The Repetition Compulsion

In 1914 Freud coined the term “repetition compulsion” and suggested it was a way of remembering repressed memories so that they can be explored by the patient and the doctor in psychoanalysis. While this is a cornerstone concept in treatment (and highly relevant for group therapy), it does not explain why people who are not in therapy might repeat toxic relationships in their actual lives.

Later, Freud suggested that the repetition compulsion might have a more adaptive purpose: the "instinct for mastery" (Freud, 1920, p. 16). He cited his observation of a one-and-a-half year old boy tossing out a ball tied to a string, making it disappear, looking worried and then pulling it back into view with a hearty giggle of satisfaction. Freud speculated that the scary situation the baby is replicating is his mother's departure which causes fear and misery; he then brings about his own relief and joy by pulling the ball back into sight.

Freud complicated matters when he reversed himself on the repetition compulsion, deciding it was not compatible with the pleasure principle after all, but just the opposite—an attempt to reverse time and return “to a pre-organic state” (Freud, 1920, p. 38), a drive he termed “the death instinct.” While it does not ring true as an explanation for the repetition compulsion in relationships, it has descriptive value. Individuals caught in the cycle of the compulsive negative relationships, though not necessarily suicidal, seem to be retreating from life; their spontaneity seems to have disappeared. They seem numb to pain, and to the possibility of a better life.

Expiation of Guilt

Freud’s theory of sexuality (1905) suggests that guilt is a function of forbidden incestuous striving. Repression operates to protect against Oedipal guilt, which is consistent with the “pleasure principle” the drive to avoid pain and achieve pleasure.

The Moral Defense

When a child is young and vulnerable and finds himself unloved and unprotected by parents, he must adapt to survive and stay safe. This often involves buying into the parent’s view that he (the child) is “bad” while the parent is “good” a dynamic referred to by Fairbairn as “the moral defense” “The child would rather be bad himself than have bad objects” (Fairbairn, 1929, p. 108). The child protects himself against the realization of how unloving the parent really is because this would lead to the dreaded conclusion that the child himself is unlovable and worse yet the recognition that the authority figure in control of his life is evil and/or unconcerned with his safety. "It is better to be a sinner in a world ruled by God than to live in a world ruled by the Devil” (p. 110). "No matter how coldly or cruelly the actual parent/caretaker behaves, Fairbairn said, the child "attempts to protect what is gratifying and control what is not gratifying in the [internalized] relationship”. There is always some data the child can dredge up to convince himself of the parent's or partner's goodness.
**The Excitement of the Toxic Relationship**

The moral defense involves keeping all criticism of the bad parent at bay leaving a misplaced and highly charged idealization. Later in the life, "love objects are selected...as withholders or deprivers so as to personify the exciting object, promising but not fulfilling" Fairbairn said (in Greenberg, p. 173). This "libidinous cathexis of bad objects "as he put it persists into adulthood as the template for intimacy ([idealization, splitting]

**Awful-Exciting template for intimacy.** Recent neuroscience has confirmed that our paradigms for attraction and relationships are coded in the brain early on, ready to be reactivated when we encounter similar relationships. The brain does not differentiate between healthy and unhealthy as these templates are laid down.

Group therapist Stuart Aledort (2009, 2014) believes it is the underlying excitement inherent in a problematic parental relationship (or part-relationship) that is sparked in similar relationships later on. He states that when the psychological states of the mothering [caretaking] figure have not been attuned to the child's developing needs, there occurs in the child an overwhelming amount of somatic excitation. While this is an abhorrent feeling (it is, indeed, the affect of shame) it is also experienced by the child as a "feeling of bigness" (Aledort, 2009, 47). He calls this psychological state "the omnipotent bad fit." Aledort states that replication of "bad fit" states and relationships occurs later in life in order to a) recreate the attendant feeling of omnipotence and b) to master the intense affect. Relinquishing the bad fit relationship, or even contemplating doing so, can be experienced as annihilating.

**Hope and Hopelessness**

Ronnie Levine, (2007)) would say that these patients are cathected to an idealized malignant hope that is the replacement for really good internal objects that provide love, attunement and security and the capacity to be realistic. The hope is for something that has never been experienced and can never be fully realized—unbridled passion and unconditional love. When these passionate exciting fulfilling hopes are dashed there are no good internalized objects to fall back on to soothe or to assist the person in dealing realistically with the inevitable disappointment the abusive partner will engender if he/she goes back with him/her. Good attachment experiences are the building blocks of good internalized objects that engender realistic and positive hope and these are exactly what a good ongoing therapy group can provide.

**The Attachment-Seeking Brain Trying to Achieve Regulation**

Attachment theory, which is linked to affect regulation theory and recent advances in neuroscience, informs us that from birth to death, we humans are constantly regulating and dysregulating one another’s brains (Schore 2003a; Schore, 2003b).

Bowlby (1988)) conceptualized the "attachment system" as a biologically based motivational system that strives to acquire and maintain through interactions with others, an internal sense of comfort, security and a secure base from which to explore the world. In recent decades it has become clear that the central nervous system of all mammals requires external regulation and stabilization through relationships with attachment figures (Alan Schore, Affect Dysregulation, 2003). The mechanisms by which we successfully or unsuccessfully attempt to maintain central nervous system regulation
through our interaction with others are encoded in the brain and are discernible in its basic structure (Corzolino, 2006).

**Relationship addiction**. People who do not have secure relationships are likely resort to desperate, unreliable and ultimately addictive methods of regulating their brains, such as using substances or alcohol, compulsive sex or gambling, or clinging to a toxic relationship (see Flores, 2004, 2010). Unlike other addicts, people who are “addicted” to their toxic relationship know that there is no substitute for the love of a real person. However, for reasons described earlier, their brains are wired to pick partners who could never actually provide it.

**REFERENCES**