Repetition in Psychotherapy: The Echo in Acts of Unacknowledged Suffering

Discurso Psicoanalítico Conference – Psychoanalytic Approaches to Trauma
Barcelona, November 30, 2024

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Introduction

Trauma is highly topical. It appears in the news, with wars, attacks, and terrorism. It is also present in private spheres, whether through sexual abuse by religious institutions or within the family.
Trauma is the focus of numerous therapies and treatments aimed at addressing it. It can even fascinate and intrigue to the point of being sometimes perceived as a key explanation for the origin of human suffering, as if treating the trauma would resolve all of the subject's suffering.
However, this viewpoint carries the risk of reducing the patient to a single narrative. One must carefully read the issue of trauma because the apparent suffering of the patient is not always the cause of their distress and may be a sign of a deeper suffering unknown to the subject (and the therapist).
I propose here a sort of reversed reading, starting from the hypothesis that the greatest pains may be silent and that one must sometimes be able to detect, behind certain acts—not necessarily presented as complaints or perceived as painful, even if they have a repetitive character—a suffering that is unacknowledged yet determinative in the subject's psychic life. We can see how, in a kind of "psychic wandering," some patients experience an exhausting search for treatments to soothe recurrent pains, often resistant to various therapeutic attempts.

1. An Apparent Destiny

Sometimes there seems to be a fate in the life stories of certain patients. Some may feel they are continuously reliving the same stories, unable either to escape or understand why they seem "destined" to them.

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We observe this paradox in the clinic: the situation about which the subject complains and which causes suffering seems to repeat, if it is not the subject themselves who repeats the situation they are complaining about. This intriguing repetition gives the impression that the suffering the subject relives has significance for them—almost as if the meaning of the subject's life is tied to this *recurring suffering*[2].

In the radio program *Les Pieds sur Terre*[3], during a series of episodes devoted to sexuality, a young woman, Alix, gives a testimony illustrating this issue.
In a relationship of a few months, she and her partner live happily together; they are well-matched, and their sexual life is fulfilling and active. Yet, after a few months, small pains begin to appear during sexual intercourse. Gradually, these "burning sensations" intensify to the point of becoming unbearable, profoundly disturbing Alix's life, without her understanding their origin. After a year, with the situation becoming intolerable, she decides to consult. Following visits to gynecologists and sexologists, a diagnosis of vaginismus is made.
Once the term is applied, it draws the attention of healthcare providers, each suggesting various treatments to relieve the pain. While some attempts work temporarily, overall Alix does not find lasting relief. Over time, sexuality becomes a source of fear she wishes to avoid, to the point that she wonders if it would be better to give it up.
After several months and treatment attempts, she finally finds a soothing therapy—but not without this relief coming at the cost of a complete disappearance of her desire and libido. She no longer suffers, but she seems to have renounced her sexuality.

Some time later, Alix begins psychological care. During follow-up, memories of sexual abuse in childhood resurface. Initially unreal, these "*impossible to face*" memories, which she labels as "*traumatic*," eventually assert themselves as real.
Her testimony concludes with her explanation of how, over time, the traumatic charge she had repressed gradually took a new form, transforming into a complaint. Once the trauma is acknowledged, it leaves room for an indignant question: "*How far will these events that happened to me without my responsibility continue to pursue me?*" Then, with determination, Alix says: "*This anger I have is good, but it's enough. My revenge will taste like joy.*"
At age 27, Alix has since found a resolution to her suffering; the pains have disappeared, she continues to share her life with her partner, and they have regained a fulfilling sexual life.

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[2] Sigmund Freud, *Beyond the Pleasure Principle* (New York: Liveright Publishing Corporation, 1961), trans. James Strachey.
Sigmund Freud, "Remembering, Repeating and Working-Through," in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 12, ed. and trans. James Strachey (London: Hogarth Press, 1958), 145–156.

[3] https://www.radiofrance.fr/franceculture/podcasts/les-pieds-sur-terre/sexualite-oser-dire-quand-ca-fait-mal-4396624.
I recommend listening to this series of episodes, and this one in particular, from which I had to omit many details for this presentation.

