On Freud's "Constructions in Analysis"

Edited by
Sergio Lewkowicz and Thierry Bokanowski
with Georges Pragier

Series Editor: Leticia Glocer Fiorini

CONTEMPORARY
FREUD
TURNING POINTS
& CRITICAL ISSUES

KARNAC

ON FREUD'S "CONSTRUCTIONS IN ANALYSIS"

CONTEMPORARY FREUD
Turning Points and Critical Issues

Series Editor: Leticia Glocer Fiorini

On Freud's "Analysis Terminable and Interminable"
edited by Joseph Sandler

Freud's "On Narcissism: An Introduction"
edited by Joseph Sandler, Ethel Spector Person, Peter Fonagy

On Freud's "Observations on Transference-Love"
edited by Ethel Spector Person, Aiban Hagelin, Peter Fonagy

On Freud's "Creative Writers and Day-Dreaming"
edited by Ethel Spector Person, Peter Fonagy, Sérvulo Augusto Figueira

On Freud's "A Child Is Being Beaten"
edited by Ethel Spector Person

On Freud's "Group Psychology and the Analysis of the Ego"
edited by Ethel Spector Person

On Freud's "Mourning and Melancholia"
edited by Leticia Glocer Fiorini, Thierry Bokanowski, Sergio Lewkowicz

On Freud's "The Future of an Illusion"
edited by Mary Kay O'Neil & Salman Akhtar

On Freud's "Splitting of the Ego in the Process of Defence"
edited by Thierry Bokanowski & Sergio Lewkowicz

On Freud's "Femininity"
edited by Leticia Glocer Fiorini & Graciela Abelin-Sas Rose

On Freud's "Beyond the Pleasure Principle"
edited by Salman Akhtar and Mary Kay O'Neil

ON FREUD'S "CONSTRUCTIONS IN ANALYSIS"

Edited by

Sergio Lewkowicz & Thierry Bokanowski, with Georges Pragier

CONTEMPORARY FREUD
Turning Points and Critical Issues

KARNAC

Chapter 2, “Construction: The Central Paradigm of Psychoanalytic Work”, by Jacques Press, first published in French in *Revue Française de Psychanalyse,* © PUF, 2008. By permission of the publisher.

First published in 2011 by
Karnac Books
118 Finchley Road
London NW3 5HT

British Library Cataloguing in Publication Data

A C.I.P. for this book is available from the British Library

ISBN: 978–1–85575–706–6

Edited, designed, and produced by Communication Crafts

Printed in Great Britain

www.karnacbooks.com

CONTENTS

CONTEMPORARY FREUD

IPA Publications Committee

This significant series was founded by Robert Wallerstein and first edited by Joseph Sandler, Ethel Spector Person, and Peter Fonagy, and its important contributions have greatly interested psychoanalysts of different latitudes.

The objective of this series is to approach Freud's work from a present and contemporary point of view. On the one hand, this means highlighting the fundamental contributions of his work that constitute the axes of psychoanalytic theory and practice. On the other, it implies the possibility of getting to know and spreading the ideas of present psychoanalysts about Freud's *oeuvre*, both where they coincide and where they differ.

This series considers at least two lines of development: a contemporary reading of Freud that reclaims his contributions and a clarification of the logical and epistemic perspectives from which he is read today.

Freud's theory has branched out, and this has led to a theoretical, technical, and clinical pluralism that has to be worked through. It has therefore become necessary to avoid a snug and uncritical coexistence of concepts in order to consider systems of increasing

complexities that take into account both the convergences and the divergences of the categories at play.

Consequently, this project has involved an additional task—that is, gathering psychoanalysts from different geographical regions representing, in addition, different theoretical stances, in order to be able to show their polyphony. This also means an extra effort for the reader that has to do with distinguishing and discriminating, establishing relations or contradictions that each reader will have to eventually work through.

Being able to listen to other theoretical viewpoints is also a way of exercising our listening capacities in the clinical field. This means that the listening should support a space of freedom that would allow us to hear what is new and original.

In this spirit we have brought together authors deeply rooted in the Freudian tradition and others who have developed theories that had not been explicitly taken into account in Freud's work.

In "Constructions in Analysis" Freud introduces the notion of constructions, different from interpretation, and considers it necessary—under certain conditions—to reconstruct a part of the infantile history of the subject. The difference between construction and reconstruction, as well as which should be the limit of the intervention of the analyst in order to avoid a proposal far removed from the patient discourse, are part of present debates on this subject.

The editors—Thierry Bokanowski, Sergio Lewkowicz, and Georges Pragier—together with the contributors to this volume accepted the challenge to consider Freudian ideas and their implications today.

Special thanks are due to Charles Hanly, the President of the IPA, and to the editors and contributors to this title, which enriches the Contemporary Freud series.

Leticia Glocer Fiorini
Series Editor
Chair of the Publications Committee
of the International Psychoanalytical Association

PREFACE

We are honoured to present this new book in the Contemporary Freud Series, updating with discussions and new developments the seminal work of Sigmund Freud.

Interpret? Construct? De-construct? Re-construct?

As Freud put it in his paper, "Constructions in Analysis" (1937d)—which he wrote at roughly the same time as *Analysis Terminable and Interminable* (1937c)—the aim of psychoanalytic work basically involves the lifting of repression, which, in turn, enables the lifting of infantile amnesia and may lead to the revivifying of early emotional experiences. In order to reach that objective, analysts have two means—two instruments—at their disposal: interpretation and construction.

In the classical sense of the term, interpretation has to do with making meaningful a fragment of material in order to facilitate understanding of the unconscious issues that lie behind it, whereas construction, based on the interpretations that have preceded it, brings several elements of the material together, puts them in some

kind of order, and completes them; the resultant synthesis—which may in certain cases be a hypothesis—gives new meaning to the infantile conflict involved.

On that very general basis, how are we to differentiate between interpretation and construction? From a technical point of view, should the one be contrasted with the other? Would it not be true to say that every interpretation must of necessity include some degree of construction—and, vice versa, that any given construction must be based on some element of interpretation? Perhaps, then, we ought to think in terms of a necessary "circularity" between interpretation and construction.

At what specific moments in psychoanalytic treatment might we find ourselves giving pride of place to the work of construction over that of interpretation? Similarly, under what conditions might it be said that construction is a necessary—and perhaps even indispensable—step to take? Fundamentally, could it have something to do with the fact that, when some elements are revived in the session, there appears to be nothing in that re-experiencing that implies any "return of the repressed", in spite of the work of interpretation that has been carried out? In other words, what are the modalities of recourse to construction when remembering turns out to be impossible because of the erasing—or even of the complete absence—of any "memory traces" that we find in mental patterns that have their roots in some trauma or other that had occurred before the acquisition of speech?

Does construction not also imply de-construction, with the subsequent need to re-construct? In such circumstances, how can the work of construction enable "historical truth" to be re-established, as compared with and in relation to "material truth" (Freud, 1939a [1937–1939])?

What role does the countertransference play in the work of construction? What involvement do construction and countertransference have in the analytic process, as evidenced in the ongoing work of the analysis?

Throughout the various chapters of this book it becomes evident how this text will become an inspiration and provocative of new developments.

We would like to thank the authors of the chapters for their

deep discussions and insights on these questions. Our thanks also go to the Publications Committee of the IPA for their valuable suggestions and support. Thanks are also due to Rhoda Bawdekar, Publications Officer, for her dedication and efficiency.

Thierry Bokanowski, Sergio Lewkowicz, & Georges Pragier

EDITORS AND CONTRIBUTORS

Elias Mallet da Rocha Barros is a supervisor and training analyst of the Brazilian Psychoanalytic Society of São Paulo; Fellow of the British Psychoanalytical Society and Institute; Past Latin American Editor of the *International Journal of Psychoanalysis*; Past Chairman of the Nice Training Conference; ex-Chair of CAPSA (2004–2008); author of several papers. He is the 1999 recipient of the Sigourney Award.

Elizabeth Lima da Rocha Barros is a supervisor and training analyst of the Brazilian Psychoanalytic Society of São Paulo and member of its Faculty; Fellow of the British Psychoanalytical Society and Institute; child analyst at the Tavistock Clinic; and has a DEA of Psychopathology from the Sorbonne University, Paris. She is the author of several papers.

David Bell is President of the British Psychoanalytical Society, where he is a training and supervising psychoanalyst; a consultant psychiatrist in the Adult department of the Tavistock Clinic, where he is the director of a specialist unit for the psychotherapeutic treatment of serious disorders/personality disorders and is Director of Medical Training. He teaches Freud at the British Psychoanalytical

Society; lectures on the development of psychoanalytic concepts at the Tavistock Clinic; and lectures and publishes widely on Freud scholarship, the work of Klein and Bion, the psychoanalytic approach to severe disorders, and interdisciplinary studies (psychoanalysis and literature, socio-political theory, and philosophy). He has chaired a group of philosophers and psychoanalysts who have been meeting for the past ten years. He is a psychiatric expert in asylum/human rights proceedings. He is a contributing editor of *Reason and Passion* and *Psychoanalysis and Culture: A Kleinian Perspective*, and he has written a short book, *Paranoia*.

Michèle Bertrand is a member of the Société Psychanalytique de Paris and a training analyst; a Doctor of Philosophy, a Doctor of Psychology, and a Postgraduate of Institut d'Etudes Politiques (Paris); Professor at the University of Besançon and at the Ecole Normale Supérieure (Paris). Her researches are in both clinical and theoretical areas: traumas, narcissism, identity, the psychoanalytic theory of thinking, and the epistemology of psychoanalysis; since 1996 she has been a member of the editorial staff of the *Revue Française de Psychanalyse*; she is also Director of the collection *Espaces théoriques,* Editions de L'Harmattan, Paris. Her main publications include: *Spinoza et l'imaginaire* (1983); (with B. Doray) *Psychanalyse et sciences sociales* (1989); *La pensée et le trauma* (1990); *Pour une clinique de la douleur psychique* (1996); *Francis Pasche* (1998); (editor) *Trois défis pour la psychanalyse. Clinique, théorique, psychothérapie* (2004); *Ferenczi patient et psychanalyste* (1994); *Les enfants dans la guerre et les violences civiles* (1997); and *Psychanalyse et récit* (1999).

Harold P. Blum is Clinical Professor of Psychiatry and training analyst, New York University School of Medicine, Department of Psychiatry, and a Distinguished Fellow, American Psychiatric Association. He is Executive Director, Sigmund Freud Archives; President, Psychoanalytic Research and Development Fund; Past Editor-in-Chief, *Journal of the American Psychoanalytic Association*; Past Vice President, IPA. He is the author of more than 150 psychoanalytic papers and several books and is the recipient of numerous awards and lectureships, including the inaugural Sigourney Award, Mahler, Hartmann, and Lorand Prizes; S. Freud lectures in New York, London, Vienna, and Frankfurt; A. Freud, Hartmann, Brill, Friend, and Sperling Lectures; and two plenary addresses to the American Psychoanalytic Associa-

tion. He has chaired four Symposia on Psychoanalysis and Art in Florence, Italy

Thierry Bokanowski is a training and supervising analyst of the Paris Psychoanalytical Society (SPP) and a member of the IPA; a former secretary of the executive committee of the Paris Psychoanalytical Institute and former editor of the *Revue Française de Psychanalyse*, he is the current President of the Scientific Committee of the Paris Psychoanalytical Society. He has published several papers in various psychoanalytic journals, including the *International Journal of Psychoanalysis*. He wrote *Sándor Ferenczi* (1977), which has been translated into several languages, and *De la pratique analytique* (1998), translated under the title *The Practice of Psychoanalysis* (2006).

Stefano Bolognini is a training and supervising psychoanalyst of the Italian Psychoanalytic Society; he was the national scientific director of the Society, President of the Psychoanalytic Institute of Bologna, and IPA Board Representative for Europe; he was co-founder of the Serious Pathologies Committee of his Society, and he works as supervisor in psychiatric public services and in day hospitals for borderline and psychotic adolescents; he was co-chair of the IPA CAPSA Committee and chair of the IPA's 100th Anniversary Committee; he is a member of the European Board of the *International Journal of Psychoanalysis*, and he has published papers in the most important international journals. His book *Psychoanalytic Empathy* (2002) was published in Italian, French, German, Spanish, and Portuguese–Brazilian editions (the Greek edition is forthcoming). His most recent book is *Secret Passages: Theory and Practice of the Interpsychic Dimension* (2010), which has also been published in Italian, German, Spanish and Portuguese–Brazilian. He also published *Like Wind, Like Wave* (2006), a collection of amusingly told personal anecdotes, each with its concluding pearl of psychoanalytic wisdom. He lives and works in Bologna, Italy.

Jorge Canestri is a psychiatrist and a psychoanalyst. He is a training and supervising analyst for the Italian Psychoanalytical Association (AIPsi) and for the Argentine Psychoanalytic Association (APA) and is a full member of the IPA. He was the Mary S. Sigourney Award recipient in 2004 and chair of the 42nd Congress of the IPA in Nice (2001). He is Chair of the Working Party on Theoretical Issues of

the EPF; European Editor of the *International Journal of Psychoanalysis*; member of the Advisory Board of Philoctete, New York; IPA Global Representative for Europe, 2005–2007; and Representative for Europe to the Executive Committee, 2007–2009. He is Chair of the IPA's International New Groups Committee (2009–) and President of the Italian Psychoanalytical Association (2007–2011). He has published numerous psychoanalytic papers in books and reviews, and is co-author of *The Babel of the Unconscious: Mother Tongue and Foreign Languages in the Psychoanalytic Dimension*. He is editor (with Marianne Leuzinger-Bohleber & Anna Ursula Dreher) of *Pluralism and Unity? Methods of Research in Psychoanalysis*; of *Psychoanalysis: from Practice to Theory*; (with G. Ambrosio & S. Argentieri) of *Language, Symbolisation and Psychosis*; (with Leticia Glocer Fiorini) of *The Experience of Time in Psychoanalysis*; and is Director of the webpage, *Psychoanalysis and Logical Mathematical Thought*.

Abel Fainstein was born in Buenos Aires, Argentina, graduated from the Medical School of the Buenos Aires University, and trained at the Psychiatry Residency at the Jose T. Borda Hospital in Buenos Aires and at the Angel Garma Institute of the Argentine Psychoanalytical Association (APA); he specialized in child and adolescent psychoanalysis. He is a Full member and training analyst of the APA; Director of the H. Racker Clinic at the APA (1990–1994); and President of the APA (2000–2004); Latin American Co-chair of the Programme Committee for the IPA Congress, Rio de Janeiro, 2005; Chair of the Programme Committee for the IPA Congress, Chicago, 2009; member of the Social Violence Study Group at the APA, 1994–2000; member of the Education Section of the *International Journal of Psychoanalysis*; founder and member of the Board of the Master's Program in Psychoanalysis at the Universidad del Salvador and the APA; PhD and Master Programme Thesis Juror at the Universidad del Salvador, Buenos Aires; Professor at the Master Programme in Psychoanalysis at the Universidad de La Matanza (Buenos Aires). He has written papers on child and adolescent psychoanalysis; countertransference; subjectivity in clinical practice; Schumann and fantasy; psychosomatics; relations among analysts; *Nachträglichkeit*; mourning and depression; remembering, repeating, and working through; training analysis, and Wozzek and virtual bodies, among others.

Howard B. Levine is a member of the faculty and a supervising analyst at the Massachusetts Institute for Psychoanalysis (MIP), a mem-

ber of the faculty at the Psychoanalytic Institute of New England, East (PINE), and is in private practice in Brookline, Massachusetts. He is a member of the American Psychoanalytic Association and the IPA, and a founding member of the Klein/Bion study group at MIP, of the Group for the Study of Psychoanalytic Process (GSPP), and of the Boston Group for Psychoanalytic Studies, Inc. (BGPS); in July 2010, he co-chaired the International Bion Conference held in Boston, Massachusetts. He has served on the editorial boards of the *Journal of the American Psychoanalytic Association* and *Psychoanalytic Inquiry*, has served as an editorial reader for the *International Journal of Psychoanalysis*, edited *Adult Analysis and Childhood Sexual Abuse* (1990), and co-edited *The Psychology of the Nuclear Threat* (1986). He has authored numerous papers on various subjects related to psychoanalytic process and technique, intersubjectivity, the treatment of primitive personality disorders, and the consequences and treatment of early trauma and childhood sexual abuse.

Sergio Lewkowicz is a psychiatrist and a training and supervising psychoanalyst for the Porto Alegre Psychoanalytic Society (SPPA), where he is currently the Director of the Institute. He is a professor and supervisor for psychoanalytic psychotherapy in the Psychiatry Department of the Medical School of the Federal University of Rio Grande do Sul. He was a member of the Programme Committee of the 43rd Congress of the IPA in New Orleans (2004), where he was the plenary session discussant of the Keynote Papers. He is a former member of the Publications Committee of the IPA (2001–2009), former Editor of the *Psychiatry Journal of Rio Grande do Sul*, and also former President of the Psychiatry Association of Rio Grande do Sul. He has published several papers on psychoanalytic technique.

Georges Pragier is a training and supervising analyst of the Paris Psychoanalytical Society. He is the author of many psychoanalytic monographs published by the Presses Universitaires de France and, with Sylvie Faure-Pragier, of *Repenser la psychananlyse avec les sciences* (2007); he is a PUF editor and is the current Scientific Secretary of the Congrès des Psychanalystes de Langue Française (CPLF).

Jacques Press was born in 1944 in Geneva, received his MD in 1969, and worked for 15 years as a specialist in internal medicine before beginning an analytic training; he completed his training in psychosomatics at the Institut de Psychosomatique at Paris, where he

was a scholar of Michel Fain and Pierre Marty. He is a training analyst of the Swiss Psychoanalytical Society and of the Institut de Psychosomatique de Paris, President of the Association Genevoise de Psychosomatique, and Vice-President of the Association Internationale de Psychosomatique IPSO–Pierre Marty. He has published numerous papers in the *Revue Française de Psychosomatique* and in the *Revue Française de Psychanalyse*. He has also written for the *International Journal of Psychoanalysis* and has published two books: *La perle et le grain de sable. Essai psychanalytique sur le fonctionnement mental* (1999) and *La construction du sens* (2010), based on his presentation at the 68th Congrès des Psychanalystes de Langue Française in Geneva in 2008. In 1997 he won the scientific prize of the Swiss Psychoanalytical Society and the Prix Pierre Marty de Psychosomatique.

Mikael Sundén is a member and past Vice-President (2004–2006) of the Swedish Psychoanalytical Society. Before going into private practice in 1994, he was medical director of Nacka-Värmdö psychiatric clinic in Stockholm (1986–1993). He has published essays on the myths of Orpheus and Narcissus.

ON FREUD'S "CONSTRUCTIONS IN ANALYSIS"

Introduction

Jorge Canestri

This book provides the reader with a representative and authoritative presentation of contemporary psychoanalytic thinking on the theme of constructions in psychoanalysis.

The publication is part of the series dedicated to commenting on Freud's most important works and is particularly useful insofar as it deals with the critical analysis of a work that represents Freud's thinking on analytic practice towards the end of his life. "Constructions in Analysis" can be coupled with at least one other text, written a little earlier: "Analysis Terminable and Interminable" (1937c). Its usefulness and topicality are increased by the fact that the reflections contained in it open the way to the analysis of "non-neurotic" patients—a fashionable expression that includes serious and variegated pathologies.

In chapter 1, "Freud's Basic Assumptions on 'Construction'", Mikael Sundén wonders whether it is possible to comment on one isolated Freudian article, considering that all Freud's works are intertwined in a special way. He also wonders whether we should accept without objection that we are dealing with one of the series of technical works, since he considers it to be more connected to the important texts on culture and religion and to the concept of

historical truth. He protests against Freud's naturalistic approach to psychic life in order to support Davidson's arguments against the existence of psychophysical laws, and affiliates psychoanalysis to the field of hermeneutics. There follows a reflection on the relationship between historical truth, beliefs, and delusions.

In chapter 2, "Construction: The Central Paradigm of Psychoanalytic Work", Jacques Press considers the period between 1935 and 1939 to be the final turning point in Freud's thinking, not only from the point of view of technique—a belief shared by many—but from the general point of view regarding the core of his theory, with special reference to trauma and its consequences. Moreover, Press thinks that the works of these years anticipate many of the more significant post-Freudian developments. Some of these are considered in the chapter. The author introduces the concept of passive position, with reference to the works of Fain, Winnicott, and Green, and he examines the implied regressive modalities. The truth of the constructions must refer to historical truth, and, like Sundén in chapter 1, Press also highlights the relationship between historical truth and delusions. Press identifies in the regressive mode a "new conception of psychoanalytic work": "going back as far as possible to the origin".

In chapter 3, "Reconstruction in Contemporary Psychoanalysis", Harold P. Blum considers that reconstruction that, as mentioned above, is not clearly differentiated from construction (contrary to Sandler's suggestion) is a "synthesizing process for analyst and analysand" and "a valuable agent in the therapeutic action of psychoanalysis". With the aid of modern neurosciences and modern developmental theories, Blum emphasizes that a careful reading of the different Freudian conceptions on memory leads us to a clear understanding. The "memories" to which we have access are always "screen memories": memory is a complex structure where the traces of the past, subjected to "translations" and deformations, to repression (or to splittings), and to the return of the repressed, to repetitions, to subsequent repressions, splittings, deformations, and so forth, contain their own nucleus of truth. Nothing is completely destroyed in psychic life, says Freud in these pages—but this is certainly not a faithful copy of the remote past.

Blum refers to Greenacre, who suggests that our analytic work with the patient initially starts with constructions (more conjectur-

al) to then pass on to hypothesizing reconstructions based on more extended analytic work. The author also reminds us of the personal influences of the analyst in the reconstructions. This issue of the private implicit theories of the analyst deserves, in my opinion, careful consideration in contemporary psychoanalysis (Canestri, 2006).

In chapter 4, "Constructions and Historicization", Abel Fainstein wonders whether constructions, in the original Freudian sense, have lost their centrality in analytic work. He identifies a slipping of the repressed and forgotten material to mnemonic traces lacking representation, recalling those that Marucco calls "ungovernable mnemonic traces". A large part of contemporary psychoanalysis can be recognized in this interpretation, which privileges access to missing or failed mentalization or symbolization. Fainstein continues with a careful analysis of the extension undergone by the Freudian concept of construction, to the concept that leads to conceiving historicization as the pivot of analytic work. The author quotes Reed, who emphasizes how also in neurotic pathologies the use of reconstructions applied to repressed representations in order to re-launch free associations is of great importance. In American psychoanalysis—as we can see in chapter 3, by Blum—the distinction between construction and reconstruction can be blurred.

In chapter 5, entitled "Creative Construction", Michèle Bertrand begins by reminding us that analysis is, above all, "deconstruction", starting from the meaning of "*analuein*". It is a question of unravelling "all-too-neatly packaged narratives". This is also the specific theme of chapter 9, by Stefano Bolognini. Subsequently, Bertrand devotes her contribution to creative constructions that she differentiates from normal constructions. The former refer to "traces of psychic events where retrieval is not possible"—traces that require the use of countertransference. This is the meaning that predominates in contemporary psychoanalytic thought, as mentioned above. Bertrand also mentions another issue that is of current interest—the relationship between interpretation and construction—and she quotes a work by Ferruta. She prefers giving to construction a content that is more connected to "recapitulation" that, according to Aulagnier, should reveal a structure.

In chapter 6, "Construction Then and Now", Howard B. Levine links the issue to Freud's theory of therapeutic action, which is

transformed and improved in these last works by Freud. Like some of the other authors and like Freud himself, Levine privileges the work of construction when dealing with "certain formative experiences . . . either too early (pre-verbal), too traumatic (beyond the pleasure principle) or too strenuously defended against to be recalled". In these cases, the author emphasizes that the spectres of countertransference (when it can imply attributing to the patient something that, instead, regards the analyst)—suggestion and compliance—may appear. To the extent that constructions are (essentially in the same way as interpretations) conjectures, the process must of necessity navigate between uncertainty, conviction, and uncertainty again.

In chapter 7, "Knowledge as Fact and Knowledge as Experience", David Bell agrees with Jacques Press and others that the problems raised by Freud "are much wider than its apparent focus". Considerations about the nature of the therapeutic process and the role that truth may have in it lead to the defining of a field that extends far beyond psychoanalytic technique and includes "profound philosophical implications". Moreover, these philosophical implications have relevant consequences in clinical work. Bell gives a detailed description of Kleinian technique in the light of the questions raised by the theme of constructions in analysis. He clearly states that "Acquisition of knowledge—that is, knowledge as a series of facts—was never the aim of psychoanalysis. . . . it was not knowledge that patients needed, but the overcoming of *resistance* to knowledge"—specifically, the resistance to self-knowledge. This leads him to place more emphasis on the process of "coming to know" than on "knowing". What interests us is the distinction between what is remembered as a pure fact—described by Bell as dead fact—that normally has little therapeutic effect, and what appears as an entity endowed with life in the analytic room and in the relationship with an other.

In chapter 8, "The Conundrum of Time in Psychoanalysis", Elias Mallet da Rocha Barros and Elizabeth Lima da Rocha Barros orient their reading of the Freudian text towards a reflection on temporality in psychoanalysis. They are of the opinion that the genealogic point of view is more fruitful than the chronological one: "an expressive recollection is more important for the experience brought to the present and re-lived as *memory in feelings* than for its

function of filling gaps in the patient's history, as Freud thought". Memory in feelings is a happy expression of Melanie Klein's. In tune with Kleinian clinical work, the authors mention Ruth Riesenberg-Malcolm: "What matters is if our interpretation *integrates* the past still alive in the present in its transferential manifestations with the inferred historical past." The authors relate the thinking of the Kleinian analyst to André Green's thinking on the Proustian episode of the madeleine: the process of selection of experiences and the evoked feelings is useful—if these are organized in a chain of meanings—in order to re-launch other dimensions of meaning. The therapeutic value of the constructions will therefore be linked to the improvement of the process of symbolization.

Finally, in chapter 9, "On Deconstruction", Stefano Bolognini recalls—as does Bertrand in chapter 5—the de-constructive nature contained in the meaning of the term "analysis". Bolognini then makes deconstruction the whole theme of his work. He suggests that the object of his examination, to which deconstruction is to be applied, would be "an object that can't be taken apart", which may concern fantasies, characterological positions, and systems of the subject's personality. The author offers a variety of clinical examples in order to demonstrate different types of deconstruction: deconstruction through lyses and through crises, deconstruction on the patient's part and deconstruction on the analyst's part, and so on. The clinical examples also allow the author to describe some technical recommendations.

I think that at this point the reader will have an idea of the variety of formulations that this argument can have in contemporary psychoanalysis: a variety that is the result of the theoretical pluralism of psychoanalysis, but also, as Blum suggests, of the personal influences that every analyst shows in clinical work and in the construction of theory. This book will, without doubt, be able to answer many questions and will provide the starting point for numerous reflections. Enjoy the reading.

PART I

"Constructions in Analysis" (1937d)

Sigmund Freud

CONSTRUCTIONS IN ANALYSIS

I

IT has always seemed to me to be greatly to the credit of a certain well-known man of science that he treated psychoanalysis 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.[2]

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

[1] [In English in the original.]

[2] [This discussion takes up earlier ones in Freud's paper on 'Negation' (1925*h*), *Standard Ed.*, **19**, 235 and 239. Cf. also a passage in the first chapter of the 'Dora' analysis (1905*e*), ibid., **7**, 57 and a footnote added to the same passage in 1923; also a footnote to Chapter I (D) of the 'Rat Man' analysis (1909*d*), ibid., **10**, 183 *n.*]

impulses up called 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 for-

gotten 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 débris, 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.

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 is 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 *n*th 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 any 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.[1] 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

[1] [An example of an incorrect construction is mentioned at the beginning of Section III of the 'Wolf Man' case history (1918*b*), *Standard Ed.*, **17**, 19.]

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.[1]

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

[1] [Cf. a paragraph in Section VII of 'Remarks on the Theory and Practice of Dream-Interpretation' (1923*c*), *Standard Ed.*, **19**, 115.]

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').[1] 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

[1] [Almost exactly the same phrases occur at the end of the paper on 'Negation' (1925*h*), *Standard Ed.*, **19**, 239.]

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.[1] 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 'Gauner' [swindler], whereupon he promptly replied: 'That seems to me too "*jewagt*" [instead of "gewagt" (far-fetched)].'[2] 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'.

[1] [See the next footnote.]

[2] [Chapter V of *The Psychopathology of Everyday Life* (1901*b*), *Standard Ed.*, **6**, 94. In vulgar speech the 'g' is often pronounced like the German 'j' (English 'y').]

If an analysis is dominated by powerful factors that impose a negative therapeutic reaction,[1] 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[2]—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.'

III

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

[1] [Cf. Chapter V of *The Ego and the Id* (1923*b*), ibid., **19**, 49.]

[2] [*Der Zerrissene.*]

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'[1]—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

[1] [The phenomenon here described seems to go back to observations made by Freud in connection with *The Psychopathology of Everyday Life* (1901*b*). See the long footnote, *Standard Ed.*, **4**, 13. The present passage may even be an allusion to a particular episode narrated there, ibid., 266–7. Cf. also the still earlier papers on 'The Psychical Mechanism of Forgetfulness' (1898*b*), ibid., **3**, 290–1 and footnote, and 297, and on 'Screen Memories' (1899*a*), ibid., **3**, 312–13. In all these passages Freud uses the same word '*überdeutlich*', translated here 'ultra-clear'.]

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.[1] 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.

[1] [Cf. the Breuer and Freud 'Preliminary Communication' (1893*a*), *Standard Ed.*, **2**, 7.]

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.[1]

[1] [The topic of the last few paragraphs ('historical' truth) was very much in Freud's mind at this period, and this was his first long discussion of it. A full list of other references to it will be found in a footnote to the Section of *Moses and Monotheism* (1939*a*) dealing with the same question (p. 130 above).]

PART II

Discussion of "Constructions in Analysis"

1

Freud's basic assumptions on "constructions"

Mikael Sundén

Let me begin with the difficulty of commenting on *one* article by Freud, since his writings are all intertwined with each other. In that respect they are like any noun or concept in language: part of an ever-expanding web of meanings. Freud does not write systematically, with thought and structure coming first: he lets the writing be part of his thinking. That should allow us corresponding freedom as readers, both in trying to understand the text and also using the text in our own thinking/practice.

What sort of article is this? Is it really about psychoanalytic technique? Some editors of Freud's collected works have put it in the volume on technique. My view is that it is more about constructions in the grand psychoanalytic theories of culture and religion. I think especially of the murder of the primal father as it is told in *Totem and Taboo* (Freud, 1912–13) and of the description of Jewish religion, its origin and development under Moses, in *Moses and Monotheism* (Freud, 1939a [1937–39]).

The murder of the primal father, the murder of Moses, the myth of Oedipus—all these murders are, according to Freud's hypothesis, part of the same story. It is about the son's ambivalent feelings

for his father: his murderous envy, but also his affection and thus feelings of guilt for the murder.

It seems evident that Freud himself had these feelings towards his father under his own skin. For him it must have been a relief not only to find or construct the feelings of all sons for their fathers, but also to show how precisely these ambivalent feelings and the murder of the primal father have been constituting factors for society and the forming of man.

The power of the representations linked to the murders is due, according to Freud, to "the kernel of historic truth" that they carry. Historic truth refers to something that has happened in the history of mankind or simply between men. Material truth, on the other hand, has to do with matter and what is independent of man.

Two basic assumptions

If we return to psychoanalytic technique, two basic assumptions govern Freud's thinking. The first is his absolute belief in psychic determinism. He himself writes in "A Note on the Prehistory of the Technique of Analysis":

> It is to be suspected that what is alleged to be Garth Wilkinson's new technique (free associations as a means for expressing the unconscious published in 1857) had already occurred to the minds of many others and that its systematic application in psychoanalysis is not evidence so much of Freud's artistic nature as of his conviction, amounting almost to prejudice, that all mental events are completely determined. [Freud, 1920b, p. 264]

The belief in psychic determinism is present already in *The Psychopathology of Everyday Life*, the final chapter of which, "Determinism, Belief in Chance and Superstition: Some Points of View", begins with Freud formulating a thesis:

> *Certain shortcomings in our psychical functioning . . . and certain seemingly unintentional performances prove, if psycho-analytic methods of investigation are applied to them, to have valid motives and to be determined by motives unknown to consciousness.* [Freud, 1901b, p. 239; Freud's own italics]

This is all part of Freud's naturalistic approach to psychic life: there must be a driving force to get the mental apparatus moving. That force is the libido translated into wishes. We should not be surprised to find this view in Freud's swan-song, *An Outline of Psycho-Analysis*. Behind every mental act there is a chain of other mental events, conscious or unconscious, which can be traced:

> It is generally agreed, however, that these conscious processes do not form unbroken sequences which are complete in themselves; there would thus be no alternative left to assuming that there are physical or somatic processes which we should necessarily have to recognize as more complete than the psychical sequences, since some of them would have conscious processes parallel to them but others would not. [Freud, 1940a (1938), p. 157]

The corollary is that what is truly psychic is the supposedly somatic concomitant phenomena, whether these are accompanied by conscious psychic events or by unconscious ones. Since psychology now is about physical processes, this "enabled psychology to take its place as a natural science like any other" (1940a [1938], p. 158).

This conclusion is immanent already in the second paragraph of *An Outline of Psycho-Analysis,* where Freud writes that "mental life is the function of an apparatus to which we ascribe the characteristics of being extended in space" (1940a [1938]), p. 145). The mental apparatus is thus a "*res extensa*" in Descartes' meaning and belongs to the material, naturalistic world. With a modern monistic view we could say that the mental apparatus is equivalent to the brain or part of the brain.

Freud's fallacy was that he thought that psychoanalytic methods of investigation met scientific standards of natural science. It is probably true to say that Freud believed in a one-to-one correspondence between somatic processes and mental events and that it should be possible in the future to go between psychic and somatic phenomena in a scientific way. Modern cognitive science and neuro-imaging of the brain are the beginnings of this utopian view. For my own part, though, I share Donald Davidson's argument against psychophysical laws. And if there are no such laws, then the mind cannot be reduced to "lower-level" physical properties. As Jaegwon Kim states in *Philosophy of Mind*:

> Thus, the most widely accepted form of physicalism today combines ontological physicalism with property dualism: All concrete particulars in this world are physical, but certain complex structures and configurations of physical particles can, and sometimes do, exhibit properties that are not reducible to "lower-level" physical properties. [Kim, 1998, p. 212]

This leads me to the second of Freud's basic assumptions—namely, that psychoanalysis should be objective and totally free of suggestion. You could almost speak of a "horror of suggestion" on Freud's behalf. Psychoanalysis had its most obvious roots in hypnosis and could even be associated with animal magnetism (Ellenberger, 1970).

When I was teaching pedagogy at the University of Stockholm 40 years ago, we defined our subject as the general study of influence. Education, advertising, and psychotherapy are all activities where someone is influencing a recipient via techniques founded on scientific results. There are, of course, always normative values in these activities. Psychoanalysis cannot stand outside influencing, although it is not a conscious aim. We influence our patients in a great many different ways, but we do not use our science to do it more efficiently. We try to understand what we are doing and discuss it openly with our patients and our colleagues.

For Freud it seems to have been simpler. The symptoms and inhibitions of the patients were facts, and they were "the consequences of repressions". The aim of psychoanalysis was to recover lost (repressed) memories:

> We all know that the person who is being analysed has to be induced to remember something that has been repressed. [Freud, 1937d, p. 258]

"To be induced" is, for me, very close to being influenced or even suggested to. Freud seems to be very much aware of the risk of influence when he discusses the meaning of the patient's "yes" or "no" to the analyst's suggested constructions. There is no final answer to that. It all depends on whether or not the constructions lead to new material coming to the surface. I think Freud is here very dependent on his favourite conviction about psychic determinism.

For Freud to allow patients to have their say on what the analyst

says is the main guarantee for holding suggestion within limits. But he finds himself forced to state:

> I can assert without boasting that such an abuse of "suggestion" has never occurred in my practice. [Freud, 1937d, p. 262]

This is all very well, but is it really up to the analyst to evaluate himself in this way? Probably Freud had his own doubts. In an almost contra-phobic example from an experience outside psychoanalytic practice Freud tells us about a colleague of his who had, long ago, chosen Freud as a consultant in medical practice. This colleague one day brings "his young wife to see me as she was causing him trouble". She refused to have sex with her husband. Freud does what is expected of him and explains to the young woman that she is risking not only the health of her husband but her marriage altogether. (This reminds me of a song I heard in Paris in 1963, where a son-in-law comes to his father-in-law complaining about his wife. The father-in-law answers very affirmatively: *"De quoi vous plaignez vous, Jean Giles mon gendre, de quoi vous plaignez vous, ma fille est tout à vous"* [What are you complaining about, Jean Giles, my son-in-law, what are you complaining about, my daughter is all yours.] Then the father-in-law gives his son-in-law more and more advice on sexual practices, where the woman is always attributed the passive role.) The colleague then said: "The Englishman you diagnosed as suffering from a cerebral tumour has died too." This meant that the colleague thought Freud was as right about the risks for the marriage as he had been about the diagnosis of the cerebral tumour. "It was an exact parallel to the indirect confirmation that we obtain in analysis from associations" (Freud, 1937d, p. 264).

I can see Freud's point, but I do not understand why he is not more aware of his articulation of a patriarchal, male-chauvinistic attitude towards women in this example.

Constructions and delusions

At the end of his paper Freud admits that he has been seduced by an analogy, namely:

> 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. [Freud, 1937d, p. 268]

The analogy refers to the element of historical truth in both concepts. Then Freud goes a step further in the concluding paragraph of the article. Mankind as a whole is considered to have developed delusions that have an extraordinary power over men. Freud is most probably referring to religious beliefs. These also "owe their power to the element of historical truth which they have brought up from the repression of the forgotten and primeval past" (1937d, p. 269). With this analogy Freud is balancing on the edge between delusions and constructions in analysis. His firm belief in his construction of the killing of the primal father in *Totem and Taboo* (1912–13) reflects the resonance of this tale in his own psychic life. It seems as if he thinks: "There must be a kernel of truth in it, because I feel it so." The fact that many other men do not believe it does not matter.

In my discussion of "Constructions in Analysis" I have concentrated on the links to Freud's general ways of thinking. He was a very persuasive writer and a master rhetorician, so it is no wonder that we still work to free ourselves from them. For my part, I think the following quotation from "Constructions in Analysis" goes well together with the hermeneutic interpretation of psychoanalysis:

> 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. [Freud, 1937d, p. 258]

But we do not work with sources other than the patient's words and their impact on us when we are constructing this picture. We are not historians or lawyers. We are satisfied to find *one* truth, not *the* Truth.

2

Construction: the central paradigm of psychoanalytic work

Jacques Press

Though Freud had frequent recourse to construction and used the term in his writings—the Wolf Man springs instantly to mind—it was not until 1937 that he conferred epistemological status on the word "construction" in the article of that name (Freud, 1937d). Why this late emergence? How does it fit into the dynamic of Freud's work? In what way does it constitute a watershed—coming, as it does, at the point where his work is drawing to an end, and yet anticipating some of the most significant post-Freudian developments? These questions will furnish my narrative thread.[1]

In an earlier paper (Press, 2006), I defended the view that the works of 1935 to 1939, as Freud struggled with successive drafts of *Moses and Monotheism* (1939a [1937–39]), represented a final turning-point in his *œuvre*, leading the founder of psychoanalysis to reappraise core elements of his theory, particularly as regards trauma and its effects. I would like to pursue this line of thought along a complementary vertex.

I start by looking at how "Constructions in Analysis" articulates with Freud's reflections on the limits of analysis in "Analysis Terminable and Interminable" (1937c), written slightly earlier. I then

develop this dialectic by focusing on the construction of a passive position and on the specific regressive modes that it implies. This brings us up against the question of the truth of our constructions, which I examine from a particular angle, using the notion of historical truth, which Freud touched on in his text. Finally, I address the new hallucinatory modes that Freud was outlining at this point and which, he believed, contained their own kernel of historical truth.

Throughout this investigation, the emphasis will be on what this new theoretical development means for our work in practice. On this point, while my work does not take a specifically psychosomatic line, I should emphasize that the authors of the Paris psychosomatic school—marked by a focus on impaired mental functioning and barriers to regression in somatizing patients—have shaped the background against which my thinking develops (Braunschweig & Fain, 1975; Fain, 1971, 1995; Marty, 1976, 1980).

An epistemological upheaval

In "Analysis Terminable and Interminable" (1937c) Freud stresses the importance of the economic factor as well as the main factors that determine the outcome of therapy: the strength of the drive; the role of the traumatic factor, seen as a good prognostic sign; and, finally, the alterations of the ego. These alterations include the adherence, and loss of plasticity, of the libido, along with two other crucial factors.

The first of these is the need to punish an ego that has not only ceased to be the master of its own domain, but also proved to be in large part unconscious, prone to splitting, and likewise subject to destructive drives, whose full force is revealed in masochism. The other is the famous *gewachsene Fels*, the rejection, in both sexes, of femininity, with which the work concludes. Both of these key sections in the article are marked by a shift—not signposted by Freud—in the direction of his argument: a shift towards metapsychology in the first instance, ascribing masochism to the workings of the death drive, and a shift towards biology in the second, asserting a biological cause for the defence against femininity in both sexes. These un-signposted shifts signal, it seems to me, stumbling blocks that we can build upon.

In a related vein, we should remember that the famous rock with which the June 1937 article culminated was not the last word in the matter. Three months later, Freud wrote "Constructions in Analysis" (1937d), a reworking that led to a profound reappraisal. For although at the start of the article he plays down the importance of his new viewpoint, he nonetheless gives the notion of construction a theoretical and metapsychological status comparable to that of interpretation, or *Deutung*.

In "Analysis Terminable and Interminable" (1937c) Freud contrasts the effects of censorship due to repression with those of the other "defence mechanisms": the blanking-out of the text in the first case, distortion and mutilation in the second (Freud, 1937c, pp. 251–252). *Deutung* corresponds to the first case. It brings to light something whose meaning may be hidden, or which may be blanked out, but whose existence is not in doubt.

In the case of construction, however, we cannot just fill in the gaps in the text, or translate from one language to another. Nor can we reconstitute, by a process of deduction, the original form of the text: something is missing here in an altogether more fundamental way. The archaeological metaphor likewise ceases to apply: there is no longer any prospect of unearthing some original state, fixed in time, asking only to be brought to light.

The journey from *Deutung* to *Konstruktion* is accompanied by a significant epistemological shift. That which we have to construct is partly bound up with the stumbling blocks of June 1937: the aim is to construct the foundations of a passive position by going back as far as possible to the origin, which raises the question—discussed below—of the regressive modes. But on the other hand, if "it" is so fundamentally missing, we will also have to construct what it is that is missing: only our eyes can give it shape.

What we see taking form here is a new conception of psychoanalytic work, seen less as the unveiling of an existing structure, made up of different levels of discourse, than as an uncertain and unpredictable encounter between a demand—with its own economy and dynamics—and an equally tentative response that could at any moment trigger the rejection, by the object, of the subject's drives—and/or the needs of his or her ego. It is not so much the deciphering of a text written by the unconscious than the arbitrary construction (Canestri, 2004; Pragier & Faure Pragier, 1990, 2007)

of a common space in which a genuine exchange might, just possibly, develop—an exchange whose goal is the emergence of a drive-life that has not yet found its place. This sends us back, on the one hand, to early traumatic events and, on the other, to the id of the structural model, rather than to the unconscious of the topographic model.

Regressive modes and construction

"Constructions" can be seen, then, as an attempt at working through the unthought thoughts of "Analysis Terminable and Interminable" (1937c) and as a reassessment of the stumbling blocks mentioned above. Among these, the question of passivity, and thus of regressive modes, occupies a key position; it would later prove central to the thinking of authors such as Fain (1995) and Winnicott.

On this theme, Winnicott made an inestimable contribution in his article "Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-up" (1955), where he sees regression as not merely "regression to good and bad points in the instinct experiences of the individual, but also to good and bad points in the environmental adaptation to ego needs and id needs in the individual's history" (p. 283). This unleashes a revolution of Copernican proportions. The analyst is no longer just a spectator: the drama is played out not simply before his eyes, but within the analytic relationship itself—and he is totally implicated in it.

Unthinkable anxiety is at the heart of this mode of psychic organization. It is not related to a return to an earlier instinctual phase, nor can it simply be reduced to a defence against an instinctual threat. It is closely linked to the serious risk that the regressive process poses to such patients. Their entire psychic organization is structured to avoid "regression", synonymous with breakdown, and sometimes, as the psychosomaticists have shown, with the development of somatic symptoms. Even more importantly, the entire analytic game is conditioned by this risk. The particular characteristic of the agonic experience of breakdown is that it is not an experience in the full sense of the word but, rather, a consequence of something that did not happen when it should have (Winnicott, 1965b, 1971a).

The negativization processes put in place by the subject must therefore be seen as secondary in the sense of "coming after". While it is true that these patients are defending themselves against living or reliving something unbearable, it is nonetheless useful to think of their entire psyche as being structured around an absence left by an experience of satisfaction that never came about. I have often had the impression with certain patients that they were somehow incapable of recognizing a positive experience as such, precisely because it didn't happen for them, and there was therefore nothing about it that seemed truthful in their eyes: however paradoxical it may sound, people above all negativize that which never happened. In other words, the truth of the subject lies in something that never took place: this negativity will constitute the central transferential–countertransferential focus of analysis. It could be said that the whole subsequent organization of the individual is centred on containing this kernel of negativity, rather than curing it (in the sense that the formation of a delusional system is an attempt at self-cure).

This particular organization of the ego that has crystallized around the initial helplessness is characterized by a situation that Winnicott calls "withdrawal", in contrast with regression (Winnicott, 1954, 1955). What is meant by "withdrawal"? In the course of individual development, in principle integration takes place naturally, but a failure to integrate leads the subject—for whom regression is impossible—to create instead his own particular architecture, in which he maintains himself, outside any objectal relationship.[2] To abandon this position would mean returning to a state of primary helplessness, which is at the same time a state of unprotected exposure to instinctual violence—something analysand and analyst alike fear above all else. A highly paradoxical situation, and one that can easily lead to collusion between the two therapeutic partners, but the real purpose of which must be the construction of a passive position—the only way of transforming chaos into a formlessness rich in potentiality.

As André Green noted: "for passivity, everything is played out around primary distress or helplessness. It would appear, then, that to be loved in distress is a prerequisite for all subsequent solutions" (Green, 1999, p. 1600). To be able to hear that infant in distress, to understand, with the analysand, the key instinctual and

narcissistic factors that have determined his personal construction around that infant and have made that particular construction appear to be the only possible solution at certain critical moments in his history—and in so doing, to reveal, however fleetingly, that other constructions may be possible—this would be the analytic way to love the infant in the midst of its distress.

Historical truth and construction

It could be said that the work described in the preceding paragraphs entails a rewriting of the analysand's history through the interplay of transference and countertransference. The inevitable question then arises: what is the truth-value of these constructions? This question is at the heart of the controversies that surround the works of Spence (1982, 1989) and Schäfer (1976, 1983), and, indeed, those of Vidermann (1970).[3] The debate in France has crystallized around the theses of the latter, but in the English-language literature it has taken a different path, branching off in the early 1990s onto the issue of the multiplicity of psychoanalytic approaches, before taking a philosophical turn, with the advocates of "correspondence" theory on one side and those of "coherence" theory on the other.

The first position, defended notably by Hanly (1990), posits a relationship of correspondence between our description of reality and the objects to which the description refers. Conversely, in coherence theory (Spence, Schäfer), "truth derives from the internal consistency of beliefs and experiences rather than from a correspondence with facts that are external or independent of mind" (Hamilton, 1993, p. 63).

I do not propose to go any further into this discussion here,[4] except to observe that it seems to me that, in the English-language literature in this area, Marcia Cavell has had the last word, though dealing with a different topic (freedom). Rejecting the simplifications inherent in the debate between "narrativists" and the advocates of correspondence theory, she writes:

> I don't think . . . that the past is merely something we construct. Rather, the past helps us construct the way we receive and go to

> the world, as, in a never-ending cycle, the present helps us construct our understandings of the past. . . . We are embedded, enmeshed, in the external world, and . . . while this embeddedness may seem to argue against freedom, it is actually one of its necessary conditions [Cavell, 2003, p. 527]

This viewpoint can be applied to the question of truth. Our sense of truth is subject to the same embeddedness and to the way in which we manage—or fail—to accept it. I would even add that it is a double embeddedness: we are enmeshed both in our own bodies and in the outside world, and are only truly ourselves insofar as we accept the limits and demands of both, identify with our own history, and take responsibility for the way in which we have lived it—and also the way in which our past and/or present instinctual demands have reciprocally helped to shape that history, to make it what it has become. It is in this dialectic that our truth resides, and it is only by acknowledging it fully as ours that we can really, as Goethe told us, "become ourselves".

Clearly, this is in danger of turning at any moment into a philosophical debate. And yet it is at this precise point that we reconnect with Freudian theory and the developments of the final years, through the notion, which stems from that period, of historical truth. Delusion, like religion—which is a collective delusion—contains a fragment of historical truth, as Freud wrote in the last pages of *Moses* . . . (Freud, 1939a [1937–39]) and similarly at the end of "Constructions in Analysis": God does not exist, but there was long ago in the history of the species, as in the history of every individual, a great man, a primal father.

In other words, historical truth is not the material truth of the past, but nor is it equivalent to psychic reality. It points to the kernel of material truth wrapped up inside the psychic construction that has developed around it. (It is worth noting, in passing, that the expression "psychic reality" does not appear in the 1935–39 writings.)

So, when our analysands say that we're not hearing them, that we don't understand what they are telling us, we should not simply point them back into their own selves, to their own drives and instincts. In fact, such an attitude may well only reproduce the initial traumatic situation, the denial of the infant's experience by those

around it. We should focus, rather, on hearing the fragment of historical truth in their statements and on "liberating [it] from its distortions and its attachments", as Freud puts it in "Constructions" (Freud, 1937d, p. 268).

Obviously, we will never know what really happened—what Freud calls the "material truth" of the past—but by touching on this kernel of historical truth we come closer to a core identity and are able to impart a sense of truth to the constructions that we convey to our analysands, and to succeed in giving them a sense of conviction (Blass, 2003, 2006; Botella & Botella, 2001). The drama played out on the analytic stage constructs a version of this core identity: a version that is admittedly partial—in both meanings of the word—but is nonetheless irreplaceable and unique to each analytic relationship. In other words, historical truth as it appears in therapy is not a given. It is, in the truest sense, a construction: one based on joint effort.[5] This journey, crucially, puts the analyst and his inevitable faults to the test, and these fault-lines will intersect with those of the patient's history, each with their own burden of historical truth.

This resonates with another article by Winnicott, "The Psychology of Madness" (Winnicott, 1965b). A failure of the environment, he writes (in essence), leads to a state of affairs called "X". This state can result in a reorganization of the defences—for example, the formation of a "false self". The deficiency comes from the environment; the defences likewise reorganize in response to the environment. But "what is absolutely personal to the individual is X" (Winnicott, 1965b, p. 128).

That which is most intimately personal to us, which forms the basis of our personal construction, the construction that makes us what we are, is that which we have not been able to experience and which, at least in part, was forced upon us from the outside. Within us, it comes up against our own specific and always conflicting ways of coping, and not coping; of facing something, and effacing it. As I noted earlier, we are led to the paradoxical conclusion that that which we negativize is precisely that which prevents the central, primary negativity from coming into its own. Seen from this angle, the compulsion to repeat, to repeat in action—a form of amnesic memory (Botella & Botella, 2001; Green, 2000a, 2000b)—origi-

nates in the eternally renewed and eternally doomed effort to isolate this kernel of historical truth.

When we touch on this point, we find ourselves back in the agonic situation that our entire construction was designed to keep in check. We are drawing near to the very foundation of our identity, which is bound to stir up the most vigorous resistance. And yet, any analytic process worthy of the name inevitably seeks to do exactly that: to "touch on that point". Regression in therapy seeks to take us back to that nodal point where representation ends. To rediscover it, or discover it for the first time; to be able, if not to face it, then at least to stand close, for a while, to that part of our history which never took place—such is the goal.

But the path that leads there is a curious one: on one side, the construction of a common space; on the other, the task of deconstruction that must be undertaken, relentlessly and uncompromisingly, to make that construction possible: the deconstruction of all that we have put in place to contain that kernel of non-representation and to which, even as we expose it to the analytic scene, we cling with all our strength, because we know, obliquely, that this path leads not only to the lost figures of the past, but also to what is often our first encounter with that moment where representation is lost, the point where we lost ourselves, where we became lost to ourselves. It is, more precisely, an encounter with its echo—distorted, transformed, but an echo nonetheless—in the adult that we have become; it leads us to construct the archaeological site that once was our own. Yet however far we go, however far back we try to (re)construct, we are destined, at least in part, to fail: a failure inherent in the limitations of our human condition.

Constructing, failing, emerging enriched by that failure . . . perhaps that is the yardstick by which the human condition is defined, and also by which a "terminable analysis" is defined. Making our limitations bearable; metabolizing rather than evacuating frustration, that crucial choice described by Bion (1962, 1967); giving this shapeless unknown a form that can be perceived as real; in a word, transforming the wound—not so much of non-representation as of the limits of representation—into an umbilical cord of thought, instead of a blank refusal to think: such are the goals of our joint construction.

The hallucinatory process: wish-fulfilment and facilitation

It is worthy of note that the passage in "Constructions"—and, indeed, in *Moses*—that touches on historical truth is embedded within a discussion of psychosis and hallucination, where Freud asserts, in the clearest possible terms, the existence of a hallucinatory formation distinct from the regressive hallucinations described in *Traumdeutung* (1900a):

> 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. [Freud, 1937d, p. 267]

Hallucinations, like dreams (Freud, 1940a [1938]), seem therefore to contain an element of amnesic memory: a memory that unknowingly repeats itself. Our task, then, is to construct what it is that the hallucination is repeating.

As we know, Freud kept going back over his initial postulate that every dream corresponds to a hallucinatory wish-fulfilment. After accepting, albeit momentarily, in *Beyond the Pleasure Principle* (Freud, 1920g), that dreams could have a controlling and binding function prior to the desire for satisfaction, he qualified his position in *New Introductory Lectures*: the 29th Lecture: "you can say nevertheless that a dream is an *attempt* at the fulfilment of a wish" (Freud, 1933a [1932], p. 29), an attempt that reflects an effort to transform traumatic impressions into wish-fulfilment.

Meanwhile, Ferenczi sketched out what he called a "revision of the interpretation of dreams" (Ferenczi, 1931, pp. 138ff) in an article that was not published until after his death. He pushed to its logical conclusions the viewpoint defended by Freud in *Beyond the Pleasure Principle* (1920g). His central thesis is that "the recurrence of the day's residues in itself is one of the functions of the dream . . . it strikes us more and more that the so-called day's (and as we may add, life's) residues are indeed repetition symptoms of traumata" (Ferenczi, 1931, p. 238), and consequently "every dream . . . is an attempt at a better mastery and settling of traumatic experiences" (p. 238).

This formulation is very close to Freud's statement in *New Introductory Lectures*. And yet, it is nothing less than a paradigm shift. It effectively presupposes that dreams have a *traumatolytic function,* being the application to dream activity of Freud's schema in *Beyond the Pleasure Principle*: the binding function is primary—it precedes, and is independent from, the pleasure principle, even if it does not necessarily oppose it.

In the rest of his article, Ferenczi distinguishes primary dreams—the unmodulated repetitions of the trauma, which often take the form of dreams made up of bodily sensations with no psychic content (and which, in my experience, can include blank nightmares)—from secondary dreams, which often occur on the same night, and which attempt to transform the traumatic residue into wish-fulfilment. He points out the fallacious nature of the transformation of the primary dream into a secondary dream in the cases he describes, whereas for Freud this is precisely the purpose of the dream-work. The attempt to transform the traumatic residue into wish-fulfilment leads, in Ferenczi's words, to an "optimistic counterfeit" (Ferenczi, 1931, p. 241), based on narcissistic splitting.

This way of seeing things establishes an organic link between, one the one hand, the modalities of traumatic splitting brought to light by Ferenczi and, on the other, the modalities of Freud's dream function: a part of the psyche, the most developed part, attempts to operate in accordance with the pleasure principle. But the traumatized part operates in another, quite different, register, aimed only at keeping the trauma alive—or, at least, it inevitably tends to do so. In other words, wish-fulfilment is, in these patients, a case of the *wise baby* in action; it does not express the truth of the traumatic experience. To take it one step further: *the "truth" of the dream in such cases resides not in the work of transforming the underlying material, but in the manifest text.* Similarly, the manifest content of patients' dreams and stories is not simply a disguise, masking unconscious material and/or desires. It must be considered in its own right, for what it is, independently of the transformations that may have been wrought by unconscious desires. More than that: the manifest content expresses the reality of an untransformable "experience".[6] We should not therefore seek—at least, not at first—to translate it into another language, the language of the unconscious, but, rather, to recognize its untransformability and acknowledge it to the patient.

Day residues must always be considered, then—just like manifest material—from two different angles, at times complementary, and at times contradictory. On the one hand, as masking the underlying content; on the other, as possibly expressing—albeit in a distorted, transformed way—the reality of a lived experience.

Freud's final works seem to me to contain important lessons about the nature of the hallucinatory function. The regredient hallucinatory process of dreaming—the "harmless psychosis" he describes in the *Outline* (1940a [1938])—here interacts with a different kind of hallucinatory process, one that I shall call *hallucinatoire par frayage*: the hallucinatory process of facilitation[7] by which the mind, independently of the pleasure principle, inscribes a trace that has not been fully integrated into the psyche (analogous to what Bion termed "hallucinosis"). The dream-work, in the traditional sense of the term, tries to transform these memory-traces into wish-fulfilment through facilitation, but it does not always succeed—in fact, far from it—insofar as this transformation is heavily dependent on a prior stage in the dream process: its traumatolytic function. It would appear, therefore, that there are three stages to the process: the binding of the raw material, followed by its representation, and, finally, its transformation into hallucinatory wish-fulfilment.

It is clearly essential to consider these different stages when dealing with non-neurotic patients. But there is, I believe, a far more general value in doing so, one that touches on the very foundations of every individual's psychic organization. To paraphrase Freud once again, it highlights the complexity of the pathways by which human beings manage to transform the memory traces of the traumatic event into wish-fulfilment. And as I have tried to make clear throughout this chapter, what is true for the hallucinatory process is equally true for a broad range of concepts that underpin our theory and our practice.

This represents a critical dimension for research work in our field. We set out by exploring what might, at the outset, appear to be a point of theoretical detail—the place of the concept of construction in Freud's last works and in his legacy. This task leads us to (re)construct the very notion that we seek to examine—a reconstruction that, in turn, changes our outlook on the theory as a whole: there is a shift from the particular to the general, and it is our view of the psychic and psychosomatic functioning of

the human being—and also of the work of the analyst in the session—that finds itself transformed, as we, in turn, strive to construct a living theory.

Notes

1. I am following up here on one of the ideas put forward in the report I presented to the 68th Conference of French Language Psychoanalysts (Press, 2008).

2. John Steiner (1993) formulated his own personal theories on these states from a Kleinian angle.

3. On the construction/reconstruction debate, see the discussions between Blum (1980) and Brenman (1980), Pasche and Loch (Pasche, 1988). Wetzler (1985) and Brenneis (1997) look at it from the viewpoint of ego psychology, while Sandler and Sandler integrate it into their model between "past unconscious" and "present unconscious" (Sandler & Sandler, 1997). See also Target (1998), Gabbard (1997), and, more recently, the exchange between Blum (2003a, 2003b) and Fonagy (2003).

4. On this point, see in particular Hamilton (1993) and Davidson (2004), as well as Parsons (1992).

5. My position here is very close to that of Haydée Faimberg when she advocates going beyond the opposition between construction and reconstruction and identifies a paradox in construction, which, "being by definition retroactive . . . is at the same time anticipatory" (Faimberg, 1990, p. 1159).

6. Quotation marks are called for here, given the impossibility of taking subjective ownership of such situations.

7. "Facilitation" is the conventional rendering, from Strachey, of the German word "*Bahnung*" [literally, "pathbreaking"]—a word Freud used as far back as the "Project for a Scientific Psychology" (1950 [1895]) and which conveys, better than the English term, the economic dimension of the process.

3

Reconstruction in contemporary psychoanalysis

Harold P. Blum

Interest in reconstruction has waxed and waned in the history of psychoanalysis. It has been particularly challenged in contemporary psychoanalysis, which in many quarters emphasizes the analytic transference relationship in the here and now. For those analysts for whom the analytic process is largely co-constructed, reconstruction is likely to be regarded as insignificant, irrelevant, or impossible. "Reconstruction" refers to the connection of the patient's childhood to current relationships, to present conflicts, aspirations, and so on. A reconstruction is a hypothesis that is the best possible fit of the analytic data and that brings the analytic data into living history. I construct a flexible model in my mind of the patient's childhood and adolescence, of the child that still lives in the adult. Past and present, fantasy and reality, cause and effect are encompassed in an explanatory reconstructive framework (Blum, 1998).

I consider reconstruction to be a synthesizing process for analyst and analysand and a valuable agent in the therapeutic action of psychoanalysis. The capacity to utilize reconstruction varies among patients. Some patients are gifted in memory recovery and reconstruction and may take the lead into the flux of present and past. Others have great difficulty recapturing childhood and restoring

or establishing links between past and present. Furthermore, even for particular patients—for example, patients with developmental arrests, deviations, and deficits—who may not be able to benefit directly from reconstruction, reconstruction may still be valuable for the analyst's understanding of the patient's condition. Controversy regarding reconstruction may be even more trenchant today than it was for the pioneers of psychoanalysis—for example, in related debates concerning historical truth versus material truth, causality versus meaning, and the relationship between psychoanalysis as a natural science versus hermeneutics. There are also issues concerning reconstruction in adult analysis versus child analysis; pre-oedipal reconstruction; and reconstruction upwards of a patient's sometimes chaotic present life situation (Blum, 1994).

To my mind, the earlier the developmental age of the patient, the greater degree of conjecture involved in analytic reconstruction. Pre-oedipal reconstruction, especially preverbal reconstruction, engenders many questions concerning the validity of the reconstruction, with conviction varying greatly from analyst to analyst. Current analytic data do not support linear models of direct linkage between adult and infantile disturbance, parallel with the understanding that the adult neurosis does not replicate an infantile neurosis. Infantile traumatic experiences are not likely to be directly accessible to later psychoanalysis (Gaensbauer & Jordan, 2009); aspects of these traumata may be accessible in a form modified by later development. The notion of continuity, a red thread running through the patient's symptoms and character pathology, contrasts with much greater consideration today of developmental transformation and discontinuity. Since development follows a pattern of differentiation and integration, it follows that earliest developmental disturbance is likely to have a more global and diffuse impact. The infant's greater vulnerability to regression and disorganization, and very modest capacities for integration, pose major obstacles to preverbal reconstruction. Freud (1930a [1929]) proposed that earliest mental life is preserved somewhere in the mind, though preservation in its original form is not consistent with current neuroscience. The infant's brain triples in size during the first year of life, and during infancy whole areas of the brain undergo differentiation, myelinization, as well as the removal of some neuronal clusters. If implicit memory is functional at that

early period of infancy, it is questionable how it could be reliably retrieved and interpreted in later phases of development. Memory traces and derivatives from the first year of life might be condensed, dispersed, and fragmentary. Memory may be re-contextualized under the influence of later experience, as postulated by Freud and consistent with current neuroscience. Autobiographical memory of trauma, which is self-referential, is not available in early childhood. The kind of autobiographical memory called episodic memory, as opposed to factual memory, is always self-referential and bears a linkage to time and a life history. Reconstruction is then necessary to place memories in a historical context, as well as to analyse, organize, and integrate fragmented, distorted memories.

In the course of analytic history, it was noted that a patient's conscious account of his/her life history would inevitably be biased and subject to gaps, distortions, and inconsistencies. In addition to defensive and wishful alteration of memory, there could be problems of registration and retrieval, currently noted in relation to severe trauma. Severe trauma and prolonged psychic trauma change the brain as well as the psyche. Trauma modifies the amygdala and shrinks the hippocampus, with radiating pathogenic effects in other areas of the brain. Presumably there are no accurate memories of the past—at least no memories that could under any circumstance, whether through hypnosis, pharmacological agents, brain stimulation, and so forth, be able to reproduce exact, unmodified, past experience. Freud (1899a), formulating screen memories, wondered whether what seemed to be remembered was really constructed afresh in the present act of recollection. He then proposed:

> It may indeed be questioned whether we have any memories at all from our childhood: memories relating to our childhood may be all that we possess. Our childhood memories show us our earliest years not as they were, but as they appeared at the later periods when the memories were aroused. In these periods of arousal, the childhood memories did not, as people were accustomed to say, emerge; they were formed at that time. . . . No concern for historical accuracy had a part in forming them, as well as in the selection of memories themselves. [Freud, 1899a, p. 322]

Is not all memory partly screen memory? The past is filtered through the distorting lens of the present and the accumulating effects of

development and experience. Successful reconstruction can then not only accomplish the reworking and reorganization of memory, but also serve as a cohesive substitute for missing memory not previously available. A caveat would be that the analyst might rewrite history in the process of reconstruction and co-create an analytic myth superimposed upon a patient's personal myth.

Freud (1937d) emphasized reconstruction or—as he interchangeably called it—"construction" as a major task of analysis. Greenacre (1981) differentiated between the analyst's initial conjectures or constructions and later reconstructions based on extended analytic work. The importance of lifting infantile amnesia and genetic interpretation was emphasized in traditional psychoanalysis, often as a preliminary to the greater task of reconstructing the patient's childhood—conflicts, traumata, object relations, and so on. With newer focus on countertransference, intersubjectivity, and interpersonal influence, the genetic point of view is no longer honoured as it had been before. The pathogenic past is less addressed in some psychoanalytic schools and is left to the preferences of individual teachers and supervisors. Transference interpretation in the present overshadows what has been transferred from childhood and adolescence. The transference–countertransference field and interpersonal effects tend to dominate clinical reports in the literature. This does not mean that reconstruction is not utilized in analytic work, since some analysts might reconstruct without identifying or labelling what they are doing as reconstruction. I believe that many or perhaps most analysts engage in at least episodic reconstruction, which they may or may not recognize and explicitly convey to the patient. Explicit reconstruction has been shown to be theoretically and clinically beneficial in the psychoanalytic treatment of shock trauma as well as cumulative trauma (Reed, 1993; Rothstein, 1986).

What are the differences between reconstruction and interpretation—particularly genetic interpretation? I regard an interpretation as much more limited in scope than a reconstruction. Interpretation may refer to particular defences such as repression or denial, to an affect such as shame or guilt, or to a current or genetic aspect of the transference relationship. For example, the interpretation of a sadomasochistic transference, often with the analyst's own understanding of what the patient is trying to

provoke in the countertransference, is not necessarily a reconstruction. Sadism towards a sibling rival may be interpreted in terms of the transference as well as in extra-transference interpretations of critical attacks towards colleagues and peers. Reconstruction connects the constellation of the intrapsychic meaning and *sequelae* of the sibling's birth, inferring initial and distant ramifications. Experiences such as the birth of a sibling have an impact on the patient's life and entire family. The historical facts surrounding a sibling's birth are not insignificant and have conscious and unconscious reverberations beyond the explanatory reach of a transference or genetic interpretation. Freud illuminated these reactions in his classic example of reconstruction:

> "Up to your *n*th 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. (1937d, p. 261)

The reconstruction transcends and expands both transference and genetic interpretation. It may integrate a number of prior transference and genetic interpretations, while stimulating additional associations, memory retrieval, or proposed modification or dissent from the reconstruction. Further, analytic reconstruction of the sibling's birth would be on a higher developmental level than the intrapsychic experience of the child in its original form. The child does not have the language, ego-development, affect discrimination, and conceptual and integrative capacities of the adult (Blum, 2005). The reconstruction in the analysis brings the past to life but is dynamically related to the present: for example, to the transference revival of sibling rivalry in the analytic situation.

Following initial clarification and interpretation, reconstruction may provide a template for further genetic interpretation and transference interpretation. The process of reconstruction is therefore more likely to unfold when more analytic data are available after the initial phase of analysis. Freud's rapid reconstructions in the early history of psychoanalysis were superseded by his seasoned advice at the end of his life, when he stated:

> We never fail to make a strict distinction between our knowledge and his knowledge. We avoid telling him at once things that we have often discovered at an early stage, and we avoid telling him the whole of what we think we have discovered. [Freud, 1940a (1938), p. 178]

It seems to me still important to distinguish between analytic work leading to reconstruction as a specific technical intervention, and the conviction of the reconstruction for the analyst versus the patient's conviction of the validity of the reconstruction.

For most analysts, myself included, reconstruction does not require extra-analytic confirmation from close relatives or from home movies, diaries, letters, or family documents. However, on the whole, I welcome extra-analytic confirmation or compelling evidence for alteration or abrogation of the reconstruction. Patients who are able to participate in the process of reconstruction will frequently add to or modify the reconstruction as the analytic work proceeds. It follows that I do not regard reconstruction as a resistance through flight from the present into the past, although reconstruction and any aspect of the analytic process can be used as resistance. Mere intellectual discussion of what was long ago and far away evades current and past affective experience and unconscious conflict. To be effective, reconstruction has to be affectively meaningful. The reconstruction of childhood should be helpful to the patient in the present in constructing a more rewarding future from the pathogenic residues of the past.

Freud's astounding reconstructions during his self-analysis inspired generations of psychoanalytic students and gave rise to a host of related analytic papers. The complex conflicts of the oedipal phase, the death of his little brother Julius, his mother's pregnancy, the birth of his sister Anna, the one-eyed doctor, the nursemaid who was imprisoned for theft, were all retrieved from a long-buried past and resurrected from infantile amnesia. Without any guide, and sometimes confused by his proto-analyst Fliess, Freud checked his reconstructions, derived largely from dream analysis, with his mother. The value of reconstruction was established, but the complexity and problems of reconstruction lay ahead. Actually, there were two—or perhaps three—nursemaids, telescoped into the one. The germ of guilt that the death of his brother Julius left in Freud

has to be weighed against the probability that Freud had reacted to his mother's depression after losing within a short period of time both her brother Julius and her son Julius (Blum, 1977; Krull, 1986).

The influence of historical and cultural context, the analytic education, theoretical position, countertransference, preferences, and prejudices of the analyst in the construction of reconstruction were barely considered in the pioneer era of psychoanalysis. In contemporary psychoanalysis, reconstructions—for example, of pathogenesis—by a Freudian ego psychologist, a Kleinian analyst, and a self-psychologist would hardly be the same, although they might well be complementary. The analyst's personal preferences and prejudices also influence the process and content of reconstruction. Reconstruction may vary, but less so among analysts within the same analytic framework. Reconsidering Freud's (1905e) analysis of Dora, it is apparent that the brief analysis did not take into account her being an adolescent. Neither countertransference nor developmental phase was sufficiently appreciated in the early development of psychoanalysis. Overlooked in the Dora case, reconstruction in the analysis of countertransference facilitates the analyst's understanding of his/her own childhood as well as the pathogenesis of the patient's disorder.

The reconstruction of silence and facilitation of development: clinical vignette

In contemporary psychoanalytic theory and clinical psychoanalysis, reconstruction can be understood as furthering arrested development (Winnicott, 1965a). This developmental perspective expands the traditional focus on the analysis of unconscious conflict and trauma. Excerpts from the analysis of a developmentally disturbed, traumatized patient provide an example of the complementary interaction of interpretation and reconstruction. Furthermore, in this analysis of a frequently silent provocative patient, reconstruction helped the patient to find his voice and the analyst to formulate what he heard in the silence (Bergmann, 2000). The patient's silence was associated with an inability to free-associate while verbalizing, with a deep distrust. The lack of verbal commu-

nication did not preclude nonverbal modes of communication, but protracted silence was necessarily resistant to the "talking cure". Analytic silence is a symptom that may be related to any phase of development, is usually vastly over-determined, and tends to be unique to each analysand. Seeming intractable silence has its own effect upon the analyst and the analytic process, and it has a recursive effect on the patient. To be imprisoned in the patient's intractable silence can literally try the patience of a saint. The transference–countertransference field was shaped by the silence; the analyst's patience and tolerance were tested, along with thresholds of staying awake and attentive. Frustration to the point of reciprocal exasperation threatened to mobilize the analyst's hostility at the expense of analytic attunement and empathy. The limits of analysability were questioned, and the two members of the analytic dyad both wondered whether analysis was the appropriate treatment, and of benefit to the patient.

Protracted silences may appear with any patient, but it is far more likely to occur with patients who have been severely traumatized and/or developmentally disturbed. The analyst's silence appeared to be both a threat and a comfort to the patient; the patient invited the analyst to join him in the silence—in effect, a silent communion. He used the protracted silence to extract comments and questions from the analyst, to test the analyst's aggression and frustration tolerance, and to maintain absolute control over dangerous thoughts and anxieties. The patient's frigid silence and rigid position on the couch suggested he had been traumatized and was protecting against repetition of the trauma.

Reconstruction should consider the historical and social context of the analytic situation as well as the history and social context of the patient's childhood.

> The child of immigrant parents, the patient had slow language development and early school difficulties. A poor student, with discipline problems at school, he was subject to temper outbursts at home, related to his having witnessed many arguments between his parents. Early in the analysis he had only a limited capacity for describing his parents' psychological characteristics, their attitudes and behaviour. A train of thought was readily interrupted, and the patient's style of speech and silence indicated

an obstinate withholding and need to "dig up or squeeze out material". His anal withholding was associated with acknowledgment of suppression of some thoughts and feelings, but his silence had powerful unconscious determinants. While he could speak of evasion and camouflage, he was unaware of the deeper motives and functions of his silence. He presented isolated images of persons, often fragments of sadomasochistic scenes. As his trust and confidence in the analyst increased, he was able to report instances of adolescent cruelty and delinquency—for example, petty theft, tormenting animals, once setting and extinguishing a fire within his home. Ashamed of adolescent homosexual experimentation, he relieved his anxiety by compulsively masturbating to heterosexual fantasies. On beginning analysis, the patient had his cat neutered—that is, castrated—to control his own castration anxiety. As the analysis proceeded, he began to masturbate prior to coming to his sessions. His fears of femininity, of being defective and castrated, surfaced in an image of himself with a woman's face. He was ashamed and guilty about his delinquent behaviours, with fantasies of being severely punished. Depressive trends appeared, and he suffered in depressive silence and wanted the analyst to suffer with him. At other times his silence seemed to represent a narcissistic reverie, an omnipotent self-sufficiency in which he did not need the analyst, nor anyone else. His fantasy of complete independence masked his anxiety about dependency. He imagined being punished by the analyst dismissing him, leaving him utterly abandoned. He had probably also recognized, through unconscious communication and projective identification, his analyst feeling at times that he should "shape up or ship out".

But the patient had not destroyed the analyst, nor had he been destroyed in a countertransference counterattack. He was then able to refer to a conspicuously avoided topic of great importance. He had a bipolar mother, severely depressed, with possible suicidal ideation. She had required shock treatment when he was a child and may have had a post-partum depression after his birth. His mother was briefly hospitalized during his analysis. He was not aware of his identification with his mother and only dimly aware of the impact of her bipolar disorder on his develop-

ment. Denial of his own fears of bipolar insanity coexisted with a conscious fear of going crazy or driving the analyst crazy. A number of his transference reactions and symptoms could be understood in relation to his mother's depression. His separation anxiety and rage at my cancellations or holidays became apparent and was genetically interpreted as reflecting his concern with the loss of his mother as a functioning love object. The patient's delinquency, with a pseudo-masculine facade, had screened his feminine identification with his mother, aggression, and compensation for maternal deprivation. He was unaware of his rage at his mother and his vengeful matricidal fantasies. A cat, which he overfed during separations, predominantly represented his attempt to nurture his damaged mother and deprived self. He entertained numerous fantasies of abandoned pets, people injured in accidents, and equipment showing signs of damage and failure. Though he had fantasies of a different mother, he was unconsciously bitterly disappointed (like his father) and guilt-ridden that he had not been able to repair his "castrated", crazy mother. Interpretation and reconstruction were interwoven and synergistic, which I regard as commonplace in clinical psychoanalysis. In fantasy the analyst and analysis would protect him and his mother from bipolar disorganization. He had been frightened that his mother would actually die as the result of his death wishes and then associated to her depressive declarations that she was going to die. In the depths of depression, she would neither speak nor eat; in the transference, he had alternated between being the mute, helpless, and hopeless mother and the forlorn, abandoned, traumatized child. Reconstruction allowed him to understand and feel how much of his life, his character, and his symptoms were enveloped in his relationship and his identification with his mute mother and his hurt and hurting father. His parents were alienated from each other in a loveless marriage. Similar to his parents, the patient felt that he and his analyst were mutually estranged in simultaneous silence. Nevertheless, he asserted that it would be suicidal for him to break off the analysis, recapitulating his mother's illness.

This patient did not report any dreams until almost two years into the analysis, although he did report brief daydreams at

work and fantasies on the couch. A significant history of childhood nightmares had been associated with intermittent fears of going to sleep. The patient's first dream, a nightmare, appeared to be a breakthrough, especially as the patient was at last able to remember, report, and associate to the dream. Prior to that time, the analyst's efforts to ask the patient what was on his mind, to ask about the patient's feelings and attitudes towards the analyst and the analysis, and to ask about the silence were all too often met with more silence.

The patient awoke from the dream frightened and sweating and recalled it with tremulous speech. The reported nightmare was a prologue to psychoanalytic reconstruction: *The patient was taking a bath, and the water was cloudy. He saw the water moving and something under the surface. There was a cloud of blood; a severed head appeared, part lizard, part feline. There had been a fight between his cat and the lizard; the lizard had killed the cat, and the patient wanted revenge. He was ready to attack the lizard, but then the lizard was aroused and attacked him, leaving him with bites and scratches from the battle. He killed the lizard, but he was frightened at the thought of rabies. Rabies would attack his brain, he could become like the headless cat, his mother, who lost her head.* While the nightmare had a profoundly regressive dimension, it awakened new efforts at communication and mastery of trauma. The nightmare depicted terrifying aspects of his self and internalized object relations; it also conveyed his desperate search for help for himself and his mother.

The patient was able to associate to the nightmare and to participate in analytic work. He realized that he could be immunized against rabies, which indicated that a fatal madness could be avoided by timely treatment. His fear of body (genital) damage and brain damage coalesced with his fear of his own impulses and his mother's depression. His mother's dishevelled dress during her depressive and manic episodes was consciously frightening and unconsciously exciting. He had probably seen his mother in relative states of undress, and her erotized manic excitement stimulated his own dangerous inner erotic arousal. His frequent silences were like killing the lizard, as well as killing the analyst and the analysis. Silence was also sleep and death,

sleeping together with his mother in a condensed fantasy of pre-oedipal symbiosis and oedipal incest.

The unconscious meanings of the patient's nightmare, silence, and symptoms were integrated in the process of recall and reconstruction. His castration and mutilation anxieties were vividly expressed, along with narcissistic injuries. His becoming mad like his mother was also punishment for his forbidden fantasies and past delinquent behaviours. He began to recognize his love and hate of his mother, evident in his fantasies of merging with as well as murdering her.

In the context of the safety, security, and framework of the analytic situation, the patient joined in the process of reconstruction. We reconstructed that he had split off the rage and hate against his mother, preserving the functioning good object. This split also modelled the bipolar bad mother and the functioning good mother who was affectionate, communicative, and emotionally available when she was not. His mother could appear to be different persons, depressed, manic, and "normal". It had been difficult for him to integrate his love and hate towards the same, yet different, mother. When she was deeply depressed, he had also turned to his more stable father. As the reconstruction expanded, he recognized having blamed his mother's depression on his and his father's aggression towards her. His mute silence during periods of analysis was an identification with his mute, depressed mother, dissociated from the rest of his, and her, life.

The analysis was like a dream world, removed from ordinary, functioning, waking life. Lying still on the couch was like his mother lying mute in bed. In the patient's life external to analysis, he could engage in ordinary conversation and work dialogue. Some of his earlier daydreams about a hero rescuing a damsel in distress were rescue fantasies about his mother. His oedipal conflicts had been infiltrated by probable antecedent insecure attachment, and difficulty in separation–individuation from his bipolar mother. His professional pursuits included an attempt to undo and master his past traumas. In the expanding reconstruction, he acknowledged that he had preserved his own

> freedom of speech or silence and could speak for, against, or instead of his analyst–mother. He was in charge of communication. When his mother could not talk, there were times when he would intuitively infer her thoughts and feelings from her nonverbal cues. Within the larger analytic process, reconstruction also gave expression to his deep disappointment that the idealized analyst and analysis could neither repair nor replace the bad maternal object, nor magically heal the wounded self. But his real external objects and his real analyst could now be incorporated into a more integrated, coherent world. He was becoming a more "together" person.

How valuable was reconstruction in improving the patient's object relations, ego functions, and adaptation to reality? How versatile was reconstruction in tying together the many strands of his developmental disturbance, cumulative trauma, and unconscious conflicts? How valid was the reconstruction of the patient's past and present, and their interrelationship? I believe the reconstruction of this patient's—and many other patients'—childhood superseded the recapture of repressed memory, previously so important in the formative era of psychoanalysis. Memory may be modified over time; memory may be more or less accurate, in degree a fantasy construction of the patient. Gaps are filled in through analytic reconstruction, restoring the continuity and cohesion of the self. Memory and reconstruction were usually complementary. Was the reconstruction in itself an important agent of structural change? Complicating problems of evaluation, the effect of reconstruction cannot be artificially isolated from prior and following interpretation. In this problematic case, parallel to the reconstruction of unconscious childhood conflict and trauma, the experience of the analyst as a new object, providing clarification, understanding, and a reliable, calm, affectively regulated ambiance, may have facilitated delayed personality development. The effects of the analytic experience and analytic insight were reciprocally facilitating in the analytic process. Reconstructions proceeded slowly, contending with recurrent resistance. The reorganization and re-creation of the patient's childhood, and its relevance for his current and future life, were assimilated and integrated by the patient in a piecemeal fashion.

Reconstructions may be corrected and modified not only during analysis, but after termination and working through in life.

Reconstruction in applied analysis

Analytic work in the face of protracted silence evokes the silent text of applied psychoanalysis. Most psychoanalytic non-clinical interpretation—for example, of art, literature, legend, and so on—actually involves reconstruction. *Saxa loquntur*—"the stones speak"—(Freud, 1896a) is a metaphor for analytic inference concerning the past without the testimony of a live person. The voice of the silent past does not have pitch or volume, or accompanying face and gesture expression. The text does not free-associate, confirm, or challenge an interpretation or reconstruction. The text does not have a transference to the analyst, though the analyst may have a transference to the text. The methodology of reconstruction outside the framework of the analytic situation is necessarily different from that of reconstruction in clinical psychoanalysis. Both forms of reconstitution involve analytic knowledge as well as subjective, intuitive elements; they are approximations that can never precisely recapitulate the past. However, applied analysis uncovers and reconstructs significant understandings that would otherwise be inaccessible to non-analytic modes of investigation. Freud's (1910c) pioneer reconstruction of the childhood of Leonardo da Vinci has inspired numerous sophisticated reconstructions relevant to many disciplines. Contributing to contemporary culture, reconstruction is also specifically important to the evolving history of psychoanalysis. The various reconstructions of our history and evolving development is of special interest to psychoanalysts. This unique area of scholarly analytic reconstruction is exemplified in innumerable papers, and in such tomes as *Freud's Self Analysis* (Anzieu, 1975) and *A Revolution in Mind: The Creation of Psychoanalysis* (Makari, 2008).

4

Constructions and historicization

Abel Fainstein

It is my opinion—which other authors share—that in a good part of the present psychoanalytic practice, constructions, as they were put forward by Freud in his case histories and later in "Constructions in Analysis" (Freud, 1937d), have lost the central importance they originally had.

I believe that the less frequent use of constructions following the Freudian model could be connected to inter-disciplinary contributions with regard to culture, which emphasizes the predominance of the present over the past and, in this sense, of memory over history (Hartog, 2009).

In this way, memory—that is, remembering, acting-out within the transference, and the analysis of dreams within the analytic treatment—has in part come to replace history and, in consequence, constructions, as one of the instruments available to analysts.

In addition, in our present clinical practice, there has been a drift in the original Freudian description of constructions, which could be described as follows:

1. While in the beginning constructions were described as interventions made by the analyst with regard to repressed and

forgotten material, in the past few years they have been used to address mnemonic traces lacking representation.

2. While constructions were originally one of the interventions made by the analyst along with interpretations, now historicization has come to be considered the paradigm of the analytic task, which, in addition, is in the charge of the patient.

Based on these remarks, the objective of this chapter will be to discuss certain aspects of the relationship between history and memory within the analytic practice. In addition, certain ideas with regard to the changes undergone in our current clinical practice by the Freudian concept of construction, such as it was originally described, will be put forward.

While discussing these ideas, I would like to account for my own clinical practice, as well as to evaluate the contribution of psychoanalysis to culture. Indeed, it is my view that, even though psychoanalysis is necessarily connected to periods of culture, it should never lose its questioning nature. In this sense, the periods of an analytic treatment should be close to periods in history, beyond those of memory.

Although my task as an analyst is in large measure based on the two-way exchange between the analysis—performed in the transference—of the analytic situation and a process of historicization–symbolization aimed at achieving processes of dis-identification, and even though I usually use constructions to address not only the clinical material that has achieved representation but also the material that lacks symbolization, I believe it is important to define the specificity of the Freudian contribution to the notion of constructions in order to make future developments possible.

A contemporary perspective on the relationship between history and memory

The practice of psychoanalysis is closely connected to the particular culture where it takes place: culture and lifestyle are closely connected to our time, which are very different from those of a hundred years ago. We travel from one continent to another in a matter of hours, and we can be connected on-line with someone living on

the other side of the world. Immediacy, encouraged by technological advances, has overcome temporal and space distances that were once insurmountable.

In this context—and although we should devote the necessary time to practice it—psychoanalysis as a psychotherapeutic method, one of the last redoubts of subjectivity, could not remain unchanged a hundred years after having been created, or even after fifty years of analytic practice. A person's wish to undergo analysis is conditioned by the times we live in. Changes in the analytic setting, which often involve less frequent weekly sessions, and notions such as internal setting, which allow for changes in those clinical practices of a more traditional nature, are all expressions of this.

Bearing in mind that the conviction carried by constructions, a form of historicization within the analytic treatment, was originally characterized as an alternative to recollection "in search of a picture of the patient's forgotten years" (Freud, 1937d p. 259), we should ask ourselves the meaning of its present use in clinical practice.

- Is conviction still basically an alternative to recollection?
- Do we need to look for the "forgotten years"?
- Could the less frequent use of historical constructions in our current practice, which has been partly replaced by the work of recollection, based, in turn, on memories and transference actualization, be put down to the fact that the time devoted to analytic work and working-through in analytic treatment has in many cases considerably lessened?

I will adopt an interdisciplinary approach to this subject by taking as a starting point François Hartog's ideas with regard to the regimes of historicity and the current dominance of the present, which might condition the predominance of memory over history.

According to Hartog, since the end of the 1980s, the concept of time has reached a crisis point: the category of the present has become increasingly dominant and, although we can only act upon our present, what we call "the present" keeps changing.

Hartog therefore described the so-called "regimes of historic-

ity", which, based on the different societies' perception of time, are used to study the connection between the categories of past, present, and future.

According to Hartog, the predominance of the present causes memory to be consolidated as the most firm and inclusive notion, to the detriment of history. However, he warns that memory should not have "the final say", as it were. If the contrast between the present and memory is emphasized, then past occurrences cannot be analysed, because there is no adequate distance in order to do so. Memory is essential: there is a right to memory. And yet, historians should have room to understand past occurrences and, therefore, to renew a period of time that allows the past to be the past so that the future can unfold.

It is Hartog's view that as long as we maintain a contrast between the present and memory, we run the risk of remaining in a perpetual suspended time—a time that could become compensation, resentment, a time where the past, the future, and history have no place.

Hartog considers that memory is present in sensitivity, in emotions, in feelings. In contrast, history characterizes distance, analysis, critical perspectives. They constitute different, albeit connected, ways of dealing with the past. Memory unchains history, but memory that rejects history is unacceptable. We know that what we recollect cannot be considered to be the true memory of events as they really occurred. That is why memory should not ignore history. A form of coexistence between history and memory should be found, bearing in mind that this coexistence is inseparable from the particular perception of time characterizing each society.

I believe that these categories, which are so close to psychoanalytic contributions—even though Hartog does not mention Freud or any of his followers in his references—allow us to establish connections with the subject we are addressing.

Both memory and history are concepts psychoanalysts hold dear. Although we can establish connections between them, they should also be differentiated. Memory is the actualization, through memories or actions, of past perceptual traces, which have been symbolized to some extent. History, on the other hand, is a relational weft that is constructed *a posteriori* by the patient, and that

needs to be re-written with the help of analysis by taking the transference experience as the starting point.

Psychoanalysis, which in the beginning was devoted to the recovery of memories, later had to take into account that these memories could also be acted out. Later still, psychoanalysis also included pre-psychic perceptual traces that would never be remembered but, rather, merely enacted. On the other hand, the interest in memory shown by the neurosciences has increased the importance given to this concept, and the possibility of erasing memories has even been put forward: hence the importance of recovering the historical dimension beyond the dominance of the present.

In addition, throughout the history of psychoanalysis, objective truth [*Lebengeschichte*] was promptly replaced by historical truth [*historische Wahrheit*], which was, in turn, conditioned by the expression of wishes.

If we agree that recollection cannot be considered to be the true memory of events as they really occurred, and that what we need is to find a form of coexistence between history and memory, psychoanalysis introduces the analytic situation in the transference, which could connect the two. Within the analytic situation memory is not merely recollection, but also actualization, repetition. It is only by taking this complexity into account that history can be written in the context of an analytic treatment. In this sense, Fractman (1995) establishes the difference between the life history brought by a patient to analysis, which has been written by the "victors" (the effects of death drives and dis-erotization), and the history that is the result of analysis under the influence of life drives.

Beyond our clinical practice, I think that within social contexts we should make way for historical accounts if they prove useful to prevent memories from becoming banal. This was put forward in relation to concentration camps: visiting them was initially proposed as a way to remember; this, however, runs the risk of becoming banal when, for instance, these camps became tourist destinations. Written accounts, or else simple testimonies by Holocaust survivors or the victims of State terrorism, such as those that have begun to be gathered over the last few years, could neutralize the risk of memories becoming banal.

Constructions in psychoanalysis

In "Constructions in Analysis", Freud writes that "it may, as we know, be doubted whether any psychical structure can really be the victim of total destruction" (Freud, 1937d, p. 260). This statement leads us to inquire into the nature of this psychic structure, as well as to study the way in which it presents itself. We know that within the analytic situation the psychic structures are either remembered or else acted out, while the analytic task is to make them conscious. This is the reason why constructions, along with interpretations, are among the most important interventions made by the analyst, and they have, in consequence, been widely discussed within the literature on psychoanalytic practice. Whereas in Freud's writings the terms "construction" and "interpretation" were clearly differentiated, this is no longer the case, and there are many "interpretations" that include "constructions".

In addition to Freud's main article, "Constructions in Analysis" (1937d), there are others that revolve around this subject, such as the cases of the Wolf Man (1918b [1914]), and the Rat Man (1909d), and a case of female homosexuality (1920a), as well as the cases of Marisa and Marita, which, although not published by Freud himself, were recovered by Bergeret in 1986 (Fractman, 1995).

Unlike interpretations, which, in Freud's opinion, are aimed at finding meaning by means of working on "some single element of the material", such as occurrences or slips, constructions involve presenting the patient with "a piece of his early history that he has forgotten" (p. 261). Anticipating that the power of suggestion implicit in these proposals would be questioned, Freud wrote that: "[the danger of our leading a patient astray by suggestion] has certainly been enormously exaggerated", and that "such an abuse of 'suggestion' has never occurred in my practice" (p. 262).

In Freud's opinion, the path opened up by constructions should end in the patient's recollection, but this was not always the case. Instead of recovering the repressed memory, what could be reached in analysis was "an assured conviction of the truth of the construction which achieves the same therapeutic result as a recaptured memory" (p. 266).

Conveying the construction to the patient might have stirred into activity the "upward drive" of the repressed material. "That

work [i.e., the therapeutic 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" (p. 268).

However, as I have already mentioned, in contemporary clinical practice there has been a shift in the way in which Freud understood and used constructions. On the one hand, the work of historicization, essential to the analytic treatment, must be performed, and on the other, constructions are mainly used to allude to non-symbolized material, rather than to represented, repressed, and forgotten material.

Actualization within the transference as an alternative to recollection had already been described by Freud. However, we know that this idea underwent an important change after the writing of *Beyond the Pleasure Principle* (1920g).

In "Constructions in Analysis", Freud claimed 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" (1937d, p. 257). Today we know that this is merely one among many other mechanisms of therapeutic action and, in addition, one that is particularly useful in those cases where the effects of repression predominate.

However, from the time *Beyond the Pleasure Principle* was written onwards, in addition to the repressed representations, perceptual signs began to be acknowledged: these insufficiently symbolized mnemonic traces could provoke potentially traumatic situations which, incidentally, could not be remembered, only repeated, or enacted, within the transference. As we said before, the result of this was that the field of constructions then became limited to insufficiently symbolized material with the aim of creating a representational field: the goal was to achieve a thickening of the Preconscious system.

In this way, as the sphere of psychoanalytic work has expanded enormously, constructions, which in the beginning were made in search of the forgotten past, have come to be regarded as a tool in order to achieve mental structuring in those cases where it failed to be completed. I believe that the field of the traumatic, of the perceptual traces that have failed to become an object of mentaliza-

tion, and the absence of a work of representation or symbolization are some of the areas where constructions are more widely used within current psychoanalytic practice.

Some authors suggest specific uses for constructions. Marucco (1998), for instance, claims that constructions should be used within the analytic treatment in order to address the feelings of wounded narcissism, of having been slighted, of disappointment experienced by the patient, the repetition of which is beyond the pleasure principle. He also claims that it should be used to address the repetition of occurrences belonging to primordial times, which have not been bound to word-representations and for which Marucco has coined the term "ungovernable mnemonic traces"—traces that need to be given representation. As we can see, we are making reference to material that lacks representation, something that differs from the Freudian approach, which alludes to repressed material—that is, material bound to representations.

We should therefore bear in mind that Freud assumed that: "It may be doubted whether any psychical structure can really be the victim of total destruction." He therefore suggested in "Constructions in Analysis" that:

> One lays before the subject of the analysis a piece of his early history that he has forgotten. [Freud, 1937d, p. 261]
>
> Our construction is only effective because it recovers a fragment of lost experience. [p. 268]
>
> 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. [p. 266]

However, according to Dvoskin (2007), the notion of construction put forward by Freud in the case histories of the Rat Man (1909d), and of the Wolf Man (1918b [1914]), are quite different. In the case of the Rat Man, constructions offer a Gestalt by taking the existent indications as a starting point, and they allow the analyst to continue with his interpretation. In the case of the Wolf Man, in contrast, constructions appear to have come to cover certain elements that lack representation and therefore allow the analyst to begin the work of interpretation.

In the same sense, Borelle (2009) emphasizes that in "Constructions in Analysis" Freud describes two different kinds of mechanisms: the mechanism of combination, which operates upon already formed elements and combines them, and the mechanism of supplementation, which involves including an element that is missing.

Based on these contributions, and on my own clinical practice, I think, as I stated above, that over the past few years there has been a shift in the Freudian concept of construction. In current psychoanalytic practice, the use of constructions as an alternative to recollection has been in good part replaced by its use to help represent certain mental traces. Analysts no longer try to account for those elements that, albeit repressed and forgotten, still have representation in the psyche, which characterized Freud's description of constructions. Rather, they engage in what has been termed as a task of symbolic mothering (Grassano, 2001), or mentalization, on the basis of traces of perceptions that have not achieved symbolization and which maintain their repetitive, and eventually traumatic, potential. Constructions aspire to account for these traces. The Paris School of Psychosomatics has made important contributions on this subject.

Green (2003, p. 180) describes the path towards mentalization as a chain that goes though the soma, the drive, affects (mental representations of the drive), thing-representation, word-representation, and, finally, thought based on reflection.

In search of meaning and representation, the patient makes the analyst feel the excitations he is unable to represent or to figure out. The analyst, in turn, offers his "thinking or dreaming apparatus" in order to receive the patient's material, and then he gives it back to the patient with the help of constructions.

With regard to the other shift we have mentioned in the use of constructions, other authors have applied the use of constructions as they were originally described to a model of analysis mainly based on historicization (Hornstein, 1993).

Constructions and historicization within the analytic treatment

The analyst's task, writes Freud in "Constructions in Analysis", is "to make out what has been forgotten from the traces which it has left behind or, more correctly, to *construct* it" (1937d, pp. 258–259). For authors such as Hornstein (2004), this is today an aspiration that, utopian though it might be, should still constitute the guide to our practice. For other authors, as has been mentioned above, this is merely one of the goals—and not even one of a high priority—of analytic practice.

As can be seen in the aforementioned paragraph, "making out what has been forgotten from the traces which it has left behind" as a guide to our practice has led to an emphasis on the role of historicization in analysis.

Although I agree with the importance given to historicization in analysis, I believe it involves a shift in the Freudian perspective on constructions when historicization is proposed as the pivot of analytic work. The clinical examples presented by Freud in his case histories provide a clue to the way he used this technical resource. Even though Freud himself claimed that his clinical cases could be regarded as histories, I do not believe that these histories are equivalent to the more limited concept of construction. Indeed, whereas constructions were made by the analyst on condition that they were plausible, the history that results from the transference history is the consequence of the analytic process and mainly involves the patient's ego.

Hornstein (1993), according to whom Freud considered *après coup* historicization the pivot of analytic work, writes that the constant work of construction–reconstruction of a past is necessary in order to invest the intangible time that we call the present (Hornstein, 1993). Thus the ego replaces the time past with a history, as the historicization of what has been experienced is necessary in order to invest the future. Hence, according to these notions, historicization has come to be considered both a task in charge of the ego, and a construction made by the analyst. However, even in this second case, historicization involves a generalization of the Freudian instrument.

From another perspective, Baranger, Baranger, and Mom (1987), in the paper they presented at the IPA Congress in

Montreal, which has already become a classic, claimed that it is histories that make people ill, and histories that cure them. Pertinent though this statement is, the shift from a concept of (historical) constructions that are more limited in scope, and in charge of the analyst (Freud, 1937d), to another situation where there is a process of historicization even before the patient undergoes analysis, and then again with his analyst within the analytic process, is nevertheless noticeable. Historicization, therefore, becomes the pivot of analytic practice.

Be that as it may, in a context that has been described as dominated by the present, and where memory predominates over history (Hartog, 2007), the fact that analysts from all over the world claim that constructions, and historicization in general, have become less frequently used in current analytic practice is only to be expected.

Following the ideas put forward by Curtis (1983) and Greenacre (1975), Gabbard and Westen (2003) claim that "although reconstruction still continues to be useful, there is less emphasis on it nowadays and we spend less time digging up buried old relics from the patient's past". According to Arlow (1987) and Gabbard (1997), the focus of current analytic practice has become the way in which the analytic relationship provides insight into the influence of the past on patterns of conflict and object relations. Thus, they recover the original concept of Freudian acting out: what fails to be remembered is acted out.

On his part, Hornstein (1993) claims that, in his opinion, history does not play an important part in analytic work and that, in general, history tends to be universalized rather than singularized.

From Reed's perspective (1993), "Various assumptions about the role of a past event and its lesser importance in cure relative to other factors have influenced this technical change" (p. 53). However, this author, in what I understand as an extension of the Freudian model, writes that

> Beyond the establishment of the unconscious meaning of a past event, explicit reconstructions of fantasies and/or memories may be necessary in order to enable a patient to understand how he/she has organized meaning for himself or herself. I believe it is frequently patients' understanding of the mechanisms

> they have employed to organize meaning, as well as their understanding of the meaning of those events, that is therapeutically illuminating and freeing [Reed, 1993, p. 54]

Both Hornstein and Reed insist on the importance of historical truth. However, I believe that when Reed employs the term "explicit reconstruction", she is nearer to an objective truth than to the idea of "construction", even though the latter aspires to unveil historical truth.

Constructions and free association

Without leaving aside the Freudian proposal and its foundation, I wonder what the part played by constructions could be within this new model centred upon what Hartog has termed the dominance of the present.

To begin with, I do not think constructions could be devoted to the recovery of the forgotten past, as was the original goal.

Freud had already foreseen that the enemy could not be defeated *in absentia*; actualization within the transference was required—something that, however, still belonged to a regime of historicity where the past determined both the present and the future.

In contrast, if we agree that in the world we live in, it is the present that has gained extra importance, then, within this new context, the construction, a fragment of history offered to the patient, can no longer be regarded merely as an alternative to recollection once it has become actualized in the transference.

We have already mentioned that constructions are frequently used when the analyst helps a patient symbolize "raw material", as it were. Other authors have generalized the use of the term construction and, hence, consider that all the interventions made by the analyst, even interpretations, are constructions.

As I have elaborated above, I understand that the use of constructions should not be limited to address non-represented traces if we wish to maintain its original goal—that is, to address represented, repressed, and forgotten material.

I agree with Canteros that the difference between objective truth and historical truth is a contribution made by psychoanalysis. Indeed, psychoanalysis has shed light on the impossibility of an

objective interpretation of facts, with which it anticipated many of the questionings addressed to it in contemporary times. In addition, through the concepts of the Unconscious and free association, psychoanalysis has prevented individuals from becoming slaves to conscious memory or its disavowal (J. Canteros, personal communication, 2009).

I myself have found it useful to refer transference occurrences to infantile situations, based on the former, as a way of leaving behind the constant reference to the "here-and-now transference". Even though every situation is new to a certain extent, when certain repetitions take place within the analytic treatment, such as extreme rivalry, or when transference becomes erotized, the possibility of referring them to certain possible occurrences in the infantile life of the patient with his primary objects favours their being worked through and makes way for new associations, which include, in some cases, memories that had until then been forgotten.

In addition, the work of dis-identification, which is essential in my own practice, also benefits from this work of historicization. The ego, a group of identifications, residue of abandoned object cathexes, progressively historicizes its own development. When we engage in historicization along with the patient by taking transference repetition as a starting point, these identifications, or the reactive formations against them, are abandoned (Baranger, Goldstein, & Zak de Goldstein, 1989).

According to Gail Reed (1993),

> the type of primary process organization represented by metonymy makes explicit reconstruction therapeutically necessary. Because they are originally determined by proximity in time or space only, relations between significant events and their representations based on contiguity are dependent on *specific* life experiences. [p. 56]
>
> When we reconstruct explicitly, we help patients re-establish the contiguous links they have lost. [p. 57]

As we can see, constructions are not necessarily limited to the working-through of mnemonic traces, but also to the working-through of repressed representations. The idea is to "re-launch", as it were, free association and, eventually, the access to memories, trying to re-establish contiguous links, as Reed suggests.

In "Constructions in Analysis", Freud writes that the analyst "would have to blame himself with not allowing his patients to have their say" (1937d, p. 262). Insisting on free association and accounting for the acting-out of the forgotten past is a way of preventing the shift to the use of suggestion. Even though Freud himself de-emphasised its importance, we do know that suggestion is an ever-present risk that can increase the resistance of both patient and analyst.

Finally, it is useful to recall what Freud belatedly proposed in *An Outline of Psycho-Analysis*: "All this material helps us to make constructions about what happened to him [i.e., the patient] and has been forgotten as well as about what is happening in him now without his understanding it" (1940a [1938], pp. 177–178). In this way, he introduces another goal of constructions, which is to address the present—that is, "what is happening *in him* now"—rather than the past. If we add to this the relationship between "what is happening *in him* now" and what is going on outside, I believe that this statement could be anticipating a good part of the contemporary developments that tend, without playing down the importance of the "reflections of the past" (1940a [1938], p. 176), to emphasize the present of transference, with regard to the aspects of repetition, as well as to the new occurrences taking place within it.

To summarize

This chapter shows the connections and the differences between the concepts of memory, history, constructions, and historicization within psychoanalytic practice.

Even though I consider recourse to history to be useful, and I myself use it in my own work as an analyst, I still wish to discuss the possibility of history having lost some of its importance within the culture of our time and the analytic processes, when considered in the context of a regime of historicity where the present predominates over the past and the future. This is a perspective shared by other contemporary authors from different parts of the world.

In contrast, memory, through recollection and transference repetitions and actualizations, is deemed to be essential. The contributions from the neurosciences might reinforce this approach, and

those of authors from different psychoanalytic backgrounds, such as Gabbard and Westen, Hornstein, and Reed, could, despite their differences, explain the lesser importance given to history we were discussing above. We should also bear in mind that Freud himself proposed the use of constructions to address "what is happening *in him* [i.e., the patient] now", and not only his past (Freud, 1940a [1938]).

I have described the shift in what Freud originally termed "construction". Whereas in the beginning constructions were used to address repressed and forgotten material, today they are often used to deal with non-represented traces. On the other hand, constructions, which, along with interpretations, had been one of the most essential interventions made by the analyst, have given way to what is nowadays known as the work of historicization. This task is in charge of the patient's ego together with the analyst, and many analysts deem it to be essential for the analytic treatment.

In addition, I stress the usefulness of constructions, and of the recourse to historicization within the context of transference vicissitudes—that is, in order to break the impasse of imaginary transference with the analyst and thus "re-launch", as it were, free association, as well as to favour the processes of dis-identification.

5

Creative construction

Michèle Bertrand

My aim in this chapter is to demonstrate the usefulness of *creative construction* in analysis.

Creative construction needs to be distinguished from the commonly used technique referred to—since Freud's day—as "construction" or "reconstruction" (Bertrand, 2008).

Before I develop the topic of construction and reconstruction, it is worth recalling that analysis is primarily about deconstruction. It is there in the very etymology of the word analysis—*analuein*: to untie, to undo, to separate out the parts from the whole.

Analysis starts out by deconstructing dream formations and symptomatic formations. The initial objective is not to construct something—a meaning, a narrative, a patient history—but, rather, to unravel all-too-neatly packaged narratives, removing layers of defensiveness and auto-mystification and bringing to light that which has been masked, obscured, placed out of reach of the conscious mind. As the therapy progresses, however, the psychoanalyst does create certain constructions, for him/herself and, perhaps, for the analysand.

In one sense, it could be said that interpretation is construction (Ferruta, 2002): when, for example, it links a patient's affect to a

sense of abandonment expressed at an earlier point in analysis, this act of "reconnection" is a limited form of construction. It allows the analysand to make previously unacknowledged connections, to discover wishes and fantasies that had hitherto remained unconscious. But in a more specific sense, construction is something altogether more ambitious. Drawing together the various elements revealed during analysis, it recapitulates—in a dramatic scenario—the distinctive features of the patient's psychic makeup.

I prefer to reserve the term "construction" for this process of recapitulation. I agree with Piera Aulagnier's (1983) statement that construction reveals a structure, whereas interpretation puts the emphasis on the way in which at the moment the *psyche* operates.

Construction, as I have just described it, is based on the analysand's words, actings-out, symptoms, character traits, and so forth. It is, by nature, a recapitulation—a way of giving shape to the psychic structure of the analysand. It makes no claim to retrace a sequence of historical events; what it does do, however, is to outline a way of representing the patient's psychic makeup. This type of construction is clearly very useful both for the analyst and for the patient.

Recapitulative construction

The pattern was defined by Freud in "From the History of an Infantile Neurosis" (1918b), where he used the term construction (or reconstruction) for the first time.

It involves constructing, rather than rediscovering, the golden thread that links certain symptoms to the revealing repetition of early traumatic events.

The analysis of the Wolf Man (1918b), in which the term construction was used explicitly for the first time, sets out the distinctive features of the phenomenon.

Construction encapsulates that which led the Wolf Man to the psychic configuration partially revealed by his symptoms. There are various constitutive elements in this construction:

- Transference displacements: the patient turns to Freud with an imploring look and, at the same time, glances at the clock (where

the seventh little goat of the story is hiding), as if to say: "Please, Mr Wolf, don't eat me" while looking around for an escape route;

- Symptoms past or present: the phobia of the standing wolf, the compulsive desire for crouching women seen from behind, evoking the maid washing the floor (in turn evoking coitus *a tergo,* and the patient's anal eroticism);
- Fragments of anamnesis: when he was a child of 18 months, his parents supposedly kept him in their bedroom because he had a fever. Freud infers this scene from the bouts of depression that assailed the patient in his childhood during the afternoon, reaching a peak at 5 pm (assumed to be the hour of parental coitus).

The construction elaborated—one might say invented—by Freud from the various elements of anamnesis, symptoms, dreams, character traits (and the changes therein) is as follows:

As a child, he had experienced the desire for sexual satisfaction by the father, the understanding that this implied castration, with the resulting fear of the father and its substitution by a phobia about wolves.

As this example shows, construction is an attempt to relate a complex scenario that characterizes the psychic structure of the analysand. If construction is taken in the wider meaning described at the start of this chapter, the distinction between construction and reconstruction ceases to be meaningful.

Creative construction

Nevertheless, in a different way, construction is used for inaccessible subjective experiences. What may happen when remembering is impossible? If analysis refers to the earliest times, the construction that is made necessary by the traces of psychic events, where retrieval is not possible, differs from construction in the ordinary sense in that it makes use of countertransference elements.

The recent return to the concept of construction relates to the approach used with non-neurotic symptoms.

It is clear that the renewed interest in these concepts—and in the questions that arise about their meaning or validity—is directly linked to the rekindling of the theoretical–clinical debate, with particular regard to the non-neurotic symptoms or structures that have become part of the psychoanalyst's everyday work (Brusset, 2005a, 2005b). The debate centres on the nature of the analytic process itself, the construal of history and temporality in the cure, the framework conditions and the possibilities for symbolization that the analytic setting unleashes. What becomes of the notion of construction in this context? How is it distinguished from, or articulated with, interpretation?

Freud's "Constructions in Analysis" (1937d) contains something unprecedented in his writings: he refers to subjective experiences that cannot be recalled, and retrieval of which is impossible.

This impossibility cannot be attributed to repression. It is not, then, a case of traumatic states persisting in the present, generating massive anxiety, such as Freud identified after 1920, because in such cases, what is lacking in the present, due to emotional overflow, is not so much the ability to represent as the ability to make connections and replace the traumatic event in a temporality (Bertrand, 1990; Ferenczi, 1931).

The subjective experiences described in the 1937 text are of a different kind. They are attested by atypical—or, in any case, non-neurotic—symptoms: hallucination and delirium as well as identity troubles.

The "historical truth" alluded to in the text refers to subjective experiences that were never actually experienced as belonging to the self. How can that be? Sometimes an experience is so unbearable that the subject cannot integrate it as something that is happening to him (Bertrand, 2004). He withdraws from himself (Winnicott, 1975); whole sections of psychic reality are split off and excluded from the self (Ferenczi, 1933). As a result, the experience is not lived through.

And yet it did happen, and the non-neurotic symptoms—hallucination, delirium, problems of identity—obliquely offer up "fragments of historical truth", constructed not from the event itself, by way of a deformation or disfiguration of the event, but from that which was split off.

There are other telltale signs: the emergence of very clear, vivid

impressions, relating not to the event *per se*, but to peripheral details. The vivid impression—a sensory imprint rather than a perception or representation—is an indicator of the reality of the subjective experience. The revivification of sensory impressions from long ago in analysis occurs in deep regression. Psychic reality is made up not only of fantasies, but also of images, of internal and external perceptions, and of affects that give feeling to a sense of bodily rootedness.

The "historical truth" in "Constructions" and in *Moses and Monotheism* (Freud, 1939a [1937–39]) also concerns the traces left by a primal catastrophe.

It refers back to primal traumas and to experiences of unfathomable agony and despair (Winnicott). We are faced with this paradox: in order to survive, the ego cuts itself off from a part of its own psychic life. The psyche has reorganized itself around that which has been excluded, in order to protect itself against the segregated parts being reintegrated into the self. Ferenczi (1931) describes patients who alternate between states of violent pain—psychic and sometimes physical—and waking-state reconstruction in which they understand everything, but feel nothing, or very little.

The quoted writings refer to primal traumas, which have happened in the earliest years life. But primal traumas may happen later, with torture or genocides.

One has to be familiar with the characteristics of non-neurotic transference: alternation between passion and withdrawal, compulsive repetition, splitting, avoidance of responsibility through projection.

Splitting is a central element in such configurations. The content of the parts that have been split away is not amenable to any form of mental representation, as the subject is unaware of his or her own contradictions.

In the case of neurosis, this unawareness is bound up with repression, with counter-volition, with "wanting not to know". Interpretation—if it comes at the right moment—can help to dispel this unawareness. In the case of splitting, that is not possible. The paradox with splitting is that a part of the self is, at the same time, outside the self. The subject's own contradictions are not accessible to him or her: even with judicious interpretation, they simply cannot be represented to the subject. They are apparent only to other

people. And if the subject is not conscious of being a part—or a cause—of the other person's discomfort or astonishment, then the surface of his or her self will, as Guillaumin puts it, remain smooth and untouched (Guillaumin, 1998, p. 100). If, on the other hand, the other person's discomfort or astonishment does in fact register with the subject's self, then the resulting dissonance may trigger, if not exactly a representation, then at least a precursor emotion to an awareness of the split, in the form of identity anguish, which may be mild (a feeling of uncanny strangeness) or serious (depersonalization and disorganization).

The risk, then, is that the psychoanalyst will adopt a countertransferential attitude that accords with the patient's split, becoming in a way an accomplice to the split by interacting exclusively with only one of the split-off parts.

Splitting is bound up with acting, and, as Guillaumin again notes (1998, p. 105), the economy of splitting is an *economy of interaction*. We are not dealing here with momentary acts of discharge, such as we find with neurotic structures, but with "specifically relational acts, leading to counter-active effects, through a compulsion to act on the environment". The analyst is then either forced to be an accomplice to the split, in order to avoid being split in turn, or left unable to think, and resentful by the very nature of the situation.

That is why it is indispensable for the analyst to work on his or her own countertransference; creative construction is the fruit of that effort.

Construction and countertransference

By countertransference is meant not only the affects of the analyst, but more generally the unconscious movements that take place within the latter in the analytic context. How are these movements detected? Not only through the affects: there are also sensory impressions, images that come to mind spontaneously, a desire on the part of the analyst to act out, or, for example, a feeling of being caught in a double-bind.

The parts that were excluded by splitting-off or by projective identification are now coming back in transference by reversal,

making construction necessary. At the same time, the analyst also constructs insofar as he or she can follow the analysand in his regression (Botella & Botella, 2001).

One of the defences, or rather protections, erected against the risk of breakdown is passion. Passion elects a total or partial object, to which the subject becomes exclusively attached and around which he reorganizes his perception of the world; a unique and irreplaceable object that both captivates and alienates the self (Green, 1986).

The case of Marie illustrates a moment in analysis where construction was required in countertransference. I only describe the moment of transformation, and not the five difficult years that preceded it.

> Marie was a young woman who came to me suffering from a lack of fulfilment in her personal and professional life.
>
> In the first interview, she suddenly came out with: "I never had a mother or, rather, I had a mother, but she wasn't a mother. She never looked after my brother and me. She never took us in her arms, she never had any physical contact with us, she doesn't know what it means to hug someone, to touch someone tenderly. Oh, she fed us, of course—very well, even—but that was as far as her role went. She was incapable of giving love; only food. She would force me to eat, even when I didn't want to." (I was to learn later that at the age of 6 or 7 she had had an episode of anorexia.)
>
> In the first years, Marie spoke mainly about the relationship with her mother. What she was saying about her mother revealed an implacable hatred, but she spoke without showing any awareness of that, as though she were relating a string of facts that had remained incomprehensible to her. This was probably a narcissistic defence mechanism, a distancing of emotion. She presented her father as a weak man, submissive to the mother. She spoke of a mother who was deficient, incapable of love, but who at the same left her no space of her own. You had to shut up, stop playing, stop fidgeting, because it tired her out or made her ill. Whenever she tried to get

close to her mother, she was pushed away, and when she was upset about something, she had to hold herself back from crying, otherwise she would be slapped. So she learned to keep her feelings to herself. No tears, no anger, no tenderness—none of that was allowed.

Something struck me about her manner of speaking. She had a tendency to use roundabout turns of phrase. Instead of saying what she thought or felt, she would say: "It's something like . . ." or "It's something to do with . . ."—as though the personal pronoun "I" were unpronounceable, and the exact word for the affect was to be kept at a distance, replaced with some vague circumlocution.

One day, something happened that must have affected the patient strongly enough for her show her emotions and express anger during the session. Her brother had called to tell her that their parents were going back to their country of origin for good. She was incensed, first of all, to learn the news from her brother. They (she used the French impersonal pronoun "*on*") hadn't seen fit to tell her of the decision. It was a major emotional upset for her, and she was patently furious.

Shortly afterwards, there was a sudden change in analysis. Marie, who had until then spoken profusely, suddenly stopped talking and kept silent. Initially, I waited for her to start talking again. Then, as the silences grew longer and longer, I intervened with the occasional "uh–huh?" or by asking whether she was thinking about something. No, she replied, she wasn't thinking about anything, and she again fell silent. Very often, she would launch into general considerations, theorizing and intellectualizing everything. When I kept silent, she complained that the sessions were empty, that nothing was coming into her mind, and I could tell this was meant as a reproach. But whenever I intervened, my solicitations were greeted with an icy silence.

Occasionally she would cry; she would stay on the couch, drying her eyes and blowing her nose, and when I tried to ask what the reason was, she would reply: "It hurts." I would ask: "What's the matter?" She would reply: "I don't know" or, sometimes, "Noth-

ing!" with a hint of irritation or anger. Try as I might to interpret her negative transference, I was getting nowhere.

I found myself disarmed, having used up my interpretive resources, and feeling distinctly weary of it all. At that point I began to reflect on my countertransference. I thought that perhaps she was the one who was feeling disarmed, that this was a part of herself that she had cut off, that she was now driving out and thus inducing in me (by reversal).

I postulated the following construction: perhaps Marie had been afflicted by a primal depression, following an experience of distress and abandonment—a feeling that had probably been rekindled by her parents' return to their native land.

She had, then, placed me in a position of primary maternal transference, and my silence was making her relive a state of distress and abandonment. I was a bad mother, incapable of intuiting what was wrong with her child, incapable of offering her any consolation. I decided to adopt a projective-defence interpretation, and asked her: "Maybe you're angry with me; maybe I did something to hurt you?"

Why would I assume the role that my patient had assigned to her mother? Ferenczi demonstrated the sense of disavowal that could be conveyed by interpretations such as "you have the impression that", "you think that". She gradually calmed down, and said: "Sometimes I get the impression that I'm boring you, I can hear your breathing change, I'm sure you feel like sleeping."

After this interpretation, the process started up again, marked by substantial dreaming activity.

She goes to her singing teacher's house, and there is a big table laden with fruit and vegetables. The teacher, a woman, is wearing a bullet-proof vest. Marie takes a round bun, which turns out to be delicious: slightly sweet [a breast]. Then it suddenly occurs to her that it was somebody else's bun.

She finds little to associate about in this dream. She does tell me, however, that the fruit and vegetables laid out on the table are of the sort she likes best.

I offer an interpretation: "The fruit, the bread . . . they are sustenance: perhaps that's what you're looking for from me, in the form of words?"

At the next session, she talks about a conflict with a doctor whose first name is Bertrand.

I suggest: "Perhaps you're also in conflict with me—after all, I bear the same name . . . ?"

She replies: "I don't feel like I'm in conflict with you. With you, I'm afraid of annoying you. With you I'm like I am with my mother. I'm afraid I won't find the key to the relationship. I get the impression of coming up against a surface—a surface that I can't get through."

Me: "Because of the bullet-proof vest?"

She starts to cry.

Not having the key to the relationship, not being able to get beyond the surface: this was the failure of the hold she had sought to gain over me. Hence her annoyance with, and anger at, the doctor who shared my name. At the same time, not having the key to the relationship with her mother meant not knowing how to get through to her emotionally, and not knowing how to receive affection from her.

Gradually, the mother figure, unremittingly negative at the outset, was becoming more complex, more ambivalent. The patient recognized that her mother had suffered from illness, from mistreatment; that she benefited, as it were, from "mitigating circumstances".

Shortly before the summer vacation, she is thinking aloud about the passage of time, and how she can't feel time passing, and so on. I interpret: "Doesn't this have something to do with the fact that we were talking about holiday dates?"

She replies: "In February, when you had your operation" (a benign foot operation) "I was very worried back then, but not any more. I know that I'll see you again in September."

From the sessions that followed, two things stand out in my mind:

First, an oedipal thread began to emerge, through rivalry with her brother and, much later, through fantasies of seduction by the father.

Second, the maternal *imago* continued to change throughout the successive narratives that she constructed. Marie began to look for explanations for her mother's attitude, trying to find meaning. Her mother had had a miscarriage. Perhaps she was depressed.

She constructed the image of a mother capable of giving something, of passing on something. For example, the recollection of a ring that used to belong to her grandmother, and which had been passed on to her when she was 15. An element of pleasure emerged in her relationship with her mother. One day, when it was raining outside, she said she liked the sound of rain; that gentle, sustained song. In the old country, it could rain for ten days at a time.

She also recounted an incest-taboo interposition by the mother: Marie was sitting on her father's lap, which she did even when she was 13, and her mother said: "Get off, you're too big for that now." And she gave the father such a look that he never let his daughter do it again.

She evoked—while at the same time defending herself against it—the notion of incestuous proximity to the mother. For example, she recalled the baths that her mother prepared and wanted to share with her daughter. It was disgusting, the water was dirty; but she also remembered her mother running a bath for her one day when she had been punished and was unhappy: "I think it was something like a consolation", she said. So her mother was capable of hearing a child's pain and offering "something like a consolation".

One day, she kept silent for a long time, and then told me how hurtful she found my silences. Then she mentioned that as she came in, she had seen a white rose in a single-stem vase on my

> desk, and that reminded her of a very old song called "The White Roses"—*Les roses blanches*—a song about a child who every week visits his mother in hospital, and the last time her mother's grave, to bring her white roses. This was ambiguous: perhaps I was the dead mother, or perhaps it was she who felt she was dying when I didn't speak.
>
> I ask: "Doesn't it occur to you that even if I'm silent, I'm still alive and listening to you?"
>
> At this point she bursts into tears and says: "How can I have been so resentful towards my mother?"
>
> Me: "Perhaps because you expected a lot from her."
>
> Marie: "I don't know about when I was little, but later, yes, I wanted to be acknowledged by my mother, I wanted her to love me, and most of all, I wanted her to say so!"

Passionate hate emerges as a protection against breakdown. Passion in transference means that a split-off part is coming back in the ego (Roussillon, 1990).

What is it that makes the subject of passionate love flip over into passionate hate? Perhaps at some point the subject has despaired, giving up all hope that the object could one day become "good" again. Hatred is a sign of the subject's inability to recover the object in all its goodness. It consecrates the subject's bitter victory: that of being able to do without the object, in a display of narcissistic completeness. But it is no more than a display, as the object has not sunk behind the subject's horizon; it has merely become absolutely bad. In a way, hatred has enabled the subject to survive psychically.

The painful affect had been split off. When it was introjected and came violently to the fore in the session, it was with all the presentness of a trauma. The pain inflicted had to be recognized, and this could only happen in the session. The situation became unblocked when I was able to accept—in the first interpretation described—the place that she had assigned to me in the transference: that of a mother who causes pain by giving neither love nor attention.

Primal passivity is bound up with dependence on the object. In the figure of the dead mother (Green, 1980), the sense of the loss of the object is linked not to its actual loss or disappearance, but to the loss of the love felt in the presence of the object. What is missing is not the mother–object, but the feeling of being the source of her pleasure.

In such cases, a prerequisite for any subsequent solution is to be loved even in distress. I believe that is how Marie understood my interpretation of the white roses: "Even if I'm silent, I'm still alive and listening to you."

Construction and the truth

Is this construction true? We have no way of knowing. Does it really matter? No. What matters is what I call "usability", by which I mean that the analysand should be able to use the construction, and then, once transmitted, a dynamic effect is produced, bringing back, for example, "forgotten" memories or an insight, or the abandonment of certain defences, or any other change. Where does the truth lie in such constructions?

One has to distinguish between an effective truth and what is true in a construction.

Freud himself was prudent about the "truth" of construction: "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" (Freud, 1937d, p. 265). Construction is only based on possibility. It retrospectively may be revealed as true if the analysand becomes able to introject the split-off parts of the self.

The introjection of these split-off parts of the self can be a traumatic moment and may take a cataclysmic form. The analyst must be ready for this and must be there to support the patient through this critical period. The stability of the setting, and the capacity of the analyst to face up to the experience and to survive psychically, are essential if the analysand is to negotiate the trauma successfully.

The truth that is sought here is not the constructed truth, but the truth—or, more precisely, the reality—of a psychic experience.

And it is here that an important concept comes into play: that of *conviction*. Conviction is very different from the persuasion occasionally induced in the transference.

Conviction stems from a sense of *reality experienced* (Ferenczi, 1913). It implies the actuality of subjective experience. For Ferenczi (1926) conviction can never be arrived at by way of the intelligence, which is a function of the ego. The conviction of reality arises in the session when a regression is reactivated that elicits a "sense of effective reality" in the transference–countertransference relationship. And this may be produced by the analyst's construction.

The construction made necessary by traces of psychic events, without the possibility of retrieval, is different from construction in the ordinary sense of the term: it makes far greater use of countertransference (Denis, 2006).

The psychoanalyst can absorb, and act as host to, experiences that the patient is unable to communicate in the form of structured messages but can only activate in the analyst through projective identification. This means making oneself available to embody, for the patient, a role that is not only unknown but also undefined, and which can only take on form and meaning if someone acts it out (Ferro, 2006).

Violent impulses tend to be impervious to interpretation. The work of analysis seeks therefore to encourage their transformation into representations, so that they can subsequently be made accessible to interpretation. Sharing an experience with the patient, being close to the patient—these are the conditions in an analytic project that will make interpretation possible.

6

Construction then and now

Howard B. Levine

Then

Revisiting a classic paper written more than seven decades ago presents the reader with a unique set of problems and opportunities. One could, for example, approach the text from within the context in which it was written, and try to discern what it meant to its author and his original audience. To do so with this paper might then mean to read it as an important corrective to Freud's theory of therapeutic action. Prior to 1937, Freud had argued that since neurosis was inexorably linked to repression and childhood amnesia, the recovery of repressed memories was a necessary element of psychoanalytic cure. In the "Constructions" paper, he once again refers to this connection when he says:

> 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. [Freud, 1937d, p. 259]

In order to arrive at this picture, analytic work must take place. For the analyst, this especially meant

> . . . inducing the patient to give up the repressions (using the word in the widest sense) belonging to his early development

> and replace them by reactions of a sort that would correspond to a psychically mature condition. With this purpose in view, he [the patient] must be brought to recollect certain experiences and the affective impulses up called [*sic*] 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. [Freud, 1937d, pp. 257–258]

Freud (1914g) had already made clear that repressed memories were apt to appear in the analysis as repetitions in the transference (i.e, as actions: *agieren*), the origins and meanings of which the analyst would then have to interpret to the patient in order to catalyse the latter's recollection. The form that these interpretations were to take was familiar from the case histories (e.g., Freud, 1909d, 1918b [1914]).

> Up to your *n*th 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. [Freud, 1937d, p. 261]

These interpretations—or "constructions", as they were now more correctly termed—were intended to "throw a bridge to repression" (Chianese, 2007, p. 48) from the side of consciousness. They offered patients a plausible and more competent cause-and-effect narrative understanding of their early life, their emotional development, and their relationship to their current psychological situation in the hope that this would catalyse the recovery of memories that had previously been repressed. That it was the recovery of repressed memory and not the analyst's construction *per se* that was the ultimate aim of analysis was clearly stated as early as 1909:

> It is never the aim of discussions like this [i.e., constructions, genetic interpretations] to create a conviction. They are only intended to bring the repressed complexes into consciousness, to set the conflict going in the field of conscious mental activity, and to facilitate the emergence of fresh material into consciousness. [Freud, 1909d, p. 181]

While this view of therapeutic action remained central to Freud's thinking, a lifetime of clinical experience had taught him that this was not the only pathway to change. By 1937, he had come to recognize that even with the aid of construction, recollection via the lifting of repression was not possible in every case.

> 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. [Freud, 1937d, pp. 265–266, italics added]

Presumably, certain formative experiences were either too early (preverbal), too traumatic ("beyond the pleasure principle"—Freud, 1920g), or too strenuously defended against to be recalled. Consequently, in some cases, therapeutic progress would have to depend upon the analyst's construction about what was presumed to have happened at some remote point in the patient's past. Rather than catalysing the patient's own memory, the construction would have to stand in for and serve the same dynamic function as the recollection of a formerly repressed memory. Clarifying this hard-won discovery was the *raison d'être* of the 1937 paper. Freud had revised his earlier view and was now acknowledging that sometimes the analysis had no choice but to "create a conviction" in the mind of the patient about what might or must have happened in the distant past.

While Freud announced this change in theory in a straightforward and confident manner (pp. 265–266), his subsequent remarks betray a more tentative cast:

> The problem of what the circumstances are in which this [i.e., the creation of a conviction in the mind of the patient in the absence of a recollection] occurs and how it is possible that what appears to be an incomplete substitute should nevertheless produce a complete result—all of this is a matter for a later enquiry. [Freud, 1937d, p. 266]

The need to defer a more definitive explanation "for a later enquiry" implies that the subject was not fully settled in Freud's mind.

Did he harbour doubts or uncertainties about the thesis he was advancing?

Unless one argues that interpretations are objective and authoritative deductions or "findings", a construction is the analyst's *conjecture* and, as such, depends upon a certain degree of tentative *supposition* on the one hand and *conviction* about the probability of its being correct on the other. But "conjecture", "supposition", and "conviction" are, after all, psychological states like any other and therefore susceptible to all the usual unconscious forces. As Britton and Steiner (1994) have noted, "an observation which may at the time be convincing to the analyst, and even perhaps to the patient, is often inaccurate and sometimes mistaken" (p. 1070). Some patients—and even analysts—may overvalue, seek, and cling to interpretations, constructions, and other explanations "as a means of seeking security rather than . . . inquiry" (p. 1077). Consequently, the distinction between "selected fact" and "overvalued idea" is often complex and difficult to discern.

What Freud has left us with is an incomplete explanation that, upon closer examination, seems more and more tenuous and uncertain: the analyst forms a conjecture and, on the basis of a sense of conviction, conveys this to the patient in the form of a construction, which the patient then accepts as "true" or, at least, plausible. Once accepted, the construction may earn the patient's conviction as well and thenceforth operates dynamically within the patient's psyche as if it were a historically accurate recollection.

Despite the uncertainty in which this process is embedded—or should we speculate that it is perhaps *because* of it—Freud concludes:

> [I]f the analysis is carried out correctly, we produce in [the patient] an assured *conviction* of the truth of the construction which achieves the same therapeutic result as a recaptured memory. [1937d, p. 266, italics added]

This honest account of Freud's clinical observations inadvertently leads us to a *double problem of conviction*—that of the analyst as well as of the patient. It cannot help but resurrect the spectres of countertransference, suggestion, and compliance. Were these problems also in the back of Freud's mind as he wrote the "Constructions" paper? Perhaps they were the reason he began with the story of the

anonymous critic who likened the interpretation of the unconscious to the game of "Heads I win, tails you lose" (p. 257), or, when he returned to the familiar metaphor of the analyst as archaeologist, he argued that it was the analyst who had a decided advantage:

> The two processes [i.e., archaeological reconstruction and psychoanalytic reconstruction] 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. [Freud, 1937d, p. 259]

The latter assertion no doubt refers back to the important insight of 1914 that transference repetition, as an occasion for the return of the repressed, is a potential precursor or way station to recollection and the means by which the past may come alive in the present. But why insist that it is the archaeologist and not the analyst who is vulnerable to being misled? Was Freud protesting too much? And again, later, when he feels obliged to dismiss the possibility of suggestion three times in rapid succession?

> 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 exaggerated. [Freud, 1937d, p. 262]
>
> . . . no damage is done if, once in a way, we make a mistake and offer the patient a wrong construction as the probable historical truth. [Freud, 1937d, p. 261]
>
> . . . an abuse of "suggestion" has never occurred in my practice. [Freud, 1937d, p. 262][1]

Even Freud's caution that the validity of the construction, including the patient's assent or denial, can only be evaluated over time in the light of the associations and developments that follow may leave us unsettled. Analysts do not always agree on what constitutes "forward movement" or "deepening" of the process or the degree to which a given sequence in an analytic process should be deemed "useful" or "progressive". While these claims are often based upon the appearance of new material that follows an intervention—for example, shifts in affect, parapraxes, dreams, more overt transference manifestations, enactments, negative therapeutic reactions,

and so on—their value in any given instance may still be open to debate. Consequently, the truth-value of a historical conjecture, when measured by its utility for an analytic process, may remain in doubt. In addition, if our measure of truth-value is to depend upon analytic utility, it is important to recognize that what is "valuable", as measured by the ensuing analytic process, is not always the same as what is historically true.

It is to Freud's credit, then, that his conclusions in 1937 remained circumspect:

> 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. . . . It will all become clear in the course of future developments. [Freud, 1937d, p. 265]

Now

More than 70 years have passed since Freud offered his 1937 correction to his initial formulation. Future developments *have* taken place. Looking back, we can recognize that the amended description of therapeutic action that Freud proposed has proven true for some patients some of the time. However, as he himself acknowledged, he was only able to offer an incomplete picture of the underlying dynamics. His discussion failed to sufficiently consider the possible roles of countertransference and suggestion and its inevitable counterpart, compliance, because he dismissed or minimized the possibility of unconscious, defensive motivation in the development of conviction on the part of each participant.

Present-day readers have only to remember the controversies of the 1980s and 1990s stirred by "false memory syndrome" to recognize that conviction may not only develop because a construction offered is factually congruent with something that is repressed but historically true. Conviction may satisfy unconscious defensive needs in either member of the analytic dyad or occur in situations of suggestion by transference contagion, where conviction in the analyst may breed conviction in the patient, not on the basis of the truth-value of the interpretation, but on the basis of the patient's attitude towards the analyst's person and belief.

Feldman's recent (2009) remarks on the problem of conviction in the session offer a cautionary tale that emphasizes still another aspect of how fragile and transient conviction in the analyst can be. Implicit in a well-going analytic process is an inevitable choreography that moves from the analyst's ignorance to presumed knowledge—conviction—and back again. The movement towards conviction produces a reduction of tension in the analyst, much as a symphony's return to its major chord resolves the tension in the listener. This process is accompanied and marked by the formulation of the interpretation that, if given to the patient, may sooner or later destabilize the status quo and lead the analyst once again to a position of uncertainty, confusion, and the anxiety of not knowing. In the face of the latter, the analyst may be tempted to—falsely—hold on to the last achieved conviction, so that what had once been "selected fact" now becomes "overvalued idea", as "true" or "useful" insight turns defensive—that is, turns into countertransference in the negative sense—and is clung to as the antidote to the anxiety that comes with uncertainty and not knowing.

This movement from uncertainty → conviction → uncertainty, and so forth is a natural component of analytic work, as is the inevitable exposure to long periods of uncertainty, not knowing, and the discomfort that can attend them. In regard to the latter, whatever other functions the analyst's understanding may have, understanding—based on belief and conviction—will always serve as a homeostatic, stress-reducing manoeuvre for the analyst. This is an inevitable fact of analytic life that links the genesis of interpretation to the vicissitudes of the countertransference.

In addition, it is important to recognize that sometimes being confused and without conviction is the "correct" or "empathic" place for the analyst to be. That is, the analyst's ignorance or confusion may actualize a complementary countertransference position (Racker, 1957) representing a core internal object relationship of the patient—for example, the confused and addled parent who cannot help or understand—or a concordant countertransference position (Racker, 1957) representing the patient's self-experience—for example, the helpless and confused self in need of parental containment. In such instances, the analyst's too rapid "understanding" and "making sense" to dispel that confusion may contribute to a failure of containment[2] or defend against the analyst's "taking the

transference" (Mitrani, 2001) and being inhabited by the chaos of not knowing![3]

But from our contemporary perspective, the problems of conviction, conjecture, and compliance are not the only ones posed by the issue of construction. Over the past seven decades, the very nature of what is constructed in analysis and the underlying reasons for doing so have shifted considerably. While some treatments today include the kind of constructions of past historical events that Freud was concerned with, *what is more commonly constructed now are aspects of the patient's affective experience of the here-and-now interaction in the analytic relationship*. These constructions concern themselves with plausible narrative cause-and-effect sequences in the present. Their aim is not so much one of helping patients to remember what had once been known but was then forgotten: they seek, instead, to initiate or facilitate a transformative process that will help patients achieve psychic representation of inchoate proto-emotions (Bion, 1970)—that is, to help patients put previously ineffable and unarticulatable feelings into words.

The latter is a process that is especially important in the treatment of non-neurotic patients, whose difficulties are intimately connected to unrepresented or weakly represented mental states (Botella & Botella, 2005; Green, 2005a, 2005b; Levine, 2010; Reed, 2009; Reed & Baudry, 2005). In these analyses, the literal, historical truth-value of an interpretation may sometimes be less important to the therapeutic process than the potentially transformative and/or catalytic movements that may—and often *must*—emerge from the interaction and relationship between analyst and patient. Hence, Hartke (2009) has noted the important shift in the goals of contemporary analysis, which, he suggests, aims "primarily at the expansion of the mental container, instead of the predominant work on unconscious contents", and Green (2005a) has argued that it is sometimes better for the analyst to express his or her countertransference in action than inhibit it in favour of a lifeless or artificial discourse. What these assertions point to is the fact that our formulation of the constructive "work" that the analyst must perform has, in the case of unrepresented and weakly represented mental states, expanded to include transformative mental processes and even interpersonal actions: containment, reverie, alpha function, unconscious actualization, affirmation, and so on.[4]

These are among the "future developments" that Freud could not have foreseen. They comprise a radical revision of Freud's initial theory of technique that lies beyond the implications of his first topography. Freud himself laid the groundwork for such a revision in his papers of 1920 and 1923. In the first (1920g), he introduced the idea that some psychic functioning lay "beyond the pleasure principle" and was subject to a different set of dynamic considerations than those that obtained in the psychopathology of everyday life, in ordinary dream states, and in the psychoneuroses. In the second (1923b), he replaced the structural concept of the system *Ucs.* with that of the id. In so doing, he further emphasized the distinction between the dynamic or repressed unconscious, in which mental contents were represented but denied admission to conscious awareness because of their unacceptable—anxiety-producing—meaning or potential consequences, and the non-dynamic unconscious, in which forces (e.g., drive pressures), feelings, or preverbal or potentially traumatic events remained inchoate and more primitively organized because they had not yet—or had only weakly—achieved representation, symbolic linkage to other elements in the mind, and insertion into narrative chains and historical sequences of cause and effect.[5]

Marucco (2007) helps to clarify the evolution of Freud's theory when he makes the interesting observation that Freud's discussion of the concept of repetition moves from a fixation on forbidden pleasure (the first topography), to the compulsive encounter with the effects of trauma without representation (Freud, 1920g), to the intimation in the "Constructions" paper that what is at stake is the creation of the psyche.[6]

Despite his own theoretical advances, however, Freud continued to write clinical theory as if he were constrained within his first topography, where "the unconscious" was synonymous with the *repressed* unconscious and unacceptable wishes and memories had achieved representation, symbolic linkage, insertion into narrative and historical sequences, and so forth, before being repressed or otherwise defended against. As many have noted, this level of formulation best applies to clinical conditions reflective of represented mental states. In contrast, contemporary analytic theory has begun to sharply distinguish between the clinical states and technical responses necessitated by represented and unrepresented—or

weakly represented—mental states (e.g., Bion, 1962, 1970; Botella & Botella, 2005; Ferro, 2002; Green, 2005a, 2005b; Marucco, 2007; Reed, 2009; Reed & Baudry, 2005), often posing the problem in related, but somewhat different, terms, such as conflict and deficit (Killingmo, 2006), repressed unconscious and unformulated unconscious (Stern, 1997), mentalized and unmentalized contents and states of mind (Fonagy, Gergely, Jurist, & Target, 2002; Lecours & Bouchard, 1997; Mitrani, 1995), non-symbolic mental functioning (Lecours, 2007), and so on.

The distinction required entails a shift in our understanding of what needs to be constructed in analysis and follows in part from the different technical demands upon the analyst that are apt to appear as we move along the continuum from more organized to more chaotic or archaic psychic functioning, where we are faced with the residues of preverbal trauma and archaic organizations of the mind in the face of which achieving the work of psychic representation (*figurability*) and the creation and maintenance of meaning rather than the uncovering and decoding of meaning become the central problems of the analysis.

Marucco (2007) has observed that analytic theory has not always distinguished between these very different conditions, because in the clinical setting their presence is indicated by similar phenomena: repetition and action [*agieren*]. In contrast, he outlines a continuum of states that extends from the represented (oedipal repetition), to the unrepresented (narcissistic repetition), to the unrepresentable (non-represented). The latter refers to "prelinguistic signifiers" (p. 314) and "ungovernable mnemic traces" (p. 314) that are based on preverbal traumatic registrations that elude signification and so cannot be linked with and bound by the secondary process.

How, then, are we to re-interpret the meaning of Freud's brilliant insight that what has once occurred is never lost, but remains inscribed somewhere (1937d, p. 260)? Does Freud mean that these events remain encoded in the psyche? In the body? And at what level of organization? Verbal? Sensorial/somatic?

Here is Marucco's statement of the problem:

> What is the archaic that repeats itself? Is it something that emerges in the act from the regressive push toward a state

> almost prior to the encounter with the other? Or is it the product of the intrusive force of an object that imprinted the destructive trace of the unbinding where the path toward the potential for representation should have been opened? We are "far away" from the repressed unconscious and, at the same time, very close to the cauldron of the id. [Marucco, 2007, p. 315]

Note the similarity to Green's (1998) formulation of the consequences for psychic structure of the decathexis, which can follow an insurmountably traumatic loss or absence of a primary object. Rather than stimulating the psychic work needed to produce mental representations, in such circumstances the loss or absence will provoke

> a wound in the mind; producing a hemorrhage of representation, a pain with no image of the wound but just a blank state . . . or a hole. . . . The total picture of the situation is either blotted out, or leaves remains of fragmented pieces (which will later become bizarre objects) with no bonds to unite them. [Green, 1998, p. 658]

Patients with a deficient capacity to represent and/or mentalize cannot "(1) represent feeling states meaningfully in symbols and words, (2) experience affects as [their] own, (3) relate to [themselves] as an agent" (Killingmo, 2006). The anxiety that these patients feel is not that associated with unconscious forbidden wishes but is apt to be tied instead to loss of the self and disorganization of the psyche. What is at stake is not punishment for the gratification of dangerous or forbidden desires, but the sense of one's very *existence*: the formation, cohesion, and maintenance of the experience of a sense of identity and self.

In these circumstances, the patient is dependent upon the analyst and his or her transformative capacities, which must be lent to the patient in the process not of recall, but of the *creation* of memory, its symbolic linkage with other psychic elements, and its insertion into a coherent narrative time-line. This work takes place as part of an intersubjective, dialogic process that is inexorably tied to the analyst's individuality, intuition, and creativity. As I have tried to demonstrate elsewhere (Levine, 1994, 1997), the analyst can never operate beyond the bounds of his or her countertransference, as the latter is just another subset of and perspective on

the analyst's subjectivity. We can never construct in the absence of the subjectivity (read "countertransference") of the analyst.[7] Nor can we assist the patient in accomplishing the work of figurability (Botella & Botella, 2005) in the absence of the action of the analyst. These facts threaten to turn abstinence and neutrality, two time-honoured tenets of analytic technique, on their heads.

And yet, construct we must, as we lend ourselves via spontaneous and intuitive action to the necessary transformative interactions[8] that will assist the patient in the work of figurability; the movement towards the creation and strengthening of represented mental states; the linkage of narrative fragments and primary and secondary process into a coherent fabric of symbolically invested, temporally instantiated, and associatively connected thoughts—in short, the creation of a psyche that possesses an emerging and infinitely expanding unconscious.

In pursuing this agenda, we are resting upon and fulfilling the elaboration of a vision that is heralded in the "Constructions" paper. As Marucco has noted:

> Our return to Freud is not a sign of orthodoxy. His text is always a fundamental pre-text to carry out an unpostponable assessment of his ideas from the perspective of present-day psychoanalysis. [Marucco, 2007, p. 312]

And we concur with Chianese, who asserted that

> Freud steadfastly pursued the repressed which escaped him, that unreachable event that cannot be documented. If this is his limitation, we owe to him the intuition, which we have since been able to expand, that the repressed [and here, I would add, the not-yet or only weakly represented (e.g. Green, 2005a, 2005b; Levine, 2009; Scarfone, 2006)] becomes historical truth through the work of analysis, that the novelistic, mythic, at times delusional construction of the analysand is constituted as (historical) truth through his word when there is someone (the analyst) who takes that word as truth. This truth, however, does not live in any defined or definable place. Freud tried obstinately to find that place, to fill a void, a gap in the remote past, to fill it with a possible event. [Chianese, 2007, p. 15]

What I have tried to argue is that whereas a narrower view of Freud's 1937 paper concerns itself with the unearthing of *specific*

mental contents and historical facts, our more contemporary perspective sees constructions as necessary components in the transformational development and solidification of coherent psychic structure, identity, and the self. Thus, in the light of our current thinking, we would say that while that "gap in the remote past" is unknowable and unfillable, it is nevertheless the origin of the analytic space.

Freud first described the goal of analysis as "making the unconscious conscious". He then restated our aims as "Where id was, there ego shall be". When we are faced with significant areas of unrepresented and weakly represented mental states, perhaps our watchword should be, "Where chaos was, there psyche shall be". As Freud so wisely said more than 70 years ago,

> It will all become clear in the course of future developments. [Freud, 1937d, p. 265]

Notes

1. In contrast to this last assertion, it may be useful to recall the Wolf Man's retrospective assessment of Freud's famous interpretation of the wolf dream: "In my story, what was explained by dreams? Nothing as far as I can see. Freud traces everything back to the primal scene which he derives from the dream. But that scene does not occur in the dream . . . that scene in the dream where the windows open and the wolves are sitting there, and his interpretation. . . . It's terribly farfetched. . . . That primal scene is no more than a construct . . ." (Obholzer, 1982, pp. 5–6)

2. With regard to unmentalized experiences, Mitrani (1995) has eloquently written: "Perhaps if we do not allow our patients to touch us sufficiently or to infuse us adequately with these meaningless experiences; if we move too quickly to apply our theories in order to render the unknown known through interpretation, attempting to avoid or to evade too assiduously the enactment of the patient's experiences, we may then run the risk of leaving our patients without sufficient containment for such experiences, causing them to fall back upon the use of an already established, internal autosensual [i.e., autistic] enclave or even to convert (or pervert) a physiological function or an organ system into a somatic container" (p. 105).

3. There is a familiar, perhaps apocryphal story of an enthusiastic supervisee presenting a case to Melanie Klein. Wishing to show her that he understood and used her concept of projective identification, he described interpreting to his child patient that the little boy was attempting

to project his confusion into the analyst. Melanie Klein's response to her supervisee was, "No, no, my dear. It is *you* who are confused." This is, of course, the problem that analysts always face: how to distinguish when the confusion *is* a projected element of the patient's inner world and when it belongs solely or predominantly to the analyst. The difficulty involved in differentiating these states only adds to the potential for epistemic anxiety in the analyst.

4. For a discussion of *figurability*, see also Botella & Botella, 2005; for a discussion of unrepresented and weakly represented mental states and some of their technical implications, see Levine, 2010.

5. This distinction was already beginning to take shape in Freud's "The Unconscious" (1915e), where he noted that there are some unconscious instinctual impulses that are "highly organized, free from self-contradiction" (p. 190) and relatively indistinguishable in structure from that which is conscious and yet "they are unconscious and incapable of becoming conscious" (pp. 190–191). He continues: "*qualitatively* they belong to the system *Pcs.* but *factually* to the *Ucs.*" (p. 191). The distinction that Freud seems to be making here is between the organized, articulatable, yet repressed unconscious—that is, the unconscious subset of psychic elements reflecting represented mental states—and the much larger, not yet organized and articulatable subset of proto-psychic elements reflecting unrepresented mental states. This is a distinction Freud makes again in *The Ego and the Id* (1923b, p. 24). (See also Levine, 2010.)

6. See also Botella & Botella, 2005, for a similar sense of the "Constructions" paper as heralding a revolutionary "third topography" that would centre on the role of the analyst's conviction and activity in the development of the patient's psyche.

7. Chianese has offered a similar view: "countertransference always contributes to giving a meaning to and representing the past in the analytic space (2007, p. 27).

8. These actions have been variously described as alpha function, reverie, and container/contained (Bion, 1962, 1970; Ferro, 2002, 2005); interpretation in the transference (Sechaud, 2008); the work of the "dialogical couple" (Green, 2005a, 2005b); co-thinking (Widlocher, 2004); just to name a few.

7

Knowledge as fact and knowledge as experience: Freud's "Constructions in Analysis"

David Bell

> We claim no authority . . . we require no direct agreement from the patient, nor do we argue with him. . . . 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." [Freud, 1937d, p. 265]

Freud's paper raises problems that are much wider than its apparent focus. One's attitude to what it is that the analyst *does* must have a clear, though not necessarily manifest, relation to what one considers to be the aim of analysis and how one understands the process of change. This in turn trenches upon important debates and tensions within psychoanalysis—between those who consider change to be largely derived from insight and those who foreground the "corrective experience" or the "real relationship"; between those who regard "truth" as an essential dimension of analysis and those who regard the very notion of truth as a comforting and potentially dangerous illusion; between those who think not only of meaning but also of causal structures determining the nature of the human subject and those for whom the very idea of cause is anathema, who see psychoanalysis as a purely hermeneutic discipline.

Thus it becomes clear that a problem that initially presents itself as a technical concern within psychoanalysis soon reveals itself to raise issues of a broader and even philosophical nature.[1] In fact, the various difficulties raised by our attempts to understand an individual and his history are not distinct from the problematics of history itself, as all history is of course reconstruction.[2]

Although Freud does not seem to distinguish between "constructions" and "reconstructions", at least in the paper under discussion, this distinction has established itself within the literature (perhaps starting with Greenacre, 1975), and it is one that is helpful and worth preserving. *Construction* tends to be viewed as suggestions coming from the analyst that relate to more immediate issues, for example within a particular session, whereas *reconstruction* refers more to the joint work over longer periods of time in which analyst and patient build up a picture of the patients' psychic structure and its place within their own history.

Some reflections on Freud's paper

Freud's paper deals with a number of themes that are related, but the flow of the paper does not have the character of an argument. It is more an essay or collection of reflections. He starts with a question, to which he returns, concerning how we come to judge the truthfulness of a construction. This has the character of a form of "apologia" to the critic who thinks that analysts have it, so to speak, both ways: that is, a patient's acceptance of an interpretation is regarded as supportive of it while his rejection of it is just evidence of resistance. This species of misunderstanding, which must strike us as based on very little understanding of our subject, has not gone away. It reappears not only over the dinner table but, in a more disguised form, in sophisticated philosophical discussion. Grünbaum (1984), for example, seems to think that analysis can be reduced to a version of the "tally argument"—that is, if a symptom is caused by the workings of a repressed memory and the patient becomes aware of the content of this memory, then the symptom should disappear, and if it does not, then this refutes one of the central claims of psychoanalysis. Wollheim, in a masterful paper (1993),

reveals the weakness of Grünbaum's thesis with a simple thought experiment. He asks us to imagine that a man, after leaving his session, talks with someone else—perhaps a relative—and discovers a forgotten or unknown aspect of his past. In the following session he recounts this episode to his analyst. Can we say that he has recovered a memory? Clearly he now knows the fact and can repeat it in the session. Wollheim's point, of course, is that knowing has different meanings, some of which are psychoanalytically cogent, others not. For Grünbaum misunderstands psychoanalysis—that is, he sees ignorance as the problem and knowledge as the cure. However, here "knowledge" is completely abstracted from the whole context in which analysis takes place. Acquisition of knowledge—that is, knowledge as a series of facts—was never the aim of psychoanalysis. Indeed, one might say that psychoanalysis was born with the abandonment of such a project: that is, when the aim moved from acquainting the patient with facts of his past to helping the patient to overcome resistance.

What psychoanalysis has brought to our attention is not only new knowledge, but—and, of course, this is part of this new knowledge—an awareness of the extraordinary extent of our resistance to self-knowledge. In fact, the whole of psychoanalysis could be described as an extended essay on the nature, extent, and intractableness of human resistance—one of its single most durable findings and the one most overlooked by conventional psychology.

Ignorance, then, was never the problem; it was not knowledge that patients needed, but the overcoming of *resistance* to knowledge. As Freud pithily puts it:

> If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu-cards in a time of famine has upon hunger. [Freud, 1910k, p. 224]

Overcoming resistance is not just a series of overcoming individual resistances but a project of helping the patient come to know himself in a different way. This makes a point that will be central to the argument of this chapter, and that is that the aim of analysis centres

much more on the *process of coming to know*—that is, knowledge as function and process—than on knowledge as the accumulation of facts.

The archaeological metaphor is, as Freud shows, pregnant with unexpected richness and illuminates this theme. Like the archaeologist, a psychoanalyst can never completely prove his case. He can say that, all things considered, the reconstruction that he offers provides the best fit with available knowledge. The "all things considered" here would refer to what is known of the specific archaeological site, the extent of knowledge of the period, the archaeologist's understanding of what it is to be a archaeologist, its tasks, its method of acquiring data, testing it, and so on. Archaeology is not just a collection of techniques for discovering data at sites but is also a body of knowledge. In a similar way we might say that a construction offered to a patient is consistent not only with the material that the patient has brought to this particular session (the current site of exploration), but it is consistent with (and may throw further light upon) a more general understanding of the patient derived not only from this particular patient, but knowledge of this period of life and, at a more general level, psychoanalytic knowledge of the mind.

As with archaeology, there are different levels of psychoanalytic theory. At the peripheral level there is the current theory of what is going on in a particular session. Then there is a more general theory of how this particular patient functions, what the dominant transference constellations are, and so forth, this latter knowledge being built up over time. Then there are the clinical theories—such as the theory of transference, the understanding of the mechanism of projection, identification, and so on. And, lastly, there are theories that function at a much more general level and which concern the psychoanalytic model of the mind: these might include the structuring of the mind through the Oedipus complex, the nature of the archaic superego, and so forth. If one takes the first level as the most peripheral and the last as the most central, then it is clear that the more peripheral the theory, the more open it is to change as one develops more understanding (this change does not necessarily rule out previous understandings but may enrich them or cast them in a different light), and one would expect such changes as the work goes on. However, one would not

expect there to be frequent change of one's understanding of the basic character structure of a patient—in fact, if this were to change from week to week, one would think there was something wrong. Similarly, one would not expect an event in a session, or even in any one analysis, to overthrow the psychoanalytic theory of mind. Those of a more relativistic position have no place for this layering of theory, as psychoanalysis is coextensive with—is collapsed into—only its practice.[3]

We do, as Freud points out, have certain advantages over the archaeologist. The archaeologist has to accept that the original structures can never be unearthed, whereas the analyst discovers that they continue as living entities within the mind, where nothing is ever truly erased. However, these living structures, these "repetitions of reactions dating from infancy and all that is indicated by the transference" (Freud, 1937d, p. 258), are the source not only of knowledge and understanding, but also of resistance. And here archaeology has no parallel, for however opaque and difficult his project may be, the archaeologist can rest assured that the object of his study has no living intention to hide its secrets from him!

There is, in the development of Freud's theory of technique, a trajectory from uncovering infantile memories as facts of the past, to reconstruction of those memories from the transference, to the viewing the task as the reconstructing not of historical reality, but of a different reality—*psychic* reality. "When the transference has risen to this significance, work upon the patient's memories retreats far into the background" (Freud, 1916–17, p. 444). However, as Blum has pointed out, "These comments require critical comparison and contrast with Freud's simultaneous and continuing emphasis upon the genetic viewpoint" (1980, p. 46).

Perhaps it is not really a question here of genetic reconstruction *versus* reconstruction based on the transference, but with the different status of that which is remembered as purely fact or, one might even say, dead fact or effigy, which has little therapeutic effect, and that which emerges as a living entity in the room. The latter creates the conditions for understanding of a different kind. So when Freud offers us:

> Up to your *n*th 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. [Freud, 1937d, p. 260]

he is, I think, not presenting us with a model of interpretation, but more an example of a reconstruction put together piece by piece over time. And one might hope that this kind of understanding *does* arise in an analysis. But it is the *form* this understanding takes, the way it is reached, that has proved to be vital in terms of the conviction that it brings for both analyst and analysand. If it is a mini-lecture, then it is "knowledge as fact", but when this knowledge comes into being through an understanding of a real piece of archaic psychic life lived through in the present, then this is a different matter.

Of the question of conviction, Freud writes:

> 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. [Freud, 1937d, p. 264]

A critical question that arises here has some relevance to current debates within psychoanalysis. If what is being suggested is that the conviction derives from the patient's understanding of an aspect of his psychic life that is unavailable as recollection but is nevertheless solidly grounded in his awareness of his repetition in the transference, then this is a conviction that has a basis in reality—psychic reality rather than material reality, but reality nevertheless. However, if one draws from this statement that it is the *feeling of conviction itself,* regardless of its truth, that is of such therapeutic import, then this offers a very different view. Here analysis becomes not reconstructing and discovering, but more like the replacement of one narrative truth for another that is more serviceable. From this more relativistic perspective reconstructions are just stories we tell. This would break entirely with the archaeologi-

cal metaphor, for no archaeologist regards himself as just telling interesting stories.[4]

There is, I think, a myth—and it was one of the founding myths—still shared by many outside our profession and by some inside that an individual in analysis discovers things about himself that he *never* knew: what one might call the revelatory view of psychoanalysis. This is, I think, rare in the extreme. Most patients after a good-enough analysis might say, "It is strange, I learnt nothing in terms of my past that I did not already know, what I did learn about was its significance, its meaning to me, its continuing effects upon my life." Blum makes a similar point when he writes: "As is so often the case, the patient knew of the trauma, but did not know of its significance in her life" (Blum, 1980, p. 40).

Construction and reconstruction in contemporary Kleinian technique

The Kleinian school is by no means unified in its attitude to psychoanalytic technique, and this is particularly the case in relation to the role of historical reconstruction in analysis. This is not exactly a dispute, but more an area of tension in thought and emphasis—a tension that has been the source of fruitful debate.

However, there are broad areas of agreement when it comes to the understanding of the analyst's role and the aims of the work.[5] The Kleinian approach is classical in nature, in the emphasis given to *insight* as the source of change and the importance of the *neutrality* of the analyst. However, an increasing understanding of the complexities of these phenomena and the subtle differentiations in their character has been an important trajectory of research. Insight, in line with the theme of this chapter, is understood as being less about "knowing that" and more about emergent understanding. There has been a major development of the capacity to become sensitive to the psychic moves and transformations that take place in any session, so that situations that appear to be similar can be differentiated from each other—for example, distinguishing real insight from pseudo-insight, the latter being a manifestation of resistance. The work of Betty Joseph has been the major influence here (see, for example, Joseph, 1983, 1985).

> Mr T, a patient of a marked manic disposition, developed some real understanding of himself in a Friday session, related to his intense sensitivity to feelings of exclusion and the way his life is dominated by this preoccupation—a moving and poignant moment for him and his analyst. On the following Monday he repeated the content of the interpretation and elaborated on it somewhat, but it soon emerged that this "understanding" now had a completely different status. The analyst felt uninvolved, more like an audience, and remained silent. As the session continued, the patient described his enjoyable weekend. He had met various friends and had been helpful to them. But the more the session went on, the clearer it became that the understanding he had been giving his friends was almost identical to that which he had reached in the Friday session. In other words, what started out as insight and integration accompanied by awareness of dependence upon an object and imminent separation from it had been transformed. It was *he* who was now the owner of the understanding: he had projectively identified himself with an omnipotent analyst locating in his friends that aspect of himself that needed help and understanding.

The point here is that although the words suggested the insight derived from the work of Friday, they now functioned in a completely different way. The understanding of the material presented on the Monday needed to take into consideration this change in atmosphere, including the sense that it is the analyst on Monday who is now the excluded party, an audience to the patient's happy weekend.

This material brings to the fore a key feature of technique in Kleinian analysis, namely the close attention to the atmosphere/mood of the session. A construction that is, in a certain sense, right *theoretically* might make little sense if one takes full measure of the existing mood of the session, not only because in such a situation the interpretation will be unhelpful, but because if it does not take full measure of the atmosphere, it also cannot be right. A related issue occurs in those situations where one understands that the patient has projected large parts of his self into his object, and it therefore makes little sense to talk to the patient as if these aspects belong to him. To do so is to function as if what

we know to be true is not really the case, as the following example illustrates:

> Ms G's analysis was overwhelmed by her incessant intrusive demand to posses the analyst. She would refuse to leave sessions and tried to communicate with her analyst outside session times, via letters and telephone calls. However, in one session she seemed calmer but talked at some length and at high speed about a friend, Susan, whom she considered as very disturbed. Susan kept ringing her, was constantly demanding that Ms G go round to see her, and threatened suicide if Ms G did not comply with her wishes. Ms G was very angry with Susan and described her as madly possessive and greedy.
>
> Of course, when hearing this material, the analyst couldn't help but be struck by how well the description of Susan fitted the patient herself. The analyst remarked to the patient that Susan seemed to represent a possessive, intrusive aspect of herself. The response of the patient to this rather clumsy remark was quite revealing. She sat bolt upright on the couch and clasped the back of her head, as if she had been assaulted.

Here, then, one can see that the construction offered by the analyst, though perhaps right *theoretically*, was wrong in the sense that it did not take seriously enough its own diagnosis—that is, having understood that the patient had projected so much of herself into Susan, the analyst talked to her as if the patient could know this; this misunderstanding proved to be quite traumatic to the patient, who experienced the analyst as violently re-projecting into her something she could not tolerate.

In other situations it is the analyst himself who is the object of these forceful projections, and again, although he may understand this, he may not be able to make this understanding available to the patient. Instead, the analyst may have to tolerate, sometimes for long periods, very disturbing states of mind, and this becomes a central part of the analytic task.

Alongside the emphasis on neutrality, there has been increasing appreciation of the subtle ways in which the analyst's neutrality is undermined, and further the recognition that this is inevitable. The analyst is pushed and pulled into enactment with the patient

in ways that he can only become aware of retrospectively (see, e.g., Feldman, 1997). The appreciation that *whole situations* are lived out by analyst and patient together has become a most valuable source of understanding and one that continually informs the interpretative work. It is important, however, to emphasize here that this acceptance of the inevitability of enactment, the appreciation of its usefulness in furthering understanding, should not be misunderstood as a idealization of such enactments and the abandonment of neutrality. For it is only though the constant struggle to maintain neutrality that departures from it can be clearly seen. Transference, then, is seen less as an enactment of the past and more as a living phenomenon where the patient's anxieties and conflicts are brought into the analysis.

Klein writes:

> For many years—and this is up to a point still true today—transference was understood in terms of direct references to the analyst in the patient's material. My conception of transference as rooted in the earliest stages of development and in deep layers of the unconscious is much wider and entails a technique by which from the whole material presented the *unconscious elements* of the transference are deduced. For instance, reports of patients about their everyday life, relations, and activities not only give an insight into the functioning of the ego, but also reveal—if we explore their unconscious content—the defences against the anxieties stirred up in the transference situation. For the patient is bound to deal with conflicts and anxieties re-experienced towards the analyst by the same methods he used in the past. That is to say, he turns away from the analyst as he attempted to turn away from his primal objects; he tries to split the relation to him, keeping him either as a good or as a bad figure; he deflects some of the feelings and attitudes experienced towards the analyst on to other people in his current life, and this is part of "acting out". [Klein, 1950, p. 436]

As Busch has put it: "every aspect of psychic phenomena is brought into the room with the analyst, and this is articulated within the here and now of the session" (Busch, 2010, p. 29).

Although attention to the kinds of phenomenological distinctions described above has been typical of the Kleinian approach since its inception, it was Bion who made this most explicit, and

much of contemporary Kleinian technique leans upon his work.[6] This can go unacknowledged *not* through neglect but because his work has been so influential in this regard that it has become part of the fabric of this approach to work. Fundamental here is the distinction Bion draws between words as *communications* of semantic contents and words as *actions*. It is, of course, true that all human communication is an interweaving of the dimension of meaning and the dimension of action.[7] However, where action predominates, this must necessarily influence one's attitude to the material and thus to the construction one might formulate. In the case of Ms G, discussed above, she spoke at high speed, her words being vehicles for action, preventing any interruption, as there was an urgency to rid her mind of a demanding persecuting object—that is, through projecting it into Susan.

Rosenfeld (1971b) discusses related issues when he considers the important technical implications, in terms of how one speaks to a patient, of the distinction between projective identification used as a vehicle for evacuation of intolerable mental contents (as illustrated in the case of Ms G) and different situations where the primary motive is not evacuation but communication—communicating not only through meaning but through action. Steiner (1994) has developed this theme.

> Mr K, a profoundly schizoid man,[8] arrived for his session one day and was upset to discover another patient in the waiting room. This other patient had, in fact, made a mistake and had come at the wrong time for his session. It emerged that Mr K had felt very worried and vulnerable in this situation, fearing that his analyst would prefer to see the other patient instead of him.
>
> In the following day's session, Mr K looked more bedraggled than usual and began his session in the following way.
>
> "I've been to see Dr X (his previous therapist). I get on with him. I liked him much better as a therapist than you. I am sure if I could see him three times a week, I'd make more progress than with you. I know things about him. . . . I don't know anything about you."

> The therapist, in discussing this session, described how he felt belittled and hurt, feeling himself to be much inferior to Dr X with whom Mr K had appeared to have had a much more lively fruitful and open relationship.
>
> After a pause Mr K said thoughtfully, in a tentative, questioning voice, as if checking something,
>
> "I don't know if that's hurtful. Is it? I don't even know if it is true."
>
> He went on:
>
> "I saw this old woman in the street on the way here. I thought I could mug her, or I could say 'Hello'. I wasn't sure which was best . . . but I didn't put either thought into action."
>
> His therapist felt touched by this and replied:
>
> "You are trying to let me know how cast out you felt by seeing the other patient yesterday. You felt pushed into a relationship with me that you thought was second-best to the one I have with the other patient, that I would rather see him than you."

The point here is that the patient, although appearing superior, was also communicating (saying "hello") to the therapist his own experience of feeling left out and vulnerable. He clearly had not lost touch with the experience and, indeed, seemed to be checking to see whether his communication had been properly registered.

The capacity of the therapist to take in the experience of feeling left out and belittled was clearly crucial to his capacity to communicate to his patient his understanding of what had taken place between them, and this suggests that her the projective mechanisms had facilitated the capacity for empathy.

There is further feature of this material that is of note. Its is clear that the therapist was *really* affected by the patient, he felt left out and abandoned, but it was as he was recovering from this mental state that he made the interpretation—it was his capacity to bear the full impact of this state *and* emerge from it that had enabled him to make the interpretation, and to make it in such a way that it was meaningful to the patient.

This need to work through the countertransference experience[9]

in order to be able to become fully aware of it and its relation to the current situation, to the transference and the dominating internal object relations, has received considerable attention in the literature, and the work of Brenman Pick (1985) and Carpy (1989) are seminal in this regard. Again central to this way of thinking is *not* that the analyst remains uninvolved, which is in any case not possible, but the recognition that understanding the nature of that involvement is one of our most valuable tools. However, it is also important not to idealize the countertransference: as Segal has put it pithily, "countertransference is the best servant and the worst master" (Segal, quoted in Hunter, 1993).

It is thus clear that a very important part of the work precedes the making of constructions to the patient: that is, the *internal* work of the analyst. Sometimes this takes place unobtrusively and reflects an ordinary countertransference disposition, part of the ongoing work. At other times, however, the countertransference becomes so burdensome that it amounts to a countertransference neurosis. In this situation the analyst will need to free himself through an internal working-over, often with the support of colleagues. Here it is more the interpretation that the analyst silently makes to himself that provides him with the necessary internal space for reflection, thereby arriving at a better position from which to talk to his patient without his communications being saturated with countertransference (see Britton, 1989).

The distinction drawn here between communication and action does not, of course, apply only to the patient, but to the analyst as well—that is, the same construction, the same words, may express very different phenomena. Where the analyst is still under the full pressure of the countertransference, his words easily become vehicles for action. For example, in the material above concerning the analyst who felt excluded, the analyst had to bear this experience and resist the temptation to try to get the patient to recognize himself as the excluded party—that is, to attempt to forcibly re-project the feeling of exclusion into the patient.

These phenomena can be subtle and are more ubiquitous than we often realize. I have in mind, for example, those moments when the analyst becomes aware that he is seen as a very persecuting object and feels a pressure to reassure the patient and himself that he is not the terrifying object the patient takes him to be. The analyst

may say, for example, "You feel I am such and such a type of (bad) object in the same way that you felt your mother to be . . .", which *seems* like an interpretation, but the way of speaking and intonation may convey the unspoken parenthetic implication "but, of course, I am not", and it is often this that the patient hears.

Ms S was severely traumatized in childhood, and the analysis has been dominated by terror. She looks at me furtively as she comes into the room, lies down, and often cannot speak until I do. Her primary concern, dominating all others, in her life as in her analysis, relates to the state of her object. Her mother appears to have been quite unable to think about her and was extremely unpredictable. But my patient believed that if she attended especially carefully and spoke to her mother at the right time, in the right way, when her mother was in the right state of mind, then everything would be fine. With this omnipotent system she could at least create the possibility of a reasonable interaction with her object. When this failed, however, as it inevitably did, the result was that she felt it was completely her own fault—that is, she was persecuted with a sense of omnipotent responsibility. She felt totally unable to confront her mother with any criticism, as this was thought to be dangerously provocative to an object that was felt to be both tyrannical and brittle. (This combination is, I think, frequent in such cases.) The result would be, at best, a torrent of furious accusations and immediate ejection and, at worst, the collapse of her object, with all the persecuting guilt this would bring.

Ms S often talks of situations that cause her great concern, but, then, in a different voice, characteristically adds: "I am sure it will all be fine, just fine." She is very sensitive to separations, but when she returns to analysis after a break, she feels herself to be confronted with an object that is potentially explosive. Interpretations that had, I thought, made some sense of the situation were often met with silence, and sometimes I would find myself saying, as if I needed some reassurance, "Do you know what I mean?"

I said to Ms S as she left a Thursday session, "See you on Monday." I had mistaken the following day for a different Friday, one

that she had cancelled. She turned to me and said, "You mean tomorrow." I smiled in a slightly sheepish manner, and said "Oh, yes." The following day when we discussed this, she was quick to point out how well we had handled it: wasn't it good that she was able to correct me, she couldn't have done that a year ago, and I, somewhat unwittingly, went along with this.

On the Tuesday of the following week I had left the door open, which is a signal for the patient to come straight in. As she came into the room, I was smoothing the antimacassar. I must have looked slightly startled and, then, before I could think, found myself changing my expression into a rather indulgent smile.

She started by telling me about her baby, who had been stung by a bee the previous day (and which I remembered had been a cause of great concern). She talked about how quickly the baby had recovered, isn't it amazing, she wouldn't have thought it possible, and so on.

She went on in this way for a while.

I thought my impulse to quickly smooth the antimacassar was connected with what was taking place between us. There had been a sting, the evidence of other patients, which I was smoothing away, and also my startled look when she came in, which I thought *she* was now smoothing over. She must, I think, have thought that I was behaving in a very odd way. But now I was being encouraged to be relieved of any concerns, to accept the quick recovery, and not think about the sting; we could both reassure each other that everything is, so to speak, "Fine, just fine."

When I put these considerations to her, there was a very marked change in atmosphere into something quite sombre, as she said: "You don't know how difficult it is for me to come here . . . to analysis. Its such a terrible place. I never really know what I am supposed to do."

She later talked about how difficult it is to tolerate not looking at me in sessions, or not having her fairly straightforward questions like "How are you?" answered. (Such a question is, of course, laden with meaning for her.)

> So, my patient's perception of analytic abstinence is not of neutrality but of being confronted with a maddening and volatile object who won't tell her how to behave, won't even tell her how he is, and abandons her to work it out on her own.

This material serves to illustrate some of the themes emphasized in the above discussion but also lends itself to filling out some broader issues as regards the use of construction in contemporary Kleinian analysis. In the first place, although I had some sense of the way I felt the urge to smooth things over or to reassure myself (that I was not the terrifying object my patient took me to be) or of the temptation to seek reassurance from the patient that she had understood me, I had not really been aware of it sufficiently nor taken in its significance. The reconstruction in the analysis was based not only on an intellectual understanding of the transference situation, but on the way it was lived out between us as a "total situation". What is brought into the transference are living internal situations—here a terrifying internal figure, tyrannical and brittle—linked, though in complex ways, to history. It is notable that not only was the anxiety situation lived out between us, but also the defence against it (the smoothing over).

In the paper under discussion, Freud is clear that we can only get a measure of the correctness of an interpretation by seeing what happens next. The sudden shift in atmosphere following the interpretation was also accompanied by the patient's ability to express something—that is, that she found analysis to be so difficult—that, up to then, had to be smoothed over, and this seemed to suggest that I was in the right area, both because it brought this new material, which supported the interpretation, but, further, because the emotional contact between us felt broader and deeper. This understanding is not the giving of knowledge but represents an evolution of thinking and is, as I would put it, *emergent*.

Interpretative work is always partial, but one would hope over time to establish a fuller understanding. I think most Kleinian analysts would agree with Segal's comment regarding the critical aspects of interpretative work, that

> . . . though we cannot always make a full interpretation, we aim eventually at completing it—a full interpretation will involve interpreting the patients feelings, anxieties and defences, taking

> into account the stimulus in the present and the re living of the past. It will include the role played by his internal objects and the interplay of phantasy and reality. [Segal, 1962, p. 212]

Here and now

The interpretive work illustrated above addressed itself primarily to the here and now of the analytic situation, because this was the site that had the most important affective charge for both analyst and patient, and this is characteristic of Kleinian and perhaps mainstream psychoanalysis (as Busch also has suggested—see note 6). However there is an implication here—one that, I think, cannot be escaped—and it is this. The object described is not only a presence in the patient's mind: its force is derived from its place in her history. But note that history here has two inscriptions: the history of this kind of internal object as a presence in the patient's mind, and history in terms of the relation of this object to actual historical past. Recognizing that neither of these aspects can be known in any absolute sense is not the same as denying their historical force (and as Friedman, 1983, has noted, the epistemological problems of knowing the reality of the distant past are not different in type from the difficulties of knowing the recent past). However, the question of making the genetic link to the historical past is not only a theoretical question, but a technical one. Premature discussion of actual history can, and I think would have in the case just discussed, lead away from the immediate heat of the situation. On the other hand, focus on *only* the present is also not without its difficulties.

O'Shaughnessy (1992) has given a very balanced account of this issue. Although she illustrates the depth gained by the understanding of the way in which internal situations are brought to and lived out in the analysis, the title of her paper, "Enclaves and Excursions", serves to foreground the way in which interpretation of the immediate situation versus emphasis on external and historical situations are best understood not as only different technical stances but as *dimensions* of the analytic work. Focus on an understanding of psychic reality at one moment may serve to deepen understanding, whilst at another it can become, in a subtle way, an enactment, creating an illusion that history and life outside the consulting

room has little importance. This is what O'Shaughnessy means by an "enclave". On the other hand, where the heat in the room is intense, the analyst may turn to lengthy discussions of situations in the life of the patient that are outside the immediate context or make reconstructions of past events, as a way of getting away to a more comfortable place where analyst and patient position themselves beside each other and, so to speak, gaze out of the consulting room. O'Shaughnessy calls this "going on an excursion".

We are always being affected by what is going on in the room. Some of what we do is in the service of moving forward, while at other times we unwittingly support resistance and defence. As Friedman has put it, "transference and resistance bathe everything in treatment" (1983, p. 209). And given this knowledge, we can only resigns ourselves to Freud's famous dictum, borrowed from Nestroy: "It will all become clear in the course of future developments."

Interpretation as process rather than event

A patient's understanding of himself in one session can quickly be put at the service of other needs.

> Mr B, the patient who over the weekend existed in projective identification with his analyst, could quickly move from real understanding to the use of this understanding to serve his grandiosity, and this was well illustrated in the following dream.
>
> *I am on a hill. I come down and see that the council tenants have nice gardens. I ask one of the council tenants to show me how to plant a garden, and he does so.*
>
> This was an extraordinary dream and was quite moving. He has come down from on high to ordinary life, and from that position he is now able to ask for help without feeling humiliated. Further, he asks help from those whom in ordinary life he treats with contempt; he dreads being seen in their proximity, as this would cause the contempt he feels for them to spread to him.
>
> The movement, in the dream, might have ushered in a real capacity to engage in a different way with others, allow himself

to be helped, and so forth. However, the next moment in the dream reveals a movement that changes everything.

(He) *suddenly turns to a kind of audience and says, "Look (isn't that wonderful), even so important a man as me can ask help from a mere council tenant.*"

In the first part of the dream there is a sense of a wish to allow a mother and father (a man planting the earth) to show him the fundamentals of life and so allow him to develop. That process is, however, suddenly destroyed by his going back up the hill, inflating himself while turning to the spectator (a part of himself). The very process of discovery had been perversely changed into a performance.

Further, this process is manifested in the telling of the dream. In that sense, it is a self-representing dream.[10] The telling of the dream could have been an authentic expression of a dilemma of life, but, in the very telling the expressiveness is projected into the dream, evacuated from his mind as he goes back up the hill.

It is clear, then, that an interpretation emerges from a process, and its significance changes over time, sometimes dramatically. This is true not only for the patient, as in the example above, but also for the analyst, as Britton and Steiner (1994) have described. They draw upon Bion's notion of "selected fact"—a concept borrowed from the mathematician Poincaré. A selected fact refers to the way in which a mass of apparently unrelated data can suddenly be viewed as fitting a mathematical function, and the discovery of this function brings coherence to the data. From this perspective, the analyst's construction is an expression of the apprehension of a selected fact that organizes and integrates the data into a pattern. What Britton and Steiner have, however, drawn attention to is that today's selected fact can be tomorrow's overvalued idea—that is, the interpretation can come to serve not so much an understanding of the material as the analyst's need to mould the material so that it fits in with his theory. I think we are all familiar with the unsettling experience of finding ourselves excessively stuck to a particular interpretation or way of seeing things. Some patients

are quick to pick up an analyst's excessive interest in one of his interpretations and will bring material that although *apparently* supporting it, at a deeper level serves as a vehicle for the patient to gratify the analyst's need.

> Ms H, a patient in analysis, having understood her tendency to debase herself, filled subsequent sessions with interesting examples of this from her current and past life. But what *seemed* at one level to both analyst and patient the broadening of understanding was subsequently understood as the production of illustrations imagined as satisfying the analyst and, at a more subtle level, serving to further the project of self-debasement

Having and being

Psychoanalysis is less concerned with the acquisition of knowledge per se than with providing the conditions for the continuing development of a mode of being, of self-reflection, a way of coming to know.[11] Fred Busch suggests that this is one of the main ways in which psychoanalysis can be distinguished from psychotherapy.

> Simply put, we have come to realize that the *process of knowing* is as important as what is known. What is accomplished in a relatively successful psychoanalysis is *a way of knowing* and not simply *knowing*. [Busch, 2010, pp. 24–25; italics in original]

From this perspective an interpretation is both the giving of knowledge and also aims to support a way of coming to know, and it is this latter function that is crucial.

This distinction, between "having" and "being", where the former describes the possession of facts and the latter an identification with a function, express different unconscious phantasies. Where knowledge is treated as a possession, something one "has", the underlying phantasy might be of possessing the breast, whereas being in a state of coming to understand might express an identification with the breast or, more precisely, an identification with a function. Where this latter identification cannot be made, "having" will have to substitute for "being". Bion (1962) described certain kinds of mental state where the capacity for receiving love and

understanding is severely compromised, resulting in a state of mind where there is an endless greed for material goods coupled with a complete lack of satisfaction. Psychoanalytically this might take the form of a patient's endless greed for interpretations, accompanied by a lack of capacity for understanding.[12]

The development of the function of "coming to know" is, by its nature, gradual and developmental. In the case of Mr B, the patient who spent the weekends in projective identification with his analyst, the process of "coming to know" was hijacked by a kind of take-over, something that is immediate and total, an event rather than an evolving process. Although this may have an important defensive function, it also opposes development. I am not sure that we have found the proper vocabulary for describing the evolving developmental identification.

However, there do seem to be situations where the analyst's capacity to formulate an unconscious phantasy that is not yet available at all to the patient—what some have called "calling over the wall"—is useful to the patient and seems to set into motion a process of deeper understanding. This is not easy to explain.

Perhaps real insight combines to some extent both ways of knowing—that is, when I see myself in the act of misrepresenting something, I have knowledge of the *fact* of my misrepresentation and also its history in my personality, and further, in the process of understanding this, in catching myself doing it, I am also party to a different way of coming to know myself.[13]

Four disclaimers

The theory of technique sketched out above, and the model of psychoanalysis to which it is necessarily harnessed, need to be differentiated from, as touched upon in the introduction, those approaches that, although they may at first glance look similar, are not only distinct, but rest on entirely different foundations.

- First, the emphasis on the "process of coming to know" emphasized here can easily collapse into a species of mysticism where the centrality of insight, of apprehending inner conflict, is lost.

Here states of being are valued over understanding. This position is the polar opposite of—indeed, sometimes a reaction to—crude scientistic objectivism, where the patient accumulates facts but no understanding at all.

- The emphasis within Kleinian and perhaps also much mainstream analysis on an examination of the nature of the relationship between analyst and patient should not lead the reader to believe that this approach shares common ground with "intersubjectivism", where the internality of mental life dissolves into the relationship between two individuals. For, as stated at the outset, the Kleinian approach is wedded to a classical tradition in which the individual is understood as having an inner world, impelled by drives, anxieties, and conflicts that he can only dimly know. Further, the enriched, deeper, and more subtle understanding of the ways in which the analyst is drawn into enactment needs to be distinguished from the idealization of such enactments, where a virtue is made of necessity. Working in this way, one strives for neutrality, while recognizing this as an aspiration that can never be fully realized. Neutrality is, according to this perspective, completely compromised by open discussion, with the patient, of the analyst's feelings—a procedure that is coming into fashion in certain schools of analysis (see, e.g., Benjamin, 2009).
- Recognizing the centrality of the relationship between analyst and patient is not the same as prioritizing the "real relationship"—at least, not with the technical and theoretical implications (such as the concept of the corrective emotional experience) that this term comes freighted with. The personality of the analyst—what the analyst is—is, of course, important, and to say otherwise would be absurd, but critical here is not only who the analyst "is" but the way that an analyst *shows* what he is *qua* analyst (for instance, what he can struggle with while maintaining his analytic stance).
- Emphasis on the emergent qualities of understanding, the recognition that it is always partial and often wrong, does not release the analyst and the patient from the struggle for truthfulness, for this is the basis of insight. Note that this commitment to truth is not truth with a capital "T"—that is, an omnipotent assertion

> of truth—but more the difficult and uncertain struggle to know as much as we can while recognizing the limits that will always constrain us: what the philosopher Susan Hack calls "the ragged untidy process of groping for and sometimes grasping something of how the world is" (Haack, 1999). This approach is thus in contrast with a more relativistic approach, where the idea of truth is regarded as pure illusion, there being only different perspectives, none of which carries any more weight than any other, resulting in a kind of pragmatism where "what is true is what works"—a perspective that is, I think, logically incoherent. As Tom Nagel has argued, the fact that there is "no view from nowhere" (Nagel, 1986)—that is, no uncontaminated perspective—does not release us from the struggle to get things as right as we can. I have explored this matter in detail elsewhere (Bell, 2009).

Constructions and reconstructions are, then, not just "narratives". We are all both subjects and objects of experience, embedded in causal structures that we cannot control. For meaning and cause interpenetrate our life and are constitutive of what we are as persons. We are compelled to live in a world in which there is always a view from inside *and* a view from outside; the tension between the subjective and the objective is not one that can be transcended, and it is his exceptional capacity to live within that tension that is one of Freud's great achievements:

> This double aspect of human life corresponds to the twin threads of causality and signification which are intertwined in reconstruction, the one thread representing man's natural history and the other his reflectiveness. [Friedman, 1983, p. 191]

Concluding comments

Throughout Freud's *oeuvre* there are irreconcilable tensions between opposing views—between the biological and the psychological, between cause and meaning, between psychic reality and material reality. But it is his capacity to maintain these tensions without resolving them that is one of the marks of Freud's genius. These "finely balanced capacities for elaborating multiple analytic perspectives" (Rieff, 1959, p. 95) without resolution are both

constitutive of Freud's work and express his view of the foundations of the capacity for thought.

The tension most relevant to the theme of this chapter is that between the reconstruction of history and the reconstruction of the inner world.

Freud travelled a long way from the belief that neurosis could be cured by informing the patient about a hidden repressed memory to the recognition of the centrality of psychic reality and of the transference. However, the myth that the unearthing and revelation of a repressed memory will bring sudden release and open the door to a new life has not been entirely buried.

Another myth that remains somewhat current is that during an analysis the analysand's picture of his external object changes in a dramatic way—for example, from being intrusive and persecuting to being benign. This kind of quantum shift is, in my experience, again, rare in the extreme. What changes is more the mobility and flexibility of thinking, so that the external object can be viewed as more complex, as situated in a history of its own. For some it might be that the disturbing aspect of the object exists, but its significance has been exaggerated; for others it is that this aspect assumed a power because of their own exquisite sensitivity—that which is a fleck for one person is, for another, a boulder occluding all vision. For yet others it is a matter of reconciling themselves to the reality of a disturbing past, but learning to put a brake on their unconscious maintenance of the inner situation through its repetitious re-enactment.

The distinctions that emerge between historical (re)constructions and the reconstructions of inner reality are better understood, then, not as categorical, but as dimensions of analysis: within any particular analysis, one dimension may predominate. However, although it is possible to conceive of an analysis in which historical reconstruction plays very much less of a part, it is not possible to conceive that an analysis could still be analysis and not include, as a major part of the work, an understanding of the way the patient's inner life is brought into the room.

The aim of psychoanalysis is to know the self. The analyst aims for the patient to see himself—not to change him. Understanding is always emergent and mobile and will always depend on "the course of future developments". But maintaining this position is

extraordinarily difficult. The analyst may know that all he can do is to try to observe and understand, but there are powerful pressures that push the patient and also the analyst to radically misconceive the analytic project. The analyst may think he has to "get" the patient to see. The patient, for example, thinks he has to *do* something, to think harder, or come on time for his sessions, or change his marriage partner, or give up forms of thinking, or give up his defences. But in pure culture—and, of course, it is never pure (!)—the aim of the analysis is only for the patient to see and understand himself . . . but this, as it turns out, to happens to be profoundly emancipatory.

Notes

1. For an excellent discussion see also Massicotte, 1995.

2. Friedman (1983) has given an excellent account of the ways in which the concept of reconstruction stands at a number of crossroads of psychoanalytic debate and, further, that these have profound philosophical implications.

3. Implicit to the foregoing discussion is a matter that I would now like to make explicit, and it is this: The term psychoanalysis covers a wide range, which can be encompassed within the following broad categories, originally outlined by Freud: a body of knowledge of mind, a research method, and a way of treating mental disorder. It will be important to keep this broad frame of reference in mind, for in a discussion of psychoanalysis—and particularly in discussion of technical issues—it is easy to slip into thinking of it solely as a form of treatment for individual patients.

4. This issue—that is, the question of truth in psychoanalysis—has been dealt with more extensively elsewhere (see Bell, 2009).

5. Segal (1962, 1977) has given the clearest account the understanding of the curative factors in psychoanalysis and of Kleinian technique. Although these papers were written over 30 years ago, they have stood the test of time and have remained seminal contributions.

6. Busch (2010) points out—here drawing on Kernberg (2001)—that this kind of thinking is now part of the psychoanalytic mainstream.

7. See the recent discussion by Pick and Rustin (2008).

8. This material has been used in a different context—namely, discussing projective identification (see Bell, 2001). I am grateful to Mr Neil Morgan for allowing me to use this material.

9. Of course, when the analyst is dominated by the countertransference, he does not consider it to be that: for him it is just a fact. It is only when he emerges from it that he can understand it for what it is.

10. For a full discussion of "self-representing dreams", see Hobson, 1985.

11. This distinction between "having" and "being" is drawn beautifully by Erich Fromm in his book *To Have or to Be* (Fromm, 1976).

12. Bion also made use of Freud's metaphor of reconstruction as archaeological work. However, he suggested that what is discovered in more disturbed states of mind is not an ancient civilization, but an ancient catastrophe (Bion, 1958).

13. Britton (1989) describes the crucial importance of the development of the capacity to "observe oneself whilst being oneself" and links this to the concept of the depressive position.

8

The conundrum of time in psychoanalysis

Elias Mallet da Rocha Barros & Elizabeth Lima da Rocha Barros

We would like to begin with quotes from the writings of two great historians of our time.

Edward Hallett Carr said:

> Even Sir George Clark, critical as he was, contrasted *the hard core of facts* in history with the *surrounding pulp of disputable interpretations*—forgetting perhaps that the pulpy part of the fruit is more rewarding than the hard core. [Carr, 1961, pp. 9–10]

And Fernand Braudel wrote:

> For me History (with capital H) is the sum of all possible histories. [Braudel, 1969, p. 55]

Both quotations illustrate how difficult it is to agree about a construction or re-construction of the past and about the function of isolated facts or groups of facts that might have taken place in the remote past of humankind. We will see, through a dream of a patient that we will bring to you, how he sees this issue from an unconsciously subjective point of view, with the eyes of his emotional mind.

We want to underscore some aspects of temporality and its relation with the way our present-day emotional experiences acquire

meaning to highlight the importance of the work of Ruth Riesenberg-Malcolm, which is a successful attempt to deepen Freud's approach to constructions in analysis. We also try to complement her views with some personal reflections based on our clinical experience and studies of other authors. There are several points we wish to emphasize:

1. It is more fruitful to approach the issue of time from the *genealogical* point of view than from the *chronological* one. It is more fertile to understand the relationship and interaction between the sequences of layers and mental structures stemming from different times deposited in our memory than to try to pinpoint isolated facts, or even constellations of facts, in the past of our patients.
2. We want to make the point that an expressive recollection is more important for the experience brought to the present and re-lived as *memory in feelings* than for its function of filling gaps in the patient's history, as Freud thought.

   André Green is very convincing when he writes:

   > What Proust tells us regarding involuntary remembrance [the episode of the *madeleine*] is that it counts less as a recollection than *what it means* in relation to time. [Green, 2000a, p. 173]

   Green goes on to say:

   > The process of selection that places them [the diverse evoked experiences and feelings] in relation to one another inserts each one of them in a chain of meanings. Isolated, their meaning is limited and even misleading. [p. 173]

   The new associative chains will re-articulate the history of our meanings and therefore the relationship we keep with our history. It is the similarity and complementarity of meanings arising from experiences along the history of our lives that contributes to the feeling of unity and continuity that is essential to the constitution of a subjective identity. Thus our conclusion is that in an analytic process we might gain more from re-establishing the associative chains that have been broken by repression or splitting than from a reconstruction of the conjecturable historical truth.

3. The relationship between history and actual feelings and the resulting emotional states of mind can be followed through symbolic mental representations that may be both discursive and non-discursive (presentational symbolisms) via an examination of their evocative–expressive aspects. These symbolic representations contain retrospective and prospective elements linked to the way the passage of time is embedded in our psychic structure.

   It is not by chance that this entire field involving the meaning of mental representations and their relationship with the life history of the patient and the universe of evocations and symbolic forms taken up by these, or prevented from doing so, has been a very fertile area of studies for several authors, including César and Sara Botella (2005), André Green (2000a), Antonino Ferro (1995), and Thomas Ogden (1992, 1997, 2004).

4. Never has the matter of the interpretation of the past in the present been so present in contemporary psychoanalysis, substantiating the importance of the work of Ruth Riesenberg-Malcolm.

In chapter 4 of *Studies on Hysteria* (1895d), entitled "Psychotherapy of Hysteria", Freud offers his first model of how he thinks the passage of time is registered *in* us by relating the structure of memory to the constitution of the psychic pathology. Freud postulates that memory organizes itself within the model of an archive composed of temporal layers arranged in concentric circles round the *pathogenic nucleus* cut from the start by radial axes. These rays can link memories of different moments organized by *themes*. Such organization makes possible different moments of our histories to be felt as existing simultaneously. In this way past and present might coexist virtually in the psychic reality. Green comments:

> So you see the opposition of the concentric layers and the radial path is something very original that you do not find in the work of this time and I think hasn't been taken again in the present. [Green, 2008, p. 1030]

The existence of these radial side paths indicated by rays traversing and interconnecting various temporal layers suggests that recovery of the past does not occur just from efforts imposed on conscious

voluntary memory. Recovery of the unconsciously active past could be more effective if based on the richness of the associations with their evocative power linking different moments and meanings of our lives.

Freud (1914g) maintains throughout his work that overcoming infantile amnesia is central for the elimination of the anachronisms in internal life. He considers that it is by removing the repressions that the sense of psychic continuity is achieved.

In "Construction in Analysis" (1937d), Freud introduces the metaphor of archaeological excavations (a model that has become classic in the history of psychoanalysis) as analogous to analytic work during the session. He says that during the psychoanalytic process we also search for fragments that will allow us to construct the conjecturable past, eliminated from conscience by repressions. Based on these fragments—as with excavations—we can make hypotheses about the civilization/psychic reality from which they have arisen; we may even be able to reconstruct it. In speaking of *conjectures,* Freud introduces the idea that part of what we are doing in a session is not the work of re-construction but one of construction—therefore hypothetical—supposedly in harmony with the patient's history.

A second approach to his hypothesis on revisiting his first model makes us aware that the matter of temporality in our minds is more complex. The multi-determination of the pathology in rapport with the idea that what we interpret to the patient is a *construction* has us facing a notion of *duration* that is not so much *chronological* as *genealogical.* This transformation of the notion of duration from chronological to genealogical leads on to a different relationship to memories.

In dreaming, for instance, even though the action happens in the absolute present, this (action) reminds us of *another time* that works as a mould—that is, as a structuring element of our present emotional architecture. Examining it helps us to understand and to relate in a different way to our past by re-articulating our history. By means of our dreams we can have access to the immediate or remote past that is not accessible to us through pure remembering, but which will be revealed, for example, through images in dreams or through what Barros calls *affective pictograms* (Barros,

2003). The word *pictogram* is being used to refer to a very early form of mental representation of emotional experiences, the product of the alpha function (Bion, 1962, 1992) that creates symbols by means of figurations for dream thought as the foundation for, and a first step towards, thought processes that contain powerful expressive–evocative elements proper of presentational symbolism. In the process of being constituted and in their figuration, affective pictograms potentially contain hidden and absent meanings that have been kept in a suspended state. This absence of meaning is not reduced to the concealment of a presence. It consists more of a state of suspension, a reference to an absence, a discontinuity that will never be overcome and that constantly compels the psyche to broaden its instruments of representation. Representation constitutes a response to a permanently present absence and consists of a discontinuity that will never be overcome.

In the *world of dreams*, as in ancient Greek mythology, *knowing*, *remembering*, and *seeing* are equivalent. Dreams function as the Homeric poet, interpreter of *mnemosyne*, presenting us an *immediate experience* of the past that comes alive and works as a *moulding* structure—a template—of present experiences. The Greeks did not say they had *had* a dream, but that they had *seen* a dream (Dodds, 1951). This past is not necessarily the factual historic past, but a mythical past.

Neither Freud nor contemporary analysts believe in the existence of linearity between the historical past and the past relived in the present of transference. Freud writes:

> 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. [Freud, 1937d, pp. 265–266]

We could also ask ourselves when this past gained psychic meaning: whether at the factual time of the happening (or the forming of the symptom) or *a posteriori* after undergoing the mental process of working through, giving it symbolic mental representation. Green, for example, writes: "The moment when it happens is not the

moment when it gains meaning—meaning is less linked to the immediate experience than to an interpretation of it in retrospect" (2000a, p. 45).

Whatever the conception of this past may be, we are always speaking of a past active in the present. This past, therefore, is not rigid since remembrances are already a version of what has happened.

That which we call *here and now* is an expression of an ever-fluctuating frontier between the past and the future. This immediate present of a live past of the emotional experience is constitutive of a symbolic mental representation that *captures the instant as a moment of fixation between what we are, what we have been, and what we are going to be.* In this sense symbolic representation does not limit itself to being representative of something else, of another time or place, via something else that substitutes for it. The symbolic representation also *expresses* something in the immediate present. Cassirer's reflections, which have profound implications for psychoanalysis, indicate that the symbol cannot be reduced to its condition as an envelope that transmits meanings (limited only to the representative function), because it is also an essential vehicle (*organ,* in the original) of thinking. Using the term "vehicle", we are emphasizing its functional, operational aspect, which sustains other mental functions, constituted by symbolic forms that are deeply inserted in the psychic apparatus and in the unconscious. The symbolic representation itself has effects on the mental world. This representation is not simply retrospective—a recollection fixed in the memory of a past—but also current and prospective, as it holds a virtual future and potential meanings of what we may come to be. The symbolic mental representation allows us, therefore, to discover a series of logical and analogical relations expressive of links already virtually encoded between past, present, and future experiences.

Cassirer approaches this issue from a philosophical perspective:

> Just the power of fixating a non-being in the present being of our consciousness (something that is not given in that which is given) produces this feeling of unity that we designate on the one hand as subjective unity and on the other objective unity of the object. [Cassirer, 1972, p. 49]

Though the author does not use the terms "subjective" and "object" in the psychoanalytic sense, we can easily see psychoanalytic realities in this philosophical statement.

Ruth Riesenberg-Malcolm (1985) is the contemporary Kleinian analyst who has best understood this issue of temporality, relating it to the process of psychic change. Her ideas concerning temporality have important philosophical implications, apart from the psychoanalytic ones.

She tells us that for psychic change to happen it is necessary to interpret the live transference in the immediate present of the relationship. Betty Joseph (1985) had already stressed this point. In so doing, the analyst *is interpreting past and present simultaneously*. Implicit in this formulation is that the genesis and resolution of the patient's conflicts can be reached only by interpreting the relationship of the patient with the analyst in the here and now of the session, where those durations are alive and active. In this sense, in-depth interpretation is that which touches the patient deeply in apprehending *not* what *he is*, but what *he is being*.

Her proposition changes the focus of the question suggested by Freud. It does not matter whether we are doing a re-construction or a construction. What matters is whether our interpretation *integrates* the past still alive in the present in its transferential manifestations with the inferred historic past. The focus is on whether or not the meaning attributed to the present emotional experience has a relation of continuity through its meaning with the inferred historical past. This integration produces an expansion of associations between areas of emotional experience and the ensuing opening of new affective networks.

Thus what really matters is that the interpretation of the past in the present allows for continued new re-articulations of our history.

When we speak psychoanalytically about "our past", we are not speaking solely of the factual past of our childhood, but of the survival of a structure that Freud called the *infantile*—to differentiate it from infancy—in the present. Here we must remind ourselves that what is *repeated* is not *thought*. *Infantile* here must be understood as a synthesis of our archaic relations, the way they remain embedded in our unconscious constituting what Green (2002) calls kernels of meaning.

As we know, the analytic child repeats a few aspects of its historic past, but its evolution during the analytic process is different (Segal, 1973). Thus transference carries various temporal dimensions and includes an a-historic dimension.

Ruth Riesenberg-Malcolm writes:

> Some of the patient's material, especially his dreams, had a powerful evocative quality, bringing to my mind imagery of earlier infantile relationships but, as can be seen, I did not express my interpretations in terms of the archaic experience. [Riesenberg-Malcolm, 1985, p. 51]

In this passage we highlight two terms that attract our attention: *archaic experience* and *evocation*. We can ask ourselves: in what way is the archaic experience made present? And in what way does this making present alter its mental symbolic representation and manifest itself in expressive evocations? And, finally, what is the relation of the process of evocation with temporality?

It must be noted that in the transference, evocations are present at all times, in the mind both of the analyst and of the patient. We must differentiate, as we see it, evocation from remembrance. *Evocation* maintains a relation with *memory* through associative processes and may include lived emotional experiences of many different times in our lives, while *remembrance* is more specific to a particular time or happening.

We would like now to show these processes operating through *non-discursive–pictorial* and *verbal–discursive* mental representations as these manifest themselves in the dreams of patients, in the countertransference, prompted by projective identification, or yet in the *reverie* of the analyst through evocations.

In order to be able to do this, we must present in synthesis some concepts associated with the logic of symbolism.

Langer (1942) proposes a distinction between presentational symbolism and discursive symbolism. Each of these categories follows a different logic. Both can articulate thought, but they do so in different ways. *Presentational* symbolism is associated with the *expressive forms* of emotion, is non-discursive, and has a fundamentally *connotative*—what others prefer to call "affective"—character, in that it refers to subjective meaning *and* transmits information

because it *evokes* other realities through associations. *Discursive symbolism* is, as the name implies, discursive and has at first a *denotative* character, in that it refers to the objective meaning and, at its lowest level, just to words in their dictionary state. Discursive symbolism can also contain expressiveness. Presentational symbolism is intuitive—often a crystallized form of intuition—and feeds on the patterns of our emotional life, and it is in this form that affects are evoked. Its purpose is not to present ideas as propositions or concepts, as occurs in everyday language.

Presentational symbolism does not name: it exemplifies "what they are about" (Innis, 2009).

The most basic and primitive type of symbolic meaning is expressive meaning, the product of what Cassirer calls the *expressive function* [*Ausdrucksfunktion*] of thought, which is concerned with the experience of events in the world around us as charged with affective and emotional significance—as desirable or hateful, comforting or threatening (*Oxford Dictionary of Philosophy*). We suggest that it is the *expressiveness* of the symbol that will or will not allow the patient to learn from emotional experiences, which includes integrating his live past transformed into his present self and thus promoting major *transformations*.

To be able to think about the emotional experience and thus free oneself from its restricted meaning, such experience must acquire a *connotative* quality. Only after this evolution can we link to other experiences that function as triggers, opening other nets of affective relations and contributing to the symbol's acquiring—or recovering—its full meaning.

In addition to their *representative* aspect, the images contain considerable *expressive* aspects related to the emotional experiences involved *then* (*and there*) and *here and now*. Our interpretation does not just fulfil the role of decoding and unveiling the already existing phantasies in the unconscious that cause the patients to repeat past meanings in the present.

Inspired by a terminology used by André Green (1983) and by the clinical material we present, we would like to suggest three interpenetrating levels of meaning that operate concurrently in the constitution of mental life. As well as a *hidden meaning*, mental contents have two other spheres of meaning: namely, *absent meaning*

and *potential meaning*. However, we must stress that the context in which we make use of each of these terms is different from that used by Green.

Where would the conviction come from regarding the analyst's interpretation in the here and now of the session, since it does not depend only on the unveiling of the past and its reconstruction? What might produce a sense of continuity of the subject, and what is its role in the process of psychic change? Our proposal is that the conviction of which Riesenberg-Malcolm speaks and the therapeutic effect of the psychic truth ensuing from the construction mentioned by Freud result from the *recapturing* and *widening of the expressive character of the symbolic representation*—verbal as well as nonverbal as they appear in dreams—and the connections between emotional experiences that, while multiple, are at the same time unified via a chain of meanings. This recapturing responds to what Karl Bülher (1934, p. 35) called *Ausdrucksnot*—an expressive need that is fulfilled by the metaphoric character of the interpretation, within our psychoanalytic perspective. This aspect of interpretation derives from what Riesenberg-Malcolm calls the *powerful evocative quality of the images present* (in the patient's dreams or in the analyst's reverie) which *brings to the analyst's mind imagery* associated with meanings of the emotional experiences as foundations of the internal world or internal objects of the patient.

Pistiner de Cortiñas writes that

> this alphabet of images combines in different forms, able to be evocative of past, present and future experiences, forming the "eyes of the mind" that are needed for imagination and insight. [Pistiner de Cortiñas, 2009, p. 18]

We will now examine a few extracts from a patient's sessions to illustrate and clarify the preceding theoretical exposition.

> Mr A began his analysis (5 times a week) when he was 28 years old, single, and a professor of urbanism and architecture. He sought analysis because he felt lonely, incapable of making friends, uncertain about his sexual identity, and with great difficulties in writing articles he needed to for publication. His academic position required a certain flow of written work, continuously evaluated, upon which his academic status depended. His parents were described as distant: his mother was an alco-

holic, and the parents' relationship was described as weird and bad. He said his father was a mysterious figure about whom he knew very little. He remembered him always sunk in an undecipherable silence. The atmosphere of mystery surrounding his father produced gloomy thoughts and feelings in him. Mr A said he suffered great displeasure in having to think and write, spontaneously associating this as being of the same nature as his discomfort over his sexuality. On other occasions he mentioned the fact that the same doubt he felt about his sexual identity appeared when he tried to write something.

The following are excerpts from sessions of Mr A's fifth year in analysis. The first session occurs two days before his writing an article that ended up winning a prize, and the others are two sessions that followed.

This session, on a Monday, is organized around Mr A reporting tremendous anxiety over his lack of capacity to produce a paper to be presented at a symposium. His difficulties with producing this work had been the object of analysis during the whole previous week.

On Monday, Mr A begins the session by saying he had started writing on Friday night and continued on Saturday. The content of his paper dealt with the reconstruction of European cities after the war. He told me [EMRB] that he felt more alive and more productive, and that he had thought about me on Saturday, what I might be doing, and also of the session on Friday that had made sense to him. He reports that he imagined that I must be with my wife in bed, having sexual relations, as happens with all couples on Saturdays. (This comment was clearly disdainful.) This was the only representation he had of me at that instant. At that precise moment, he said, he stopped writing his paper, still only three pages long, and he felt blocked. All efforts at continuing were in vain, he added. Then he related something that had happened on his way to the session today. He saw a letter on the sidewalk that began thus: "Dear Parents." It was an invitation to a school party. At first he had found the formula "Dear Parents" overly asexual, as it did not specify the sex of the parents. Then he reconsidered and concluded that

it was too sexualized, in highlighting the nature of the couple. (All of this was enveloped in an atmosphere of an—apparently inexplicable—great hatred towards me.)

This talk put us in contact with an immediate past (Friday and Saturday) and a remote one (that of the parents of his infancy). The remembrance of the analyst and the parents evokes feelings of discomfort and hatred in my patient, now also directed at the analyst. This discourse produces discomfort, some irritation, and a bit of dismay in the analyst.

Mr A added that he felt sad because his parents had never attended to the invitations to participate in his school celebrations. Next, he told me a dream. It had to do with *an extra-terrestrial object that had been attacked by nuclear weapons and captured.* In the dream, the *patient was part of a group of scientists working to establish the original form of this object. It was a live object, since it was reproducing. Perhaps it was something that combined male and female and, while copulating, reproduced itself. It was not possible to reconstruct the object based on its present looks, due to monstrous deformities resulting from the nuclear attack. It was also not possible to reconstruct it on the basis of its descendants, as these might also have been deformed by the attack, it being known that radioactivity interferes with genes.* For Mr A the nightmare quality of the dream came from the *impossibility to reproduce the form of the original object,* which he was trying to do.

He ended the account by saying that he felt dreadfully depressed and without hope during the entire weekend, and that he considered himself a monster.

This dream presents a very interesting dilemma from the personal point of view of this patient as well as from the psychoanalytic point of view regarding the relation of our patients with the passage of time. In the case of this patient, he runs the risk of becoming forever a prisoner of this present, which confronts him with an insoluble matter in the here and now and the impossibility of reconstructing the past. In this situation he sees himself in a present that is the endless repetition of the past. As this present cannot be

changed, his future will be the past without going through a real lived present. Narcissism condemns the patient to living an a-temporal life—or, to put in another way, the patient's future will always be the repetition of the past, and he will never live in the present. The repetition compulsion condemns the patient to never working through his experiences.

In the dream's images and in its account are present elements that evoke certain feelings associated with present meanings that have originated in the experience lived in the session. These exemplify a manner of feeling and attributing meaning to the lived experience which have been active ever since a remote past and are active still in the present. The dream is rich in presentational symbols, and the despair seems genuine and evokes in the analyst a strong desire to understand the material and help the patient get out of this situation.

The interpretations I summarize were not given at one single time. As I observed his emotional response to what I said, I would evaluate whether I could proceed, adding another aspect of my understanding of the material.

I interpreted that his *present* despair and depression came from the feeling of living under pressure to find a way out of an apparently impossible situation, and I offered myself to examine this problem with him, taking as a starting point what had happened on Saturday. I pointed out that it was during *the moment in which he felt most alive and capable* on Saturday, while he was writing, that he thought of me and the work we had done on Friday and then stopped working and didn't finish his article. I said I thought that the very moment in which he had valued the work we had done together in the last session, he had felt infantilized and excluded from an adult relation with me, from the kind of relationship I had with my wife. I showed him that infantilization was the consequence of the feeling of exclusion when he noticed that he did not have permanent access to me, as well as from the sense of having been helped by me, which produced in him a feeling of humiliation.

Here also is present his difficulty in giving up the past of being the son of *such* parents and of accepting another sort of parenting from me. Here we do not see a work of mourning the past, but what we do see is an expression of his addiction to resentment.

The rigidity with which the resentful person clings to a traumatic situation obstructs any working through and condemns the patient to living in a present eternally stuck in the past. A flexible mental state, in its turn, puts the individual in a temporal context and allows shifts between different states of mind. Tabbia (2008) suggests that in the internal world mourning is the passport to crossing borders between split-off parts.

Later I related these experiences to his feeling of being a monster as much in the past as in the present, expressed through the monstrous figure and his identification with it today, in this very session. I then searched to describe how this happened, on the basis of the feelings *evoked* in his dream. I suggested that the deformed ET object in his dream represented both me and him engaged as an analytic couple/pair in the process of his re-creation and a version of the pleasurable relation I had with my wife in the present, and of his parents in the past, involved in a mutually gratifying sexual relationship, from which he was excluded—a fact that left him feeling childish and, at the same time, resentful. I indicated that the figure had become monstrous due to a nuclear attack that represented his hatred of these couples still present today, which inhabited his mind and excluded him, creating in him a feeling of incapacity that kept him imprisoned in the past. Here we have a *present* hatred of the creative pair that evokes both his hatred in the present and recalls in the experience the repressed or split-off *past*.

My interpretations evoked feelings expressive of his present experience of exclusion and the ensuing disqualification, which connotatively refer back to the past—to how he had always felt excluded from the relation of his parents. I also pointed out his difficulty in letting go of this picture from the past to live in another present.

In that my patient seemed to understand what I said, bearing in mind his comments, I sought to deepen the understanding of his dream by suggesting possible meanings for other aspects present in it. I said that the desolate state the figure found itself in made him feel guilty and at the same time pressed him to do something to repair the destruction, to reconstruct its original form—a task that seemed impossible. Finally, I described the imagined solution to this problem in the dream: the original form could only

be established if it became clear that the progeny had not been affected by the attack: in other words, if he could feel himself out of the reach of his murderous hatred and survived. This would lead to the reconstruction–repair of the original figure within him in the abandoning of an addictive relation based on resentment towards his past.

From the theoretical standpoint we are using we are now suggesting that meanings are broadened as they become related to other parts of the self as the barriers that prevent contact with other emotional experiences are broken down.

In this context we are considering symbols as crystallizations of intuitions that may or not also take on an expressive form in addition to the representational one. We ask now what the role of *expressiveness*[1] is on the non-discursive level (the images present in his dreams) and in its relationship with discursiveness (the verbalization that follows the dream and our analysis) in the mental world and in its relations with conscious and unconscious life. Here we should say another word about "*expressiveness*". This term, as we use it, comes from R. G. Collingwood (1933) and Benedetto Croce (1925) and refers to an aspect of art that is intended not only to *describe or represent emotions*, but mainly to convey them, *producing them in the other or in oneself based on the evocation of a mental representation coloured by emotion*. This quality of expressiveness in *producing* emotion in the other appears essential to us to understand not only art, but also the affective memory and function of symbolic forms in psychic life. One of the functions of expressiveness is to activate the imagination. Possibly both in psychoanalysis and in the creative processes of artists and writers it is the expressive character of symbolism that arouses in the imagined forms and situations an epiphanic intensity[2] that is even greater than the real-life situation and so *produces such significant changes*.

The dream presented by my patient is, from my point of view, both a *symbolic expression* of the present internal problem and an *attempt at its psychic working through*.

Let us now turn to new material of Mr A.

This is a session that took place two days later. At this time Mr A had overcome the depression that had paralysed him, and he had written his article.

In this session Mr A mentions someone who has had a baby and is very happy but, according to my patient, has been fooled by her husband and led to believe that having a baby was a wonderful thing. Mr A referred to himself as being too smart to fall for this type of story. He then told me that he knew the real story behind the conception of this baby. The husband had recently had an affair, and his wife was feeling destroyed and humiliated. The baby had been planned to heal the relationship of the couple. How could anyone, he asked himself, after finding out the other had betrayed him, forget what had been done to him? And he added that only a fool would fall for such trickery.

I interpreted that he was much too smart to let himself be fooled by me and led to believe that to feel himself more productive, more capable, was something good ensuing from a fertile relation between us and as a consequence allow that his resentment towards me for excluding him from permanent access to me could be healed.

The situation reported by Mr A in the present, though referring to the recent past, is evocative of that which is happening between us in the actuality of the session, indicating that *no reparation is possible*. Here is present the addiction to an unconscious belief that says that the patient cannot have pleasure with the baby/work that exemplifies a present/future that differs from the live past–present of resentment.

Mr A does not come to the following session, on a Friday, and on Monday begins the session in a clearly provocative manner.

He says he had another dream *for me to criticize*. This statement is repeated two or three times. I feel that the patient is inviting me to be angry with him and to criticize him. Finally he tells me the dream.

In this dream *Mr A had captured an insect, a bee, he says after some silence, in a glass jar. He says that he could see the despair of the bee trying to escape and thinks that now it will not be able to build a honeycomb and thus will not produce honey*. He feels happy in the dream but thinks that he would be easily criticized by anyone who was watching, thinking that he was being cruel in some way. "To tell the truth", he says, "I was protecting the bee from a spider."

> Next he makes a movement with his hands indicating a spider with its legs, using five fingers for such. You also would be unfair with me, saying the bee—this insect—was you (the analyst) captured. In the dream he knew he would be sued by the Animal Protection Society. But he would defend himself and felt he had a good cause, good arguments to use against the accusation. The only thing that worried him was that his arguments would only stand if the bee were alive. If the bee were to die, he would lose ground and the litigation.

We believe this dream to reveal the nature of a narcissistic organization that dominates Mr A and produces retrocession, recreating a malign vicious circle.

The patient clearly invites me to criticize him, thus transforming me into the spider that attacks him with the five sessions (indicated by the movement of his hand). The bee represents, I think, his infantile self, needy and dependent, who wants to build a home (represented by the honeycomb), feel at home with me (here there is also a reference to his article, the title of which refers to the reconstruction of cities after the war), and produce something sweet in our relation (represented by the honey). His grandiose and superior self announces that I treat him as an insect. As such, he is better protected from my accusations, and his narcissistic organization (represented by the glass jar/cupola) can maintain itself intact. I interpret his dream along these lines, and he shows himself very surprised that I did not make an accusatory interpretation of the bee as being a representation of his attack on the analyst.

To examine the nature of the narcissistic organization that serves as a shield and the protective quality that it provides for him is essential for this patient to get out of depression and become intellectually productive.

It is necessary to show that *what protects him also keeps him imprisoned* and how living in a jar/cupola puts his emotional life at risk and makes him unproductive. It is not simple to find ways of interpreting this manifestation of narcissistic organization. If I speak of his cruelty to his own self, he might allege that I want to protect him like an animal, not as a human being, that I dehumanize and humiliate him—in other words, that I function as

a phallus (Birksted-Breen, 1996), reaffirming my own superiority over him. I suggest that one path to breaking this vicious cycle is to show his concern over the bee's possibly dying, for he will lose the litigation—he will no longer have reason to maintain that the isolation in which he lives has a protective nature. This has a great impact on him.

These feelings had a correlation in Mr A's sexual experiences. On other occasions he had brought experiences that indicated great anxiety regarding women's orgasms. He felt small in face of an orgasm, he said. He would then be filled with tremendous hatred of the woman, frequently accompanied by a desire to kill her, strangle her, which left him very much afraid, feeling in a quasi-hallucinatory way that he was a potential murderer. In the transference this appeared as an impossibility of tolerating that I feel pleasure in any progress or creation of his. When he produced an article, he felt threatened by robbery and turned against me hatefully. I think that he felt robbed in his power and under threat of losing his superiority if he came to feel affectionate in relation to a woman, or the analyst, when he felt helped. This happened when he wrote his article, which was so successful at the congress in which he participated. Nothing sweet could come between him and me, or him and a woman. In producing an orgasm, his penis, as a link (Birksted-Breen, 1996) between his pleasure and that of the woman, producer of mutual affection, saw itself threatened in its state of *phallus* holding all omnipotent power. On these occasions he turned to homosexual phantasies and came very close to enacting them. In his phantasy, he courted adolescents who marvelled at his potency. One of his favourite phantasies referred to exhibiting his erection to a young guy who watched him with great admiration and, in front of him, he had a spectacular ejaculation, projecting his sperm for many metres. At this instant the admiration of the young male was transformed into terror. He phantasized consciously that he was the Emperor Hadrian; when he ejaculated, he became Nero in his daydreams/reveries. I think that in homosexuality he showed his fascination with the phallus and his scorn of the penis as link, source of pleasure and loving relations. I think in the transformation of Hadrian into Nero may be seen how omnipotence (in the fig-

ure of Hadrian, also linked with creativity) was directly associated with a destructive hatred directed at any relation of dependence, which transformed his pleasure into a weapon. His creativity was deeply damaged by his destructive omnipotence, expressed in the form of manic, concrete solutions.

The feeling of exclusion from an adult and pleasurable relation with me is central to an understanding of the depression that overcomes this patient and keeps him from writing. This feeling had deep roots in the oedipal question. On his feeling excluded, the role played by the *penis as link*, represented by the interpretations, source of productivity and pleasure, transforms itself in his mind into a phallus (a permanently erect penis) that humiliates him, highlighting his smallness, and becomes an expression of my power.

The work of Birksted-Breen (1996) provides a model for thinking about the pathology of this patient, which integrates the drive with its expression at the level of object relations. His male genital operates either internally at a pre-symbolic level as a phallus (when it is threatened by feelings of exclusion) being—not representing—his tool of omnipotent power (a manic solution), or at the symbolic level (when exclusion does not take on a persecutory nature) as *penis as link*. The penis here as representative of the phallus, the instrument of narcissistic power, functions as a type of shield against any relation of amorous/affective dependency that threatens its omnipotence. Its representation of the parental couple is, at this moment, marked by hatred and a deep feeling of exclusion. The parents are internalized as united by hate, maintaining a macabre sexual intercourse, where the cupola (analogue to copulation, to copulate) is represented as an endless practice of mutual murders, in face of which the patient/child feels terrified and small. Only a powerful, destructive phallus could equip him to participate of this feast and protect him from feelings of terror that have dominated and humiliated him as a consequence. At such times he becomes intellectually sterile, incapable of writing, and is overcome by homosexual phantasies. Within this context the function of giving pleasure to the loving object is harmed by ensuing feelings of dependence. These lead him to attack the object experienced not as an ungenerous donor, but as a tyrannical dominator.

He becomes productive when his rivalry with the parental couple lessens and he feels capable of tolerating feelings of exclusion without feeling diminished. On these occasions there operates the representation of the penis as the object of Eros, of pleasurable sexuality, of the impulse of life that establishes wider nets of connections (links) of emotional experiences, making them more variegated and deep. In terms of drives, the penis is internalized as a mental function favouring links between experiences, ideas, and people. This represents *Eros* and the life drive, while the phallus is associated with *Thanatos* and the death drive.

Understanding an unconscious way of operating frees our patients from generating their life histories in a way that had been severely limited by their past emotional experiences and had led them to automatically repeat earlier behaviour patterns.

Deciphering the way our past history operates has the function of freeing our future. The historian Lucien Febvre (1946, in Le Goff, 1988) makes the same comment about historical research when he says:

> Make history, yes, to the extent that history, and only history, can let us live in a world of permanent instability with reactions other than those solely derived from fear.

Thus, to understand history and the relationship our patients maintain with it frees men and women, including our patients, from automatic and repetitious ways of generating their own history. In order to keep ourselves emotionally healthy, we have to adapt to this permanent instability, which will constantly change our relationship to our past and to our future.

For us this is the central function of the psychoanalytic process.

Notes

This paper is dedicated to Ruth Riesenberg-Malcolm.

1. The connection between intuitive knowledge, or expression, and intellectual knowledge, or conceptualization, between art and science, poetry and prose, can be expressed in no other way than by talking of a connection between the two levels. The first level is expression, the

second the conceptual: the first can exist without the second, the second cannot exist without the first. There is poetry without prose, but there is no prose without poetry. Expression is, indeed, the first assertion of human activity. Poetry is "the mother tongue of the human species" (Croce, 1925, p. 29).

2. The term "epiphany" is used to mean an essential manifestation or perception of nature or of a meaning through sudden intuition which is at the same time simple and shocking.

9

On deconstruction

Stefano Bolognini

Many years ago, a patient who was accustomed to having rather obsessive control over his own thinking, gripped by doubt about a decision he had to make and blocked by a very rigid view of his personal situation, exclaimed in session: "A great problem! . . . To solve it would require the help of Commissioner *Magritte!*"

Amused, I told him that he was right, with that promising *lapsus* (which already in itself signalled a reduction of control): the artist Magritte would probably have dismantled, taken apart, and deconstructed the patient's rather rigid view in order to then reconstruct it in a new and surprising, disconcerting way.

This, apparently, was what he was asking me to help him do.

To myself, I thought then of other patients: more disrupted, disconnected ones. For them, a "Dr *Maigret"* would, in contrast, have been more valuable. Like the commissioner who solves mysteries, this doctor would be capable of patiently recomposing the puzzle, of carefully studying what was missing, of methodically reconstructing meaning in the patient's apparently disconnected and casual thoughts.

Through reading Freud's works, we are accustomed to his way of proceeding by setting up two very typical opposing poles, between

which the investigative journey unfolds. We orient ourselves first of all by describing and specifying the nature of these two poles.

But if, concerning "construction", psychoanalysts have produced a considerable mountain of work, the literature on the subject of "deconstruction" proves to be decidedly more sparse. In some ways that can seem surprising, given that psychoanalysis proceeds more "by way of removing or taking away" [*per via di levare*] than it does "by way of placing" [*per via di porre*] something (this metaphor is Leonardo da Vinci's, later made official by Giorgio Vasari). This "removing" is specifically aimed at resistances to the treatment and at the individual's anachronistic and counterproductive defences, through the use of a technique that is always careful not to become too sharply destructuring or destructive, but in which this "removing" assumes, in a privileged way, a liberating and balanced meaning.

All this may possibly be considered inherent and implicit in the psychoanalytic method, to the point of making the theoretical–clinical description of deconstruction superfluous, inasmuch as it substantially corresponds with analysis in general. After all, the term *analysis* refers—by way of its ending: *–lysis*—to an aspect of "dissolution" that is in itself deconstructive.

However, I would not discard the hypothesis that the concept of deconstruction may also arouse some sense of disquiet, not to say anxiety, from the moment that it begins to evoke a dangerous proximity—through either similarity or suggestive extension—to the concepts of *destructurization* or *destruction*.

These can, in turn, provoke the fantasy of analytic situations in which the patient, instead of being liberated, turns out to be broken up and damaged in his basic structure—somewhat like when, having taken a mechanism apart, one cannot find a way to reassemble it, or when, in the process of a surgical operation, the patient collapses and cannot be revived.

This "removing" could, in short, be more frightening than the "placing" because of its potential consequences. I recall a grim metaphor that came up frequently—and with some shivers—among us candidates at the beginning of psychoanalytic training, when comments were exchanged about our work with our first patients, along the lines of: "This patient is like an onion or an artichoke: gradually remove the leaves, and then what if, at the centre, there isn't

anything?!" The feared spectre was one of psychosis as an absolute void (Gaddini, 1986).

Deconstructing, as an abstract idea, can put one in touch with the phantasm of the void, the unknown, where a reversal and a reassembly of the parts becomes unfeasible; it makes one fear a ruinous collapse (we will see presently how a building metaphor can turn out to be useful and appropriate for us). The idea of deconstruction also points us towards those nineteenth-century cultural themes that relate to the crisis of the unified individual that Lacan and the "philosophers of the death of the subject" have developed, in full attunement with the art and literature of their time.

Furthermore, since the beginning of the last century, the *individual* (= "that which cannot be divided") has, conversely, come to be systematically taken apart and his unitary nature disconfirmed—rather like what had happened to the *atom* (from the Greek *a-temno,* "impossible to cut"). And yet again, Freud and his followers have a clear responsibility in this sea change in the view of the human being.

This cultural tendency has been steadily maintained in the visual arts, in architecture, music, literature, and film, right up to our own time today. One example among many is Woody Allen's film *Deconstructing Harry* (1997), which takes apart, piece by piece, the respectability and consistency of a typical contemporary "subject", ruthlessly portraying the interior disarticulation that can be hidden under a superficial wrapping of apparent normality and exposing to ridicule the fragility of those whose profession it is to reassemble subjects who have fallen apart. The wife of the protagonist is a psychoanalyst, and—as often happens in films—she is, in turn, the object of a ferociously "deconstructive" satire.

However, the complex operation of the deconstruction (not a destructive one) of subjectivity, though rarely mentioned, began very early on in psychoanalysis. In an admittedly rather arbitrary way, I would tend to date the most important event as occurring in 1915, when Freud wrote "Mourning and Melancholia" (1917e[1915]) and gradually succeeded, in an innovative and revolutionary way, in distinguishing the ego from the object. It is an ingenious decomposition of the subject, which reveals the "objectal precipitate", traces it, highlights it, and follows its vicissitudes through a process that is, in my opinion, deconstructive. (Incidentally, I fully share

Ogden's (2004) opinion that it was in that particular work that the bases of theory and object relations were first put forward.)

In subsequent decades, we witnessed a gradual flowering of deconstructive operations. Among the many possible examples, one can highlight Faimberg's (2005) work on the discovery of "alienating identifications" or Ferro's (2010) technique of identifying internal "casting"—neither of which has anything destructive about it, nor are they destructuring in a radical sense. Rather, they preserve the subject's structure while having a profound and transformative impact on it.

It is understood that this deconstruction is only one of various aspects of analytic work, as Bollas effectively reminds us:

> I think we can say that the deconstruction of the material as an object is part of the search for meaning, and the elaboration of the self through the transference is part of the establishment of meaning. The need to know and the force to become are not exclusive. [Bollas, 1989, p. 25]

* * *

This deconstructionist trend, which takes its lead from the work of Jacques Derrida (1967a, 1967b), has developed—on a philosophical and cultural level—many analytic elements that we who work in this field have long considered part of our traditional stock in trade.

Norman Holland's (1999) work has summarized these elements very well, and one can refer to it for a conceptual deepening of Derrida's contribution.

Analysts have, at any rate, always been extremely sensitive to dissonances between the form and the content of the patient's communications, to the uncertainties, the slips, the changes in tone and rhythm at various levels of the story, to the partial or fragmented metaphors, to what seem to be secondary details, and even to the implicit and explicit musicality (Di Benedetto, 2000) of the analytic dialogue. These are all elements that can turn out to be indistinguishable and confused in the jumble of a session unless the work of deconstruction is carried out, with a subsequent selective highlighting of each of these elements.

Analysts, then, rely on a certain familiarity with the preconscious (both their own and that of the patient), which accommodates

phases of primary process in which, as in dreams, elements of the self and of objects often come to be taken apart, projected, mixed, and shaken—as in a cocktail—and then reassembled.

A creative part of analytic work is born in this way, giving life to more or less complex fantasies, to new and at times surprising configurations: constructions that follow instinctive operations of deconstruction.

The institution of an invariable setting in analysis also serves to point out and render perceptible the discontinuities and agitations in what the patient produces, by virtue of contrast; and I think that we must not hide from ourselves that there is an aggressive aspect to the analyst's stance (appropriately sublimated and converted into technique)—a stealthy attitude poised to grab what is seen to move, dimly, in the shadows of a stationary background.

And the subsequent step towards "capture" of every individual element is its cognitive deconstruction.

Deconstructing is—by its nature—an entirely primitive act, linked primarily to the sadistic–oral physiological phase, which allows the active separation of elements that compose the "attacked" object, as well as knowledge of them through differentiation.

Splitting is, in this sense, a primary physiological operation of knowledge (Grotstein, 1981): the teeth deconstruct and actively separate one part of the object from another, and the sense organs in general complete the work, separating aspects of the object from the background and in space; this concrete operation has many psychic equivalents.

In the area of French psychoanalysis, Duparc (1999) has related the analyst's many interpretive activities to deconstruction—activities that have the function of differentiating apparently chaotic and indistinct aspects of the material in the session.

An interesting and creative use of deconstruction in analysis has been pointed out by Levenson (1988)—with a very particular meaning of the concept, however. He proposed that analytic listening should involve maintaining a prolonged abstinence with respect to the natural tendency to give meaning to the data gathered; it should be oriented, on the contrary, towards a constant openness to furthering the narrative discussion—for example, through a continual interrogative deepening, which stimulates the patient to develop the growing complexity of a shared exploration.

Levenson's "enemy"—conceptually speaking—seems to be the "explanation", from whatever vertex it originates, whether from the analyst or from the patient. He considers that there is a risk of an early saturation of meaning with such explanations, and of occlusion of exploratory movement, which is, in contrast, a vital process of constantly remaining open.

The analyst's attention goes, if anything, towards the discontinuities, the deviations, the contradictions, to whatever it is possible to identify in the style of the patient's "text" (in line with Derrida's reading) and to "what is missing in the picture".

As Siegert (1990) notes, Levenson's deconstructionist perspective certainly presents points of clinical–methodological and intellectual interest. It does not seem to imply particular readjustments or metapsychological revisions, however.

I would add that even more than the analytic deconstruction of specific contents and structures of the patient, Levenson seems to prefer the suspension of construction and, fundamentally, the systematic deconstruction of a mental style (in both patient and analyst), in case he is too inclined to be content with superficial and saturated verbalizations.

This ideal attitude in its radical form appears to me to be, in truth, as praiseworthy in the abstract as it is exhausting in practice: rather like a steep slope without any terraced landings that would permit one to catch one's breath. I think it must be realistically understood as a basic suggestion more than anything else.

Turning again to the analyst's internal stance, the deconstructionist process of "listening to listening" proposed by Faimberg (1996, 2005) is also of notable interest. This process orients the analyst towards a constant monitoring of the way the patient receives and understands the analyst's interpretations (based on the patient's unconscious identifications). The analyst then deconstructs the patient's response in his own mind, drawing out, together with other elements, important pieces of information regarding its fantasied identificatory basis, as this is the starting point from which the patient listens to him.

The analyst's listening is no longer a unitary process; in particular, the analyst is no longer addressing a subject "who is supposed to be a unitary whole" but, rather, one who is articulated, like a receiving device that registers different bands of frequency stemming

from various subjective unconscious areas and nuclei in the interior world of the patient himself.

This perception helps the analyst to distinguish the authentic aspects from those that were incorporated into the self through intrusion ("alienating identifications"), which often end up parasitically occupying and conditioning the self of the subject who is colonized by others' psychic elements.

* * *

Without a doubt, there is a major risk in furthering our investigation of the subject of deconstruction: that of an excessive broadening of the concept, and of an excessive extension of what takes place in the analyst's mind.

While not wanting to be too categorical, my point of view is the following: that we ought to limit the use of this term to *directed operations that point towards analysing, specifically, the constitutive elements of something that the mind of the patient tends to consider, conversely, an object that can't be taken apart*—a given something that cannot be dismantled because only its entirety seems to confer on it a meaning of its own; and in fact the idea of deconstruction arouses resistance because it would seem to risk altering or offending the patient's overall experience with regard to that object and the relationship he has with it.

Later on, in the clinical part of this chapter, we will see how deconstruction is almost always a very delicate technical option: it can disturb symbiotic certainties, point out disquieting aspects of objects, and upset basic orientations that have never been the subject of discussion.

As a rather curious analogy with these analytic vicissitudes, I can cite contrasting reactions—in fact, even diametrically opposite ones, at times—aroused in the clientele of one of our noted *chefs de cuisine*: Ferran Adrià of Girona (in Catalonia), an extremely refined, "deconstructivist" cook. Adrià leads his guests in a unique revisitation of various foods, which are presented taken apart and then put back together (for example, according to one particular technique, soups or sorbets may be served in layers at different temperatures so that one may appreciate the different gustatory effect stimulated by this, etc.). The interesting thing is that this specifically sensorial–cognitive approach produces either great enthusiasm or

very clear refusals in the "experimental" guests, upset in their gastronomic certainties—acquired since infancy—by an experience of differentiation and re-knowing/recognition of sensorial elements that had long been taken for granted.

It is not difficult for analysts to recall situations in their clinical work in which a similar effect has been produced, arousing resistances in the patient's defensive apparatus when departing from familiar intra- and interpsychic patterns.

* * *

In an elementary way, I would distinguish between *spontaneous deconstructions performed by the patient* and *active deconstructions performed by the analyst*. In the clinical part of this chapter, I present situations of both types.

Equally schematically and generally speaking, I would distinguish *deconstructions through lyses*—by way of loosening or dissolving—from *deconstructions through crises*.

In *deconstructions through lyses* one witnesses a gradual dissolution, usually over a long period, of the cohesive element that has maintained the sound structure of certain fantasies, characterological positions, and systems of the subject's personality. Change occurs through the overall effect of analytic work, not through any directed work that is intentionally aimed at that specific aspect. For example, deconstruction through lyses of persecutory ideation can occur at times not because it may have concerned us in a particular way (something that, as has been noted, often yields not useful results but, rather, inconvenient ones), but because the general proceedings of the analysis have modified (though minimally) some of the patient's internal basic conditions.

I would like to specify here that by *deconstruction* I do not mean the mitigation or disappearance of the persecutory symptom but, rather, its *thinkability*: the possibility of taking apart and intensely studying such ideation. This is something that many patients spontaneously succeed in doing in any case, retrospectively, when they are doing a little better and when their ego is capable of reflecting in an observing spirit on their subjective vicissitudes.

Deconstruction through crisis, on the other hand, is actively set in motion by the analyst when he assumes responsibility for definitively pointing the spotlight of the analytic work onto an aspect

or an object of the patient's mental life that the patient himself would not spontaneously intend to deconstruct. For example, the analyst might focus on a narcissistically invested aspect of the self that would assume a quite different meaning and function if the deconstruction were to separate that aspect of the self from the attribution of value that confirms it and that gives it a particular brilliance.

Sometimes deconstruction through crisis can also be activated by circumstances external to the analysis—that is, neither by the analyst nor by the organic proceedings of the analytic work, but, for example, by accidental traumas or fortuitous events. Obviously, this happens much more rarely.

The clinical material I present pertains, briefly, to all these issues.

Deconstruction on the patient's part

Mino is a 40-year-old man who is completing a maturational journey in analysis (this is his seventh year) that is somewhat out of sync between the internal and external levels of his life—in the sense that, although his identity, level of responsibility, and adult parental roles were in actuality assumed some time ago (he is a hospital doctor, married, with two children), he has for a long time maintained an idea of himself as an individual free from ties. He has a visceral aversion towards every element that might relate to the paternal sphere.

The fantasies on which his manner of seeing and understanding the world have long been unconsciously based are substantially oedipal–persecutory: there has always been some wicked person in his mental field, powerful and overbearing, big and "on the right" (better if he is also "American", but he could be a local character or someone in his social entourage). This person has tended to perpetrate some type of abuse of power, to the detriment of young people or other innocent persons—at times the patient himself, and at times others like him.

And in that, Mino has been absolutely predictable for years, as though he had been programmed by a computer.

Incidentally, in working with this patient, I felt yet again that I could touch with my hand the way in which some political configurations of the "right" and the "left" may at times actually be overdetermined characterological/ideological clichés, in whom an ideological construction is actually inspired and maintained by an underlying fantasy scene. That scene expresses and condenses, in turn, an internal world with a network of rigidly characterized object relationships, a personality organization, and the nucleus of a rather secret individual identity, which is manifested in a "misfit" representation, as the political one frequently is.

> Mino has cultivated inside himself, then, an identity that is part Peter Pan and part Robin Hood—one that battles against an enemy "godfather" who is, in turn, a mixture of Captain Hook and Little John.
>
> Things have always gone this way in his internal life: aided by the prolonged absence, throughout his childhood, of his father, who during the week worked in another city and returned on Saturday afternoons, and the "anti-Dad" propaganda put forth by Mino's mother, who did all she could to castrate, denigrate, and humiliate the paternal figure in the eyes of her son, who was deceptively elected as her own ideal partner.
>
> After seven years of work and analytic cohabitation with me, things are changing a great deal in Mino's internal world, and in his external world as well: he is "rediscovering" his father, and through the comprehensive practicability of this internal relationship, he is in turn developing a good capacity to be a father to his own children.

I do not intend here to refer to Mino's analytic history in any detailed way. I have reported these basic elements only to introduce his current analytic development, which I find pertinent to the subject of deconstruction.

> For some weeks, in fact, Mino has been keeping me updated on his experience of gradually reading the biography of one of his long-time idols—perhaps his absolute favourite—Che Guevara. Che Guevara was an icon of Mino's adolescence and youth:

handsome, revolutionary, indomitable, part of the counterculture, practically without a home—a formidable representative of an "aesthetic of irreducibility" that gripped many young men around the world at that time.

The thing that disconcerts Mino is that, as he continues to read the biography, his moments of aesthetic enjoyment and ideological enthusiasm in the face of Che's exploits—which are for him completely ego-syntonic—are beginning to alternate more and more frequently with bothersome considerations of a more negative nature towards this character who has, since 1977, been prominently displayed on a poster on the wall of his room.

Mino also tells me that he has known for some time about this non-saint-like biography, and he had previously distanced himself from it: Che's positive aspects were confirmed in it, but other aspects, decidedly less edifying, were also presented with disturbing frankness.

Session after session, I "indirectly" witness—without intervening—the progressive demolition of the glorious Che, who ends up, in the biography described to me by the patient, being actually rather sadistic towards his companions and himself constantly in search of a fanatic ideal capable of making him forget all his personal relationships, including those with his wife and children. He practically neglected to see them even on the rare occasions when he went back to Cuba, only to then immediately leave again, crazed by the narcissistic ideal that always pushed him on to new adventures.

In addition, he always had to fight, in South America, Africa, or wherever he found himself; he needed the constant presence of an enemy against whom he could win, and little by little he continued on in this vein.

Mino is rather aggrieved in painting this new picture of Che Guevara for me—a man re-examined in his realistic complexity and recast in an idealizing, narcissistic dimension.

In the meantime, here and there, little scenes of daily family life appear in the analysis. Mino and his youngest son stop to

watch, at a city construction site, a digging machine that fascinates them accomplishing great things. The two of them are described to me in the sessions, sharing a feeling of interest and admiration for the progress of this important work.

I note that this analytic deconstruction of his idol Che Guevara—with all that he represents for Mino as an internal circumstance and a projection of the self—is proceeding in a natural way, without any specific active intervention on the part of the analyst. It arises from a greater, deeper mutative process—the large-scale work of the "analysis/digging machine"—and I marvel at this transformative development, more or less in the same way as Mino and his son observe the exciting changes in his neighbourhood, rendered possible by the powerful operating instrument that deconstructs in order to impose and then subdivide new structures—more liveable and more useful ones.

Deconstruction on the analyst's part

If, as has been noted, a conspicuous part of the analyst's work is done "by removing or taking away", in the sense of contributing to the deactivation and loosening of resistances and defences that impede awareness and contact, then it is also true that some analytic interventions are more specifically dedicated to an *active job of deconstruction*.

This is, in my opinion, even more true when the material about which one intervenes is, in its turn, the product of a defensive method that has involved some type of unknowing "construction" on the patient's part.

An example of this is found in situations of the *"fox and grape"* type (in the sense of Aesop's fable), in which the person reinforces his own defences with a sort of private theory in relation to a painful observation.

This was the case with Alessia, a 48-year-old ex-paediatrician who had, nine years earlier, suddenly abandoned her work following a ruinous affair with her boss. This event, having become public, had devastating repercussions on the patient's private life (she

had a husband and two children) and produced rejection and inhibition in her profession as well. Alessia left the hospital and withdrew to her family.

After five years of analysis, which permitted the reconstruction and understanding, on many levels, of the deep meaning of what had occurred—and also the recuperation in part of a necessary, "healthy" narcissism that had been lost—Alessia is starting to feel, from time to time, a wish to resume contact with the world of her work, and in fact her own job in particular, in the same environment in which she had utilized her excellent skills and was respected by her colleagues.

This wish emerges only in stages and in a very conflictual manner. The idea of work is still powerfully tied to the trauma of the event nine years earlier, and every time it comes up, it is followed by a series of negative comments about doctors in general—their untrustworthiness, their incompetence, and their general state of disgrace—and on the overall preference to live "day by day", without obligations.

The patient's tone, in presenting this version of things, is a little silly, and her theory contains a mixture of lessening of her wish to return and a projection of her fears of insufficiency and inadequacy.

My intervention technique, on a couple of occasions of this type, was extremely trite, and I would almost be ashamed to relate it if it had not proved to be so effective: I limited myself to saying simply, "*The fox and the grapes.*"

The effect is that of poking a finger at the base of a shaky tower made of stacked-up dice: it all collapses, and that isn't a bad thing because in this case we are talking of a falsified and artificial tower, which maintained itself precariously and with maximal effort.

In these cases, the patient usually has a complex reaction, feeling pain on the one hand and relief on the other, because he once again "has his feet on the ground", and because his ego is saved some energy in not having to maintain costly defensive acrobat-

ics—to the point that the patient busts out laughing, as did Alessia, in rediscovering herself intent on obstinately maintaining that type of defence.

For me this is a *deconstruction,* a type of intervention that has its own specificity.

* * *

Active deconstructive work on the analyst's part is altogether a different task: one aimed at confronting strongly invested internal anti-relational formations that resist the analysis, the patient's personal development, and change in general.

The configurations described by Rosenfeld (1971a, 1987) as *destructive narcissism* certainly belong into this category; these configurations were later taken up by Meltzer (1968) and were studied from a different theoretical angle by Green (1983).

The treatment technique, which Kernberg (1984) and De Masi (1989, 1997, 2000) have explored in depth, primarily consists of a gradual identification of these internal components, including their dynamic function in relation to other parts of the self, which is then brought into focus and carefully described to the patient.

In these cases, the analyst does not limit himself to attending to the gradual dissolution "by lysis" of these configurations that are so powerfully invested—and that are, as a consequence, absolutely powerful in the internal economy of the subject. In fact, he *takes sides*: he identifies their substantially dictatorial and lethal nature, and he chooses a way of pointing them out in such a light to the patient's ego, once he can count on a sufficiently secure platform of therapeutic alliance in the analysis and on contact with the healthy parts of the self. The analyst assumes, therefore, the responsibility of departing from a certain type of neutrality and passive waiting, behaving more or less like a nation at an advanced level of democratic organization that publicly and officially draws attention to the harshness of a tyranny, organizing a critical demand within the country occupied by that regime. I have addressed these problems and the countertransferential effects aroused by them elsewhere (Bolognini, 2002, 2010).

In my opinion, the crucial factor is the *strong narcissistic investment that maintains these configurations.* It constitutes *an internal*

cohesive glue and establishes a *self-legitimizing circularity*: since the narcissistically invested configuration proves to be such a strong one, it comes to be even more firmly invested, forming a supporting element in the patient's sense of self.

> I recall a dream related to me some 20 years ago by a woman patient who raised a fierce resistance and a violent ideological objection to the method and setting of analysis (finding interdependence unacceptable in general, and that with men particularly so). In the dream, there was *a boat that had a sort of metal point on its prow in the form of a parrot, "of very hard material that no one could ever succeed in tarnishing"*.
>
> This was an explicit warning—but also a challenge!—to the analyst, in case he might have it in mind to deconstruct that intrusive and dangerous formation. . . .
>
> Very interesting analytically was the fact that the "parrot/metal point" then turned out to be, on closer observation of the dream, composed of an amalgamation of a thousand tiny shells, welded together by a kind of cohesive, very tough cement, which gave the overall object an exceptional sturdiness—given its position on the prow of the boat—and notable offensive potential.
>
> As a matter of fact, the patient was very proud of her character, which she would not have changed for anything in the world, but at the same time she did not renounce a certain seductiveness, even though this was primarily manipulative. In fact the feminine element of the shell had been simultaneously fragmented, multiplied, and used to construct a defect that openly challenged me, with compliant fierceness, but it appeared in the field and had not been totally eliminated.
>
> The phallic aspect prevailed, at any rate, and the feminine one remained more of an archaic vestige than a living element.
>
> As an adversary (and, ambivalently, as a healer), I had to appear to be clearly insufficient to the patient during this period, because her first instance of acting out consisted of consulting a surgeon—someone much more incisive and deconstructive than I was—for a nose reduction. My attempts to hold her back

from that acting out were harshly pushed away, and my interpretations were resolutely ignored and bypassed.

When, years later, the narcissistic, cohesive, and self-legitimizing cement melted away, in some way "destroying the parrot", the patient and I were able to revisit that turbulent episode more reflectively. We understood how the patient's recourse to a surgeon contained not only aspects of a boycott and oppositionality towards me (which were quite marked), but also the dramatic return to a somewhat confused bodily dimension, which at that time was the only one that had any real meaning for the patient. Only there, for her, could the real game for an extremely conflictual change be played, in an area of concrete self-representation that allowed only concrete interventions.

The deconstruction of the parrot also revealed the important presence of clichéd identificatory aspects—repetitive ones that were imitative of others' attitudes ("parroting" ones, in fact), based on a reassuring identification with very radical, proven feminist cultural models.

On the other hand, the recovery of a different relationship—a more liveable one—with her own femininity permitted the recomposition of a "shell"/genital that was no longer fragmented and especially no longer an offensive "metal point/prow". There had been deconstruction of a military element, a conversion to interpsychically "civil" uses.

The reconstruction of a relational capacity with a man, with an object who was "other than the self", had required the reconstruction of fundamental elements of her own identity.

We would not have been able to carry out these reconstructive passages without an earlier deconstructive phase, and in particular without having released the cohesive element that pathologically kept together an imitative false self—one that was, furthermore, archaic and subjectively confirmed.

* * *

In the active work of deconstructing very structured and powerfully invested affective–representational aggregates, the analyst

finds himself sometimes having to depart from a certain type of neutrality, because he notices the patient's *basic confusion between the vital/creative qualities and those lethal/destructive ones* of objects, of parts of the self, and of intra- and interpersonal relationships. The patient seems to be missing some fundamental points of orientation between life and death—as though his internal compass no longer indicates where the cardinal points are.

The analyst finds himself suspended between the maxim not to formulate value judgements, on the one hand, and a sort of "omission of assistance", on the other.

The formula that I propose, in order to exit from this impasse, is that of *helping the patient to recognize the basic qualities of his experience:* which means, from the point of view of vital and lethal qualities, restabilizing the orientation of the compass needle and clarifying the location of north and south. Naturally, this obtains if the patient truly suffers from a basic confusion in this respect, not if he strategically manipulates his own external disposition (like Ulysses, who ploughed the beach in order not to depart for war).

In my opinion, *the most important part of deconstructive work* in these serious situations is, however, that aimed at the *"glue"*, at the *narcissistic, self-legitimizing investment*. There is often a *powerful idealization of something or someone* in the patient's internal world, which provides *"value*" (which we might translate as *cohesion*) to the *pathogenic formation* that has been structured in the self.[1] This "something" or "someone" is in fact a narcissistic element, an idol, not an idealized object.

Pointing out the focus on this private idol (De Masi, 2000), which is often protected by a secret, is not an easy task: at times the mere fact of naming it, or of demonstrating a wish to be taken possession of by something that is profoundly idealized, can already arouse suspicion, a closing down, or a flight from the analysis.

On the other hand, in the complex structural architecture of patients' internal worlds and personalities, *what is idealized is sometimes sacred* because it is also *necessary to the economy of the overall structure,* and one cannot expect to intervene "*d'emblée*" [all at once]. Gradual, progressive techniques of intervention must be adopted—ones that anticipate, for example, a *contemporary, synergistic deconstruction* and a *constructive reintegration*.

In the restructuring of buildings, the delicate and dangerous task of replacing a weight-bearing wall is usually accomplished with a technique called *"cut and sew"*.[2] This technique consists of setting up an overall container with buttresses to externally support the structure that must be modified, after which the stonemasons cautiously tear down a segment of the "sick" wall (usually 50 cm at a time) and rebuild it with reinforced concrete. Only after waiting for a certain amount of time for the concrete to set do they pass on to the next segment, and so on.

Can this building metaphor turn out to be useful in describing something analogous that we sometimes do when, cautiously and attentively but also responsibly, we dare to undertake the analytic deconstruction of one of the patient's internal elements—an element that is usually an idealized, pathological, pathogenic one, but also a structurally "weight-bearing" one in his personality organization?

I think that it can.

And it is understood that I am referring here to a type of technical management that is often made up of little things. For example, even a simple *silence of non-sharing* in the face of an idealizing enthusiasm expressed by the patient towards an idealized person or thing can already constitute, at certain points and in certain contexts, a significant, disquieting gesture of detachment on the analyst's part with respect to what the patient would expect from him as confirmation. A deconstruction can also begin in this way. Or it can begin with a minimal attenuation of the analyst's breath that the patient sensitively perceives and that represents a "non-confirming withdrawal", creating a feeling of vacuum suction (Bolognini, 2010).

At other times, the deconstructive intervention can be more direct and explicit: for example, when the analyst feels that the continuation of analysis is seriously threatened by the patient's internal agency (perhaps represented externally by some influential figure in his entourage, or by some inspirational character), and it can happen that the analyst must actively clarify the deeper meaning of the anti-analytic action presented by the boycotting element.

The rule of "*cut and sew*" is, however, always worth while—that is, it is advantageous to offer the patient something positive in

exchange at the same time, something constructive that can be invested with value and hope—for example, in the sense of the basic opportunity and utility of analytic work—so that he can eventually come to value that which he is exerting effort to bring forward, together with the analyst.

This work must be directed both towards *the patient's ego,* furnishing it with interpretive elements and clarifying details about what is happening, and towards *the patient's self* (Bolognini, 2002), which can gain cohesion if emphasis is placed on the importance of the patient's *having succeeded* in bringing the analysis to that point, in collaboration with the analyst.

All this must be done, of course, with the "buttressed" container of the setting and the analytic relationship, just as in *"cut and sew*".

And it goes without saying (though we are not arriving at this with the precision of an engineer's structural calculation, but are perhaps coming closer to the experience of construction-yard foremen in the so-called physical sense) that the task falls to us analysts of evaluating—paying close attention—how, when, to what extent, and why a deconstruction process should be undertaken. We must also keep in mind the other possible metaphor—the surgical one—and recall that such interventions remind us of the extreme delicacy of the patient's sense of self, and of possible repercussions in the overall atmosphere of the analytic relationship.

The work of *deconstructing identifications and present-day safeguards of the patient's vital structures* is fundamental. I would define this work as *selective, non-destructive deconstruction.* I refer to the technique that the analyst can and must use to render some of the analysand's deep identifications visible, thinkable, and understandable to him. This must occur not only without involving ruinous collapses in the overall structure of the self, but also—more delicately—in such a way that certain useful and fundamental components of these identifications can be preserved even after their passage from the unconscious realm to the partially conscious one.

The most frequent and appropriate technical action, which all analysts utilize in their clinical work, is that of identifying, describing, and "naming" some of the patient's components that have become readily recognizable to both analyst and patient in the ses-

sion, and that at that point can be easily mentioned in the certainty that both know what is being talked about.

For example, with some patients, when it happens that I succeed in adequately distinguishing alternations of their identifications between that of a grandiose reactive/defensive self and that of a more sincere and suffering part (often afflicted by feelings of insufficiency and impotence), it becomes natural to give a name to these two parts. And I portray them with a formula that is immediately welcomed and utilized by most patients.

> The first of a series of these patients was Piero, who sometimes presented himself as a sort of human missile (or rather, in truth, a dehumanized one): very strong, extremely efficient, and, in short, fundamentally grandiose and maniacal. At other times, conversely, he presented himself as he was deep down: depressed, often frightened, privately convinced of not being worth much and of being inadequate in every life circumstance.
>
> Instinctively, it came to me to call the first version "Super-Piero" and the second one "Poor Piero".
>
> This formula had some success, and Piero began to adopt it for his reflections on his own state at particular moments, in order to recognize the identity in action, and to refer to it briefly (but effectively!) in our dialogue.
>
> In particular, the task of identifying and deconstructing "Super-Piero" occupied us for some time: it was important to understand which identification models were at the base of that character, taking it apart in a way that was more a disarranging than a destruction.
>
> Among other things, the deconstructive decomposition was also useful and appropriate in order not to "throw away everything" concerning Super-Piero because, surprisingly, some of its elements could be recuperated and recycled.
>
> In his work, Piero had achieved occasional success thanks to "Super-Piero's" efficient performances, which had rescued him (I am using the patient's words).

Some of Piero's deep identifications with certain aspects of his father as he had viewed him as a child, and then with paternal equivalents in his professional field—especially those pertaining to the beginning of his career—were not really of an introjected nature, and so they were not fundamental or substantial. They were projective identifications with internalized but not introjected objects, and so they ended up being less authentic and more substitutive than constitutive of true parts of the self.

In other words, Piero noticed in analysis that when he was in "Super-Piero's" shoes, he "did" the powerful adult, but he "wasn't him".

Nevertheless, he also noticed that some of the techniques he used in his profession (a commercial line of work) had benefited from those instrumental identifications, and in the end he decided not to demolish them altogether; they worked well enough, and the important thing was that he was aware of them.

I found myself in agreement with the patient, reassured by the good level of awareness with which we exchanged these thoughts. I felt that I was in dialogue with Piero, not with "Super-Piero", and that internal contact with "Poor Piero", inadequate and needy, had been maintained in a sufficiently mature way as well.

My countertransferential tranquillity was not unmotivated, because Piero's capacity for self-analytic deconstruction was by this point solid, and the result was an equally trustworthy capacity for constructing an integrated identity (Piero)—one that recognized and linked the other two.

The deconstruction of the analyst's working ego

One of the most interesting developments of the past decade, in the sphere of our scientific community, pertains to analysts' increased awareness about the internal structures and levels of their own particular functioning in their profession.

Usually analysts are capable enough of representing themselves, and eventually of deconstructing their functional identity and its trajectory, in the service of a cognitive aim (and one of *re*-cognition). Today the traditional self-analytic attitude, valued by all psychoanalytic schools, extends to an observation of the analyst's implicit theories and those of his group culture, in addition to his unconscious personal bases.

In discussion groups, then, one tends to carry out a supervision *tout court* less and less with regard to the person presenting the clinical material, and more and more by trying to deconstructively recognize the technical–cultural (conscious and unconscious) components that operate within the presenting colleague. The result of this work is usually an increase in everyone's awareness of the internal laboratory in which we receive and treat our patients, in a way that is not dissimilar to what we do with patients themselves when we analyse the world of their object relationships.

Self-analysis proposes to us, and requires of us, that we examine—at times in a very goal-directed and specific way—some of our characteristics, tendencies, modalities, and methods that are generally not noticeable, but that can come to be perceptible if we agree to a certain extent of subtle deconstruction of our way of being. Sometimes it is our patients who make us notice these characteristics of ours.

I think that the principal deconstructive operation, in this sense, consists of an attentive and honest *analysis of our identifications with our own analyst and with our supervisors* (Bolognini, 2008, 2010). How much and what of them is there in us? And at what level? Are they introjected identifications, constituting the self and not substituting for it, or are they projective identifications with objects that are internalized but not digested, objects that substitute for the self?

We have all said something to a patient, at the beginning of our career, in the same words and in the same tone of voice that our analyst used. We identified with him (or with her), which is to say that we were probably having difficulty truly separating ourselves from them, at an internal level, and that we still needed time to accomplish those profoundly transformative passages.

Did we notice this at the time? Could we recognize that presence in our internal world, or that process through which we "became"

he (or she) without noticing it? Did we know how to confront the pain of loss, and did we regain our own boundaries and identity?

Analysts are human beings like everyone else, and they experience the same defensive vicissitudes. But at the same time they have some additional tools, modest but potentially effective ones. For example, their training drills them in the representation and deconstruction of their own way of functioning—an exercise of constant awareness, which becomes a value to transmit to patients as well. At the basis of this deconstructive attitude there is faith in the possibility of a new, more valid, and healthy reconstruction of the ego and the self.

The *deconstructive–reconstructive dialectic,* then, ends up being a process that is analogous to that of "regression in the service of progression": one of the many examples of how psychoanalysis flexibly and intelligently utilizes phases of apparent regression, which in actuality are the basis of substantial maturational advancement.

Conclusion

Ours is a complex job, in which—to return to our starting theme, that of "deconstructing"—the analyst seems to function at times like a *structural engineer* who evaluates loads, stresses, and strains, structural ones that are supported by the ego; at other times like an *architect* who matches his interpretive solutions to the patient's mental style, who tunes in to his possible important projects, and who takes charge of the viability of the solutions that are gradually adopted; then again like a *construction foreman* who maintains a practical and organizational vision on how jobs proceed in the "analytic construction zone"; and—last but not least—like a *bricklayer* who has a tactile, direct experience with materials and their qualities and relationships, and who knows the consistency and hardness of various types of bricks and stones, as well as the cohesive qualities of mortar and cement.

The analyst—a bit scientist, a bit technician, a bit craftsman—helps the patient to deconstruct, take apart, separate, eliminate, preserve, reconstruct, and reintegrate.

Certainly, in distinction from the categories cited above, the analyst also knows how to operate on living and sensitive material,

and his past personal experience as a patient—if he is a good analyst—is there to remind him of this, day after day.

Notes

Translation by Gina Atkinson.

1. Here it is understood that I am referring to patients who have organized unconscious defences oriented primarily towards a perverse solution to their difficulties (from which a qualitative disorientation and the confusion between vital and lethal arise), rather than to patients—usually schizoid ones who end up falling exclusively into the psychiatric jurisdiction—who are desperately defending themselves against an imminent disintegration of the ego.

2. *Translator's note:* In Italy, this metaphorical term is used by stonemasons and other construction workers in an intentionally poetic way to describe their reconstructive method.

REFERENCES

Amati-Mehler, J. (2005). Interprétation et construction. *Bulletin de la Fédération Européenne de Psychanalyse, 59*: 26–30.

Anzieu, D. (1975). *Freud's Self Analysis*. Madison, CT: International Universities Press, 1986.

Arlow, J. A. (1987). The dynamics of interpretation *Psychoanalytic Quarterly, 56*: 68–87.

Aulagnier, P. (1983). *Un interprète en quête de sens*. Paris: Ramsay, 1986.

Balint, M. (1968). *The Basic Fault: Therapeutic Aspects of Regression*. London: Tavistock Publications.

Baranger, M., Baranger, W., & Mom, J. (1987). El trauma psíquico infantil, de nosotros a Freud. Trauma puro, retroactividad y reconstrucción. *Revista de Psicoanálisis, 44*: 4.

Baranger W., Goldstein N., & Zak de Goldstein R. (1989). Acerca de la desidentificación. *Revista de Psicoanálisis, 44*: 6.

Barros, E. R. (2003). Affect and picotographic image: The constitution of meaning in mental life. *International Journal of Psychoanalysis, 81*: 1087–1099.

Bell, D. (2001). *Projective Identification in Kleinian theory: A Contemporary Perspective*, ed. C. Bronstein. London: Whurr.

Bell, D. (2009). Is truth an illusion. *International Journal of Psychoanalysis, 90*: 331–345.

Benjamin, J. (2009). A relational psychoanalysis perspective on the necessity of acknowledging failure in order to restore the facilitating and containing features of the intersubjective relationship (the Shared Third). *International Journal of Psychoanalysis, 90*: 441–450.

Bergmann, M. (2000). *What I Heard in the Silence*. Madison, CT: International Universities Press.

Bertrand, M. (1990). *La pensée et le trauma*. Paris: Editions de L'Harmattan.

Bertrand, M. (2004). *Trois défis pour la psychanalyse*. Paris: Dunod.

Bertrand, M. (2008). Construire un passé, inventer un possible. Rapport au LVXIIIe Congrès des psychanalystes de langue française. *Revue Française de Psychanalyse, 5*: 1359–1417.

Bion, W. R. (1958). On arrogance. *International Journal of Psychoanalysis, 39: 144–146*. [Also in: *Second Thoughts*. London: Heinemann, 1967.]

Bion, W. R. (1959). Attacks on linking. *International Journal of Psychoanalysis, 40* (5–6): 308–315.

Bion, W. R. (1961). A theory of thinking. *International Journal of Psychoanalysis, 43* (4–5): 306–310.

Bion, W. R. (1962). *Learning From Experience*. London: Heinemann.

Bion, W. R. (1967). *Second Thoughts: Selected Papers on Psycho-Analysis*. London: Heinemann.

Bion, W. R. (1970). *Attention and Interpretation*. London: Heinemann.

Bion, W. R. (1992). *Cogitations*. London: Karnac.

Birksted-Breen, D. (1996). Phallus, penis and mental space. *International Journal of Psychoanalysis, 77*: 649–659.

Blass, R. (2003). The puzzle of Freud's puzzle analogy: Reviving a struggle with doubt and conviction in Freud's *Moses and Monotheism*. *International Journal of Psychoanalysis, 85*: 669–682.

Blass, R. (2006). Le concept de "vérité historique" de Freud et les fondements inconscients de la connaissance. *Revue Française de Psychanalyse, 70*: 1619–1632.

Blum, H. (1977). The proto-type of pre-oedipal reconstruction. *Journal of the American Psychoanalytic Association, 25*: 757–785.

Blum, H. (1980). The value of reconstruction in adult psychoanalysis. *International Journal of Psychoanalysis, 61*: 39–52.

Blum, H. (1994). *Reconstruction in Psychoanalysis: Childhood Revisited and Recreated*. Madison, CT: International Universities Press.

Blum, H. (1998). The reconstruction of reminiscence. *Journal of the American Psychoanalytic Association, 47*: 1125–1144.

Blum, H. (2003a). Repression, transference and reconstruction. *International Journal of Psychoanalysis, 84*: 497–503.

Blum, H. (2003b). Response to Peter Fonagy. *International Journal of Psychoanalysis, 84*: 509–515.

Blum, H. (2005). Psychoanalytic reconstruction and reintegration. *Psychoanalytic Study of the Child, 60*: 295–311.

Bollas, C. (1989). *Forces of Destiny: Psychoanalysis and Human Idiom*. London: Free Association Books.

Bolognini, S. (2002). *Psychoanalytic Empathy*. London: Free Association Books, 2004.

Bolognini, S. (2008). A familia institucional e a fantasmatica do analista. *Jornal de Psicanalise, 41* (74).

Bolognini, S. (2010). *Secret Passages: The Theory and Technique of Interpsychic Relations,* trans. G. Atkinson. London: Routledge. [Original: *Passaggi segreti*. Turin: Bollati Boringhieri, 2008.]

Borelle, A. (2009). *Intervenciones psicoterapéuticas en la clínica psicosomática. Implicancias en la mentalización. Estudio de casos*. Doctoral Dissertation, Universidad del Salvador, Buenos Aires, Argentina.

Botella, C., & Botella, S. (2001). Figurabilité et régrédience. *Revue Française de Psychanalyse, 45* (4): 1149–1239.

Botella, C., & Botella, S. (2005). *The Work of Psychic Figurability: Mental States Without Representation*. Hove: Brunner-Routledge.

Braudel, F. (1969). *Écrits sus l' histoire*. Paris: Flammarion.

Braunschweig, D., & Fain, M. (1975). *La nuit le jour*. Paris: Presses Universitaires de France.

Brenman, E. (1980). The value of reconstruction in adult psychoanalysis. *International Journal of Psychoanalysis, 61*: 53–60.

Brenman Pick, I. (1985). Working through in the countertransference. *International Journal of Psychoanalysis, 66*: 157–166. [Revised version in: E. Bott Spillius (Ed.), *Melanie Klein Today: Mainly Practice* (pp. 34–37). London: Routledge, 1988.]

Brenneis, C. B. (1997). *Recovered Memories of Trauma: Transferring the Present to the Past*. Madison, CT: International Universities Press.

Britton, R. (1989). The missing link: Parental sexuality in the Oedipus complex. In: *The Oedipus Complex Today: Clinical Implications*. London: Karnac.

Britton, R., & Steiner, J. (1994). Interpretation: Selected fact or overvalued idea? *International Journal of Psychoanalysis, 75*: 1069–1078.

Brusset, B. (2005a). Le modèle limite et la théorie de l'hypocondrie et de l'addiction. In: F. Richard & F. Urribari (Eds.), *Autour de l'oeuvre d'André Green. Enjeux pour une psychanalyse contemporaine*. Paris: Presses Universitaire de France.

Brusset, B. (2005b). *Psychanalyse du lien*. Paris: Presses Universitaires de France.

Bülher, K. (1934). *Theory of Language (Sprachtheorie)*, trans. D. Goodwin. Amsterdam: John Benamins, 1990.

Busch, F. (2010). Distinguishing psychoanalysis from psychotherapy. *International Journal of Psychoanalysis, 91*: 23–34.

Canestri, J. (2004). Le concept de processus analytique et le travail de transformation. *Revue Française de Psychanalyse, 78* (5): 1495–1543.

Canestri, J. (Ed.) (2006). *Psychoanalysis: From Practice to Theory*. London: Wiley.

Carpy, D. V. (1989). Tolerating the countertransference: A mutative process. *International Journal of Psychoanalysis, 70*: 287–294.

Cassirer, E. (1956). *Esencia y concepto del símbolo*. Mexico City: Fondo de Cultura Econômica.

Cassirer, E. (1972). *La philosophie des formes symboliques*. Paris: Editions de Minuit.

Chianese, D. (2007). *Constructions and the Analytic Field: History, Scenes and Destiny*. London: Routledge.

Collingwood, R. G. (1938). *The Principle of Art*. Oxford: Oxford University Press.

Croce, B. (1925). *Aesthetic as Science of Expression and General Linguistic*. Cambridge: Cambridge University Press, 2002.

Curtis, H. C. (1983). Construction and reconstruction: An introduction. *Psychoanalytic Inquiry, 3*: 183–188.

Davidson, D. (2004). Truth. *International Journal of Psychoanalysis, 85*: 1225–1230.

De Masi, F. (1989). Il super-io. *Rivista di Psicoanalisi, 35*: 393–431.

De Masi, F. (1997). Intimidation at the helm: Superego and hallucinations in the analytic treatment of a psychosis. *International Journal of Psychoanalysis, 78*: 561–576.

De Masi, F. (2000). "Le organizzazioni patologiche del super-Io" [The pathological organizations of the superego]. Paper presented at the Psychoanalytic Center of Bologna, 10 December.

Denis, P. (2006). Incontournable contre-transfert. *Revue Française de Psychanalyse, 70* (2): 331–350.

Derrida, J. (1967a). *De la grammatologie*. Collection Critique. Paris: Minuit.

Derrida, J. (1967b). *L'écriture et la différence*. Collection Tel Quel. Paris: Seuil.

Di Benedetto, A. (2000). *Prima della parola*. Milan: Franco Angeli.

Dodds, E. R. (1951). *The Greeks and the Irrational*. Berkeley, CA: University of California Press.

Duparc, F. (1999). "Construction. L'art du temps, l'art de la rencontre" [Construction: The art of time, the art of the encounter]. Paper presented at the SPI-SPP Meeting, Toulouse, France.

Dvoskin, H. (2007). *Construcciones. Una versión abarcativa del concepto*. Available at: www.elsigma.com/site/detalle.asp?IdContenido=11411.

Ellenberger, H. F. (1970). *The Discovery of the Unconscious*. London: Fontana, 1994.

Faimberg, H. (1990). Repetition and surprise: A clinical approach to the necessity of construction and its validation. *International Journal of Psychoanalysis, 71*: 411–420.

Faimberg, H. (1996). Listening to listening. *International Journal of Psychoanalysis, 77*: 667–678.

Faimberg, H. (2005). *The Telescoping of Generations: Listening to the Narcissistic Links between Generations*. London: Routledge.

Fain, M. (1971). Prélude à la vie fantasmatique. *Revue Française de Psychanalyse, 36*: 291–364.

Fain, M. (1995). Régression ou distorsion? *Revue Française de Psychanalyse, 59*: 737–743.

Febvre, L. (1946). *Les classiques de la liberté: Michelet*. Lausanne: Traits. [Also in: *Combats pour l'histoire*. Paris: A. Colin, 1953.]

Feldman, M. (1997). Projective identification: The analyst's involvement. *International Journal of Psychoanalysis, 78*: 227–241. [Reprinted in B. Joseph (Ed.), *Doubt, Conviction and the Analytic Process* (pp. 34–53). London: Routledge, 2009.]

Feldman, M. (2009). *Doubt, Conviction and the Analytic Process*. New York: Brunner-Routledge.

Ferenczi, S. (1913). Stages in the development of the sense of reality. In: *First Contributions to Psycho-Analysis*. London: Karnac, 1994.

Ferenczi, S. (1926). Contra-indications to the "active" psychoanalytical technique. In: *Further Contributions to the Theory and Technique in Psychoanalysis*. London: Karnac, 1994.

Ferenczi, S. (1931). On the revision of "The Interpretation of Dreams". In: *Final Contributions to the Problems and Methods of Psycho-Analysis*. London: Karnac, 1994.

Ferenczi, S. (1933). Confusion of tongues between adults and the child. In: *First Contributions to Psycho-Analysis*. London: Karnac, 1994.

Ferro, A. (1995). *A técnica da psicanálise infantil*. Rio de Janeiro: Imago.

Ferro, A. (2002). *In the Analyst's Consulting Room*. London: Routledge.

Ferro, A. (2005). *Seeds of Illness, Seeds of Recovery: The Genesis of Suffering and the Role of Psychoanalysis,* tr. P. Slotkin. Hove: Brunner-Routledge.

Ferro, A. (2006). Marcella. D'une situation sensorielle explosive à la capacité de penser. *Revue Française de Psychanalyse, 2*: 431–443.

Ferro, A. (2010). *Avoiding Emotions, Living Emotions.* London: Routledge.

Ferruta, A. (2002). Une interprétation qui construit le sujet. In: J.-J. Baranès & F. Sacco, *Inventer en psychanalyse* (pp. 49–66). Paris: Dunod.

Fonagy, P. (2003). Rejoinder to Harold Blum. *International Journal of Psychoanalysis, 84*: 503–509.

Fonagy, P., Gergely, G., Jurist, E., & Target, M. (2002). *Affect Regulation, Mentalization and the Development of the Self.* New York: Other Press.

Fractman, A. (1995). Reconstruir-historizar-interpretar. La construcción según Freud y la clínica. *Psicoanálisis Apdeba, 17* (2).

Freud, S. (1893a) (with Breuer, J.). On the psychical mechanism of hysterical phenomena: Preliminary communication. *S.E., 2.*

Freud, S. (1895d) (with Breuer, J.). *Studies on Hysteria. S.E., 2.*

Freud, S. (1896a). The aetiology of hysteria. *S.E., 3.*

Freud, S. (1898b). The psychical mechanism of forgetfulness. *S.E. 3.*

Freud, S. (1899a). Screen memories. *S.E., 3.*

Freud, S. (1900a). *The Interpretation of Dreams. S.E., 4–5.*

Freud, S. (1901b). *The Psychopathology of Everyday Life. S.E., 6.*

Freud, S. (1905e). Fragment of an analysis of a case of hysteria. *S.E., 7.*

Freud, S. (1909d). Notes upon a case of obsessional neurosis. *S.E., 10.*

Freud, S. (1910c). *Leonardo da Vinci and a Memory of His Childhood. S.E., 11.*

Freud, S. (1910k). "Wild" psycho-analysis. *S.E., 11.*

Freud, S. (1912–13). *Totem and Taboo. S.E., 13.*

Freud, S. (1914g). Remembering, repeating and working-through (Further Recommendations on the Technique of Psycho-Analysis, II). *S.E., 12.*

Freud, S. (1915e). The unconscious. *S.E., 14.*

Freud, S. (1916–17). *Introductory Lectures on Psycho-Analysis. S.E., 15/16.*

Freud, S. (1917e [1915]). Mourning and melancholia. *S.E., 14*: 237–257.

Freud, S. (1918b [1914]). From the history of an infantile neurosis. *S.E., 17*: 1–122.

Freud, S. (1920a). The psychogenesis of a case of homosexuality in a woman. *S.E., 18.*

Freud, S. (1920b). A note on the prehistory of the technique of analysis. *S.E., 18*: 263–265.

Freud, S. (1920g). *Beyond the Pleasure Principle. S.E., 18.*

Freud, S. (1923b). *The Ego and the Id. S.E., 19.*

Freud, S. (1923c). Remarks on the theory and practice of dream-interpretation. *S.E., 19*.
Freud, S. (1925h). Negation. *S.E., 19*.
Freud, S. (1930a [1929]). *Civilization and Its Discontents. S.E., 21*.
Freud, S. (1933a [1932]). *New Introductory Lectures on Psycho-Analysis. S.E., 22*.
Freud, S. (1937c). Analysis terminable and interminable. *S.E., 23*.
Freud, S. (1937d). Constructions in analysis. *S.E., 23*.
Freud, S. (1939a [1937–39]). *Moses and Monotheism: Three Essays. S.E., 23*.
Freud, S. (1940a [1938]). *An Outline of Psycho-Analysis. S.E., 23*.
Freud, S. (1950 [1895]). Project for a scientific psychology. *S.E., 1*.
Friedman, L. (1983). Reconstruction and the like. *Psychoanalytic Inquiry, 3*: 189–222.
Fromm, E. (1976). *To Have or to Be?* New York: Harper & Row.
Gabbard, G. (1997). A reconsideration of objectivity in the analyst. *International Journal of Psychoanalysis, 78*: 15–26.
Gabbard, G., & Westen, D. (2003). Rethinking therapeutic action. *International Journal of Psychoanalysis, 84*: 823–841.
Gaddini, E. (1986). La maschera e il cerchio. *Rivista di Psicoanalisi, 32*: 175–186.
Gaensbauer, T., & Jordan, L. (2009). Psychoanalytic perspectives on early trauma. *Journal of the American Psychoanalytic Association, 57*: 947–977.
Grassano, E. N. (2001). Diálogo entre distintas perspectivas teórico-clínicas en psicosomática. *Revista de la Sociedad Argentina de Psicoanálisis, 4*: 93.
Green, A. (1980). Passions and their vicissitudes. In: *On Private Madness* (pp. 214–153). Madison, CT: International Universities Press, 1986.
Green, A. (1983). *Life Narcissism, Death Narcissism*, trans. A. Weller. London: Free Association Books, 2001.
Green, A. (1986). *On Private Madness*. Madison, CT: International Universities Press.
Green, A. (1998). The primordial mind and the work of the negative. *International Journal of Psychoanalysis, 79*: 649–665.
Green, A. (1999). Passivité–passivation. Jouissance et détresse. *Revue Française de Psychanalyse, 63*: 1587–1600.
Green, A. (2000a). *La diachronie en psychanalyse*. Paris: Editions de Minuit.
Green, A. (2000b). *Le temps eclaté*. Paris: Editions de Minuit.
Green, A. (2002). *Key Ideas for Contemporary Psychoanalysis: Misrecognition and Recognition*. Hove: Routledge, 2005.

Green, A. (2003). *Ideas directrices para un psicoanálisis contemporáneo.* Buenos Aires: Amorrortu. [*Misrecognition and Recognition of the Unconscious.* London: Routledge, 2005.]

Green, A. (2005a). *Key Ideas for a Contemporary Psychoanalysis. Misrecognition and Recognition of the Unconscious*, trans. A. Weller. London: Routledge.

Green, A. (2005b). *Psychoanalysis: A Paradigm for Clinical Thinking*, trans. A. Weller. London: Free Association Books.

Green, A. (2008). Freud's concept of temporality: Differences with current ideas. *International Journal of Psychoanalysis, 89*: 1029–1039.

Greenacre, P. (1975). On reconstruction [Fenichel Lectures, Psychoanalytic Society of Los Angeles, 24 January]. *Journal of the American Psychoanalytic Association, 23* (4): 693–712.

Greenacre, P. (1981). Reconstruction, its nature and therapeutic value. *Journal of the American Psychoanalