pattern of dropping out due to a feeling of not being taken seriously. The whole challenge for the psychoanalytic therapist is the non-representational nature of this repetition. This means that it is difficult to address this repetition through offering insights. In this kind of clinical situations, offering insight does not help, because the therapist's interpretations are meaningless to the patient. The psychoanalytic approach in working with non-representational elements suggests in the first place to be very attentive to non-representational processes that typically manifest themselves as frame-related events (lateness, the quick words that are exchanged while leaving the office, payment delays,…). The first step is to notice that something implicit is being communicated. In the vignette, I was aware that the call was probably not just the result of forgetfulness. The next step is to bring it up in a way that can be received by the patient. Rushing to an interpretation would not give any result, but slow steps that move from non-representation to representation will. In this vignette, it was helpful that the patient brought up the phone call himself and gave it some meaning: the forgetfulness meant that I had still not been able to make him feel better. The patient was in contact with some of the painful feelings he was experiencing, and he was able to say something about that in the form of an accusation. Hence the importance for me of making a supportive intervention first (reassuring him that I would respect his rhyme), which allowed him to reveal the transference fantasy. It was only at that point, when the unconscious material was sufficiently 'present' in the room that I could make an effective

interpretative intervention (point out the presence of a psychic conflict).

In the context of an extensive case study on the psychoanalytic treatment of a woman with chronic depression, several suggestions were made for how to navigate complex non-representational therapeutic processes, for instance processes related to trauma (Willemsen et al., 2024a). A first suggestion is to keep in mind that the destructive non-representational patterns (repetition compulsion) are never just destructive but contain also something constructive. In as far as non-representational elements manifest themselves in relation to the analytic situation, they are also attempts to reach out to the psychoanalyst and to communicate something. It's a matter of unearthing this aspect of wishing to explore the unconscious by reaching out to the other (as love and hate are so closely related within transference). Another suggestion is to be cautious with an overly interpretative style which might be experienced by the patient as persecutory. An interpretation is only 'true' if it sparks some associations in the patient. The new associations indicate that some quantity of psychic energy has been bound to new representations. If this is not the case, one might want to hold off a bit and try to listen better to what the patient is saying verbally and non-verbally. A third suggestion is to remain aware of the therapist's possible contribution to and participation in non-representational processes, as the primary and secondary processes also operate in his or her psyche. The analyst also 'remembers' through action and can unwittingly participate in the patient's inner drama. This can only be countered through the engagement with various types of reflective practice, such as supervision and personal therapy (Willemsen et al., 2024b). But none of these suggestions will guarantee success and sometimes the psychoanalytic therapist cannot do much else than be available and keep the perspective of future change alive while the patient goes through a prolonged period of repetition compulsion. Being able to contain and stay with the patient during such a period might already be a therapeutic achievement in itself.

## Conclusion

There is nothing in Freud's, 1914 paper that suggests that remembering and repeating stem from a different origin. The impulse to remember and the compulsion to repeat are part of the same movement that strives for reproduction. Remembering and repeating are the representational and non-representational processes that are competing to manifest themselves, driven forward by the same or a similar impetus. As remembering is much slower than repetition, it is remarkable that therapeutic change through the talking cure is possible. One might be reminded of Zeno's paradox of Achilles (repeating) and the tortoise (remembering). Everybody knows that repetition will win, even though remembering is trying to stay asymptotically ahead. Maybe this is the impossibility intrinsic to psychoanalysis that Freud refers to at the end of his life (Freud, 1937b).

By returning to Freud's key paper, we have demonstrated the complex nature of the process generally called gaining insight. Effective insight, i. e., insight that makes a difference to the patient, is not the cognitive understanding of unconscious dynamics but is affective, experiential, behavioral, relational, and thinking at the same time. Something in the background (past) must become present in relation to the therapist. In that sense, repetition and remembering are not only contestants, but one fires the other. Repetition actualizes unconscious conflicts, fantasies and parts of the personality which become material to be worked through for the patient. The work of remembering consists in the putting into words of the fragments of the past that return. Since Freud's 1914 paper, this work of remembering is known to be inevitably incomplete, as a complete picture of the past cannot be recovered. What counts is to discover the subject's history: how the subject reacted and related to people and events in the past. The presence of the analyst in the consultation room allows for this process to happen: every session, he or she incites the patient to continue the work (Cauwe et al., 2017).

The process of gaining insight is further complicated by the fact that the two processes that govern the process of reproduction in the field of memory and action function according to different rules. The primary process is associative rather than content-based, so it cannot be understood in reference to any form of conventional rationality. This means that the psychoanalytic therapist should keep an eye on the non-sensical, the absurd. Secondary process, on the other hand, does refer to some idea of shared meanings and common understandings. The patient's speech in psychoanalysis typically should be explorative, associative, open-ended, tangential, and indirect on the one hand. This would demonstrate the presence of the primary process. On the other hand, the presence of the secondary process is evidenced by the fact that the patient's speech often circles around a limited number of topics and aims to make some progress in the understanding of these topics. An effective insight is only possible when one becomes interested in repetition.

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## Declarations

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