

CONSTRUCTIONS IN ANALYSIS

(1937)

It has always seemed to me to be greatly to the credit of a certain well-known man of science that he treated psycho-analysis fairly at a time when most other people felt themselves under no such obligation. On one occasion, nevertheless, he gave expression to an opinion upon analytic technique which was at once derogatory and unjust. He said that in giving interpretations to a patient we treat him upon the famous principle of 'Heads I win, tails you lose'.¹ That is to say, if the patient agrees with us, then the interpretation is right; but if he contradicts us, that is only a sign of his resistance, which again shows that we are right. In this way we are always in the right against the poor helpless wretch whom we are analysing, no matter how he may respond to what we put forward. Now, since it is in fact true that a 'No' from one of our patients is not as a rule enough to make us abandon an interpretation as incorrect, a revelation such as this of the nature of our technique has been most welcome to the opponents of analysis. It is therefore worth while to give a detailed account of how we are accustomed to arrive at an assessment of the 'Yes' or 'No' of our patients during analytic treatment - of their expression of agreement or of denial. The practising analyst will naturally learn nothing in the course of this apologia that he does not know already.

¹ [In English in the original.]0

It is familiar ground that the work of analysis aims at inducing the patient to give up the repressions (using the word in the widest sense) belonging to his early development and to replace them by reactions of a sort that would correspond to a psychically mature condition. With this purpose in view he must be brought to recollect certain experiences and the affective impulses called up by them which he has for the time being forgotten. We know that his present symptoms and inhibitions are the consequences of repressions of this kind: thus that they are a substitute for these things that he has forgotten. What sort of material does he put at our disposal which we can make use of to put him on the way to recovering the lost memories? All kinds of things. He gives us fragments of these memories in his dreams, invaluable in themselves but seriously distorted as a rule by all the factors concerned in the formation of dreams. Again, he produces ideas, if he gives himself up to 'free association', in which we can discover allusions to the repressed experiences and derivatives of the suppressed affective impulses as well as of the reactions against them. And, finally, there are hints of repetitions of the affects belonging to the repressed material to be found in actions performed by the patient, some fairly important, some trivial, both inside and outside the analytic situation. Our experience has shown that the relation of transference, which becomes established towards the analyst, is particularly calculated to favour the return of these emotional connections. It is out of such raw material - if we may so describe it - that we have to put together what we are in search of.

What we are in search of is a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete. But at this point we are

reminded that the work of analysis consists of two quite different portions, that it is carried on in two separate localities, that it involves two people, to each of whom a distinct task is assigned. It may for a moment seem strange that such a fundamental fact should not have been pointed out long ago; but it will immediately be perceived that there was nothing being kept back in this, that it is a fact which is universally known and, as it were, self-evident and is merely being brought into relief here and separately examined for a particular purpose. We all know that the person who is being analysed has to be induced to remember something that has been experienced by him and repressed; and the dynamic determinants of this process are so interesting that the other portion of the work, the task performed by the analyst, has been pushed into the background. The analyst has neither experienced nor repressed any of the material under consideration; his task cannot be to remember anything. What then is his task? His task is to make out what has been forgotten from the traces which it has left behind or, more correctly, to construct it. The time and manner in which he conveys his constructions to the person who is being analysed, as well as the explanations with which he accompanies them, constitute the link between the two portions of the work of analysis, between his own part and that of the patient.

His work of construction, or, if it is preferred, of reconstruction, resembles to a great extent an archaeologist's excavation of some dwelling-place that has been destroyed and buried or of some ancient edifice. The two processes are in fact identical, except that the analyst works under better conditions and has more material at his command to assist him, since what he is dealing with is not something destroyed but something that is still alive - and perhaps for another reason as well. But just as the archaeologist builds up the walls of the building from the foundations that have remained standing, determines the number and position of the columns from depressions in the floor and reconstructs the mural decorations and paintings from the remains found in the debris, so does the analyst proceed when he draws his inferences from the fragments of memories, from the associations and from the behaviour of the subject of the analysis. Both of them have an undisputed right to reconstruct by means of supplementing and combining the surviving remains. Both of them, moreover, are subject to many of the same difficulties and sources of error. One of the most ticklish problems that confronts the archaeologist is notoriously the determination of the relative age of his finds; and if an object makes its appearance in some particular level, it often remains to be decided whether it belongs to that level or whether it was carried down to that level owing to some subsequent disturbance. It is easy to imagine the corresponding doubts that arise in the case of analytic constructions.

The analyst, as we have said, works under more favourable conditions than the archaeologist since he has at his disposal material which can have no counterpart in excavations, such as the repetitions of reactions dating from infancy and all that is indicated by the transference in connection with these repetitions. But in addition to this it must be borne in mind that the excavator is dealing with destroyed objects of which large and important portions have quite certainly been lost, by mechanical violence, by fire and by plundering. No amount of effort can result in their discovery

and lead to their being united with the surviving remains. The one and only course open is that of reconstruction, which for this reason can often reach only a certain degree of probability. But it is different with the psychical object whose early history the analyst is seeking to recover. Here we are regularly met by a situation which with the archaeological object occurs only in such rare circumstances as those of Pompeii or of the tomb of Tut'ankhamun. All of the essentials are preserved; even things that seem completely forgotten are present somehow and somewhere, and have merely been buried and made inaccessible to the subject. Indeed, it may, as we know, be doubted whether any psychical structure can really be the victim of total destruction. It depends only upon analytic technique whether we shall succeed in bringing what is concealed completely to light. There are only two other facts that weigh against the extraordinary advantage which is thus enjoyed by the work of analysis: namely, that psychical objects are incomparably more complicated than the excavator's material ones and that we have insufficient knowledge of what we may expect to find, since their finer structure contains so much that is still mysterious. But our comparison between the two forms of work can go no further than this; for the main difference between them lies in the fact that for the archaeologist the reconstruction is the aim and end of his endeavours while for analysis the construction is only a preliminary labour.

2 II

It is not, however, a preliminary labour in the sense that the whole of it must be completed before the next piece of work can be begun, as, for instance, is the case with house-building, where all the walls must be erected and all the windows inserted before the internal decoration of the rooms can be taken in hand. Every analyst knows that things happen differently in an analytic treatment and that there both kinds of work are carried on side by side, the one kind being always a little ahead and the other following upon it. The analyst finishes a piece of construction and communicates it to the subject of the analysis so that it may work upon him; he then constructs a further piece out of the fresh material pouring in upon him, deals with it in the same way and proceeds in this alternating fashion until the end. If, in accounts of analytic technique, so little is said about 'constructions', that is because 'interpretations' and their effects are spoken of instead. But I think that 'construction' is by far the more appropriate description. 'Interpretation' applies to something that one does to some single element of the material, such as an association or a parapraxis. But it is a 'construction' when one lays before the subject of the analysis a piece of his early history that he has forgotten, in some such way as this: 'Up to your nth year you regarded yourself as the sole and unlimited possessor of your mother; then came another baby and brought you grave disillusionment. Your mother left you for some time, and even after her reappearance she was never again devoted to you exclusively. Your feelings towards your mother became ambivalent, your father gained a new importance for you,' . . . and so on.

In the present paper our attention will be turned exclusively to this preliminary labour performed by constructions. And here, at the very start, the question arises

of what guarantee we have while we are working on these constructions that we are not making mistakes and risking the success of the treatment by putting forward some construction that is incorrect. It may seem that no general reply can in my event be given to this question; but even before discussing it we may lend our ear to some comforting information that is afforded by analytic experience. For we learn from it that no damage is done if, for once in a way, we make a mistake and offer the patient a wrong construction as the probable historical truth. A waste of time is, of course, involved, and anyone who does nothing but present the patient with false combinations will neither create a very good impression on him nor carry the treatment very far; but a single mistake of the sort can do no harm. What in fact occurs in such an event is rather that the patient remains as though he were untouched by what has been said and reacts to it with neither a 'Yes' nor a 'No'. This may possibly mean no more than that his reaction is postponed; but if nothing further develops we may conclude that we have made a mistake and we shall admit as much to the patient at some suitable opportunity without sacrificing any of our authority. Such an opportunity will arise when some new material has come to light which allows us to make a better construction and so to correct our error. In this way the false construction drops out, as if it had never been made; and, indeed, we often get an impression as though, to borrow the words of Polonius, our bait of falsehood had taken a carp of truth. The danger of our leading a patient astray by suggestion, by persuading him to accept things which we ourselves believe but which he ought not to, has certainly been enormously exaggerated. An analyst would have had to behave very incorrectly before such a misfortune could overtake him; above all, he would have to blame himself with not allowing his patients to have their say. I can assert without boasting that such an abuse of 'suggestion' has never occurred in my practice.

It already follows from what has been said that we are not at all inclined to neglect the indications that can be inferred from the patient's reaction when we have offered him one of our constructions. The point must be gone into in detail. It is true that we do not accept the 'No' of a person under analysis at its face value; but neither do we allow his 'Yes' to pass. There is no justification for accusing us of invariably twisting his remarks into a confirmation. In reality things are not so simple and we do not make it so easy for ourselves to come to a conclusion.

A plain 'Yes' from a patient is by no means unambiguous. It can indeed signify that he recognizes the correctness of the construction that has been presented to him; but it can also be meaningless, or can even deserve to be described as 'hypocritical', since it may be convenient for his resistance to make use of an assent in such circumstances in order to prolong the concealment of a truth that has not been discovered. The 'Yes' has no value unless it is followed by indirect confirmations, unless the patient, immediately after his 'Yes', produces new memories which complete and extend the construction. Only in such an event do we consider that the 'Yes' has dealt completely with the subject under discussion.

A 'No' from a person in analysis is quite as ambiguous as a 'Yes', and is indeed of even less value. In some rare cases it turns out to be the expression of a legitimate

dissent. Far more frequently it expresses a resistance which may have been evoked by the subject-matter of the construction that has been put forward but which may just as easily have arisen from some other factor in the complex analytic situation. Thus, a patient's 'No' is no evidence of the correctness of a construction, though it is perfectly compatible with it. Since every such construction is an incomplete one, since it covers only a small fragment of the forgotten events, we are free to suppose that the patient is not in fact disputing what has been said to him but is basing his contradiction upon the part that has not yet been uncovered. As a rule he will not give his assent until he has learnt the whole truth - which often covers a very great deal of ground. So that the only safe interpretation of his 'No' is that it points to incompleteness; there can be no doubt that the construction has not told him everything.

It appears, therefore, that the direct utterances of the patient after he has been offered a construction afford very little evidence upon the question whether we have been right or wrong. It is of all the greater interest that there are indirect forms of confirmation which are in every respect trustworthy. One of these is a form of words that is used (as though by general agreement) with very little variation by the most different people: 'I didn't ever think' (or 'I shouldn't ever have thought') 'that' (or 'of that'). This can be translated without any hesitation into: 'Yes, you're right this time - about my unconscious.' Unfortunately this formula, which is so welcome to the analyst, reaches his ears more often after single interpretations than after he has produced an extensive construction. An equally valuable confirmation is implied (expressed this time positively) when the patient answers with an association which contains something similar or analogous to the content of the construction. Instead of taking an example of this from an analysis (which would be easy to find but lengthy to describe) I prefer to give an account of a small extra-analytical experience which presents a similar situation so strikingly that it produces an almost comic effect. It concerned one of my colleagues who - it was long ago - had chosen me as a consultant in his medical practice. One day, however, he brought his young wife to see me, as she was causing him trouble. She refused on all sorts of pretexts to have sexual relations with him, and what he expected of me was evidently that I should lay before her the consequences of her ill-advised behaviour. I went into the matter and explained to her that her refusal would probably have unfortunate results for her husband's health or would lay him open to temptations that might lead to a break-up of their marriage. At this point he suddenly interrupted me with the remark: 'The Englishman you diagnosed as suffering from a cerebral tumour has died too.' At first the remark seemed incomprehensible; the 'too' in his sentence was a mystery, for we had not been speaking of anyone else who had died. But a short time afterwards I understood. The man was evidently intending to confirm what I had been saying; he was meaning to say: 'Yes, you're certainly quite right. Your diagnosis was confirmed in the case of the other patient too.' It was an exact parallel to the indirect confirmations that we obtain in analysis from associations. I will not attempt to deny that there were other thoughts as well, put on one side by my colleague, which had a share in determining his remark.