2. Psychic Wandering in Care

With this testimony, we deal with someone reconnecting with a traumatic event from childhood whose significance had been denied and whose content had been emptied.
In the present, the starting point of the complaint is bodily pain—*whereas, strictly speaking, this should be inverted, since bodily pain is the end point of the trauma rather than the origin of the suffering*—and it is these persistent physical symptoms that drive Alix to consult.
Yet these symptoms are not without cause: they echo an unacknowledged, psychically unintegrated suffering. They repeat what has not been said or understood, "what she has not lived[4]."
The inability to perceive the psychic suffering behind bodily suffering—whether through the insistence on ineffective treatments or through advice aimed at relativizing—is a major cause of the psychic wandering in which many patients become stuck.
By hearing the symptoms at face value and attempting too eagerly to treat them, there is a risk that the medical establishment imperceptibly prolongs the patient's psychic wandering. This wandering results primarily from the patient's lack of awareness that they are seeking an interlocutor who can hear the suffering they themselves have muted.

3. The Two Phases of Trauma

Among the general public, trauma is most often associated with a real event: an accident, assault, or attack. Yet the issue is more complex: there are real traumatic events that are not perceived as such by the subject, and an abused child does not necessarily know they are being abused[5].
Psychoanalytic theory teaches that trauma does not reside solely in objective events. Introducing a distinction, one could differentiate between the "real" dimension of trauma and its "fantasmatic" dimension.
Freud emphasizes that trauma unfolds in two phases (though one could argue that when trauma is real, there is only one phase): first, a traumatic event occurs—but is not recognized as such by the subject at the time—then a subsequent event arises that retrospectively reveals the meaning of the first. This approach aligns with how F. Dolto[6] conceptualized trauma as an objective, significant event that could not be symbolized at the time it occurred because the subject was not sufficiently structured to comprehend its meaning.
The second phase occurs when the subject suffers inexplicably, as in Alix's case. This second event may appear as an independent occurrence without apparent reason, or as part of a previously tolerable repetitive series (e.g., a trial imposed on oneself for resilience), which now becomes particularly painful. The second event is thus an attempt—unknown to the subject—to make sense of an earlier event whose significance had been denied.

[4] Dolto, Françoise. *L'image inconsciente du corps* (1984). Paris : Éditions du Seuil.
[5] Sigmund Freud, *"A Child Is Being Beaten: A Contribution to the Study of the Origin of Sexual Perversions,"* in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, vol. 17, trans. James Strachey (London: Hogarth Press, 1955), 179–204.
[6] Dolto, Françoise. *L'image inconsciente du corps* (allready mentionned)

This is illustrated by Vanessa Springora's testimony[7], recognizing retrospectively the abusive nature of her relationship with G. Matzneff. What she initially perceived as a consensual romantic relationship proved to be abuse and genuine trauma.

4. Listening to the Unspoken in Repetition

The question then becomes what the clinician does in the face of trauma and how to listen to this suffering.
We have seen that focusing excessively on present pain, or insisting on curing it, can prolong psychic wandering, risking interruption of the subjective narrative the patient constructs around their suffering. Lacan writes in *The Direction of the Cure*: "*One does not heal because one remembers. One remembers because one heals*[8]." Similarly, in *The Other Side of Psychoanalysis*, he says: "*It is not the story that heals us, but what we make of it. The analytic cure aims not to exhume the past but to transform the current structure of desire*[9]." Writing a narrative of the past to explain present pain testifies to a process of reconstruction and meaning elaboration, which passes through taking ownership of words.

Thus, the therapist must guard against "believing too much" in the patient's account and may sometimes be wiser to listen to what is presented as trauma as merely the tip of a story that reveals itself progressively.
Trauma is a complex construction, intertwining reality and fantasy, repressed suffering, and the demand for recognition. Behind the complaint lies a search for meaning, a quest for an interlocutor who can hear a muted suffering. When positioned to provide such recognition, the therapist can open the way to a new understanding of the pain—more integrated and less distressing within the patient's subjective history.

[7] Vanessa Springora, *Consent: A Memoir*, trans. Natasha Lehrer (New York: HarperVia, 2021).
[8] Jacques Lacan, *La direction de la cure et les principes de son pouvoir* [*The Direction of the Cure and the Principles of Its Power*], in *Écrits*, 567–600 (Paris: Seuil, 1966).
[9] Jacques Lacan, *Le Séminaire, Livre XVII : L'envers de la psychanalyse* [*Seminar XVII: The Other Side of Psychoanalysis*], 126 (Paris: Seuil, 1970).