Indirect confirmation from associations that fit in with the content of a construction - that give us a 'too' like the one in my story - provides a valuable basis for judging whether the construction is likely to be confirmed in the course of the analysis. It is particularly striking when, by means of a parapraxis, a confirmation of this kind insinuates itself into a direct denial. I once published elsewhere a nice example of this. The name 'Jauner' (a familiar one in Vienna) came up repeatedly in one of my patient's dreams without a sufficient explanation appearing in his associations. I finally put forward the interpretation that when he said 'Jauner' he probably meant 'Gaurer', whereupon he promptly replied: 'That seems to me too "jewagt".' Or there was the other instance, in which, when I suggested to a patient that he considered a particular fee too high, he meant to deny the suggestion with the words 'Ten dollars mean nothing to me' but instead of dollars put in a coin of lower value and said 'ten shillings'.

If an analysis is dominated by powerful factors that impose a negative therapeutic reaction, such as a sense of guilt, a masochistic need for suffering or repugnance to receiving help from the analyst, the patient's behaviour after he has been offered a construction often makes it very easy for us to arrive at the decision that we are in search of. If the construction is wrong, there is no change in the patient; but if it is right or gives an approximation to the truth, he reacts to it with an unmistakable aggravation of his symptoms and of his general condition.

We may sum the matter up by asserting that there is no justification for the reproach that we neglect or underestimate the importance of the attitude taken up by those under analysis towards our constructions. We pay attention to them and often derive valuable information from them. But these reactions on the part of the patient are rarely unambiguous and give no opportunity for a final judgement. Only the further course of the analysis enables us to decide whether our constructions are correct or unserviceable. We do not pretend that an individual construction is anything more than a conjecture which awaits examination, confirmation or rejection. We claim no authority for it, we require no direct agreement from the patient, nor do we argue with him if at first he denies it. In short, we conduct ourselves on the model of a familiar figure in one of Nestroy's farces - the manservant who has a single answer on his lips to every question or objection: 'It will all become clear in the course of future developments.'

7III

How this occurs in the process of the analysis - the way in which a conjecture of ours is transformed into the patient's conviction - this is hardly worth describing. All of it is familiar to every analyst from his daily experience and is intelligible without difficulty. Only one point requires investigation and explanation. The path that starts from the analyst's construction ought to end in the patient's recollection; but it does not always lead so far. Quite often we do not succeed in bringing the patient to recollect what has been repressed. Instead of that, if the analysis is carried out correctly, we produce in him an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory. The problem of what the circumstances are in which this occurs and of how it is possible that

what appears to be an incomplete substitute should nevertheless produce a complete result - all of this is matter for a later enquiry.

I shall conclude this brief paper with a few remarks which open up a wider perspective. I have been struck by the manner in which, in certain analyses, the communication of an obviously apt construction has evoked in the patients a surprising and at first incomprehensible phenomenon. They have had lively recollections called up in them - which they themselves have described as 'ultra-clear' - but what they have recollected has not been the event that was the subject of the construction but details relating to that subject. For instance, they have recollected with abnormal sharpness the faces of the people involved in the construction or the rooms in which something of the sort might have happened, or, a step further away, the furniture in such rooms - on the subject of which the construction had naturally no possibility of any knowledge. This has occurred both in dreams immediately after the construction had been put forward and in waking states resembling phantasies. These recollections have themselves led to nothing further and it has seemed plausible to regard them as the product of a compromise. The 'upward drive' of the repressed, stirred into activity by the putting forward of the construction, has striven to carry the important memory-traces into consciousness; but a resistance has succeeded, not, it is true, in stopping that movement, but in displacing it on to adjacent objects of minor significance.

These recollections might have been described as hallucinations if a belief in their actual presence had been added to their clearness. The importance of this analogy seemed greater when I noticed that true hallucinations occasionally occurred in the case of other patients who were certainly not psychotic. My line of thought proceeded as follows. Perhaps it may be a general characteristic of hallucinations to which sufficient attention has not hitherto been paid that in them something that has been experienced in infancy and then forgotten returns - something that the child has seen or heard at a time when he could still hardly speak and that now forces its way into consciousness, probably distorted and displaced owing to the operation of forces that are opposed to this return. And, in view of the close relation between hallucinations and particular forms of psychosis, our line of thought may be carried still further. It may be that the delusions into which these hallucinations are so constantly incorporated may themselves be less independent of the upward drive of the unconscious and the return of the repressed than we usually assume. In the mechanism of a delusion we stress as a rule only two factors: the turning away from the real world and its motive forces on the one hand, and the influence exercised by wish-fulfilment on the content of the delusion on the other. But may it not be that the dynamic process is rather that the turning away from reality is exploited by the upward drive of the repressed in order to force its content into consciousness, while the resistances stirred up by this process and the trend to wish-fulfilment share the responsibility for the distortion and displacement of what is recollected? This is after all the familiar mechanism of dreams, which intuition has equated with madness from time immemorial.

This view of delusions is not, I think, entirely new, but it nevertheless emphasizes a point of view which is not usually brought into the foreground. The essence of it is that there is not only method in madness, as the poet has already perceived, but also a fragment of historical truth; and it is plausible to suppose that the compulsive belief attaching to delusions derives its strength precisely from infantile sources of this kind. All that I can produce to-day in support of this theory are reminiscences, not fresh impressions. It would probably be worth while to make an attempt to study cases of the disorder in question on the basis of the hypotheses that have been here put forward and also to carry out their treatment on those same lines. The vain effort would be abandoned of convincing the patient of the error of his delusion and of its contradiction of reality; and, on the contrary, the recognition of its kernel of truth would afford common ground upon which the therapeutic work could develop. That work would consist in liberating the fragment of historical truth from its distortions and its attachments to the actual present day and in leading it back to the point in the past to which it belongs. The transposing of material from a forgotten past on to the present or on to an expectation of the future is indeed a habitual occurrence in neurotics no less than in psychotics. Often enough, when a neurotic is led by an anxiety-state to expect the occurrence of some terrible event, he is in fact merely under the influence of a repressed memory (which is seeking to enter consciousness but cannot become conscious) that something which was at that time terrifying did really happen. I believe that we should gain a great deal of valuable knowledge from work of this kind upon psychotics even if it led to no therapeutic success.

I am aware that it is of small service to handle so important a subject in the cursory fashion that I have here employed. But none the less I have not been able to resist the seduction of an analogy. The delusions of patients appear to me to be the equivalents of the constructions which we build up in the course of an analytic treatment - attempts at explanation and cure, though it is true that these, under the conditions of a psychosis, can do no more than replace the fragment of reality that is being disavowed in the present by another fragment that had already been disavowed in the remote past. It will be the task of each individual investigation to reveal the intimate connections between the material of the present disavowal and that of the original repression. Just as our construction is only effective because it recovers a fragment of lost experience, so the delusion owes its convincing power to the element of historical truth which it inserts in the place of the rejected reality. In this way a proposition which I originally asserted only of hysteria would apply also to delusions - namely, that those who are subject to them are suffering from their own reminiscences. I never intended by this short formula to dispute the complexity of the causation of the illness or to exclude the operation of many other factors.

If we consider mankind as a whole and substitute it for the single human individual, we discover that it too has developed delusions which are inaccessible to logical criticism and which contradict reality. If, in spite of this, they are able to exert an extraordinary power over men, investigation leads us to the same explanation as in the case of the single individual. They owe their power to the

element of historical truth which they have brought up from the repression of the forgotten and primaeval past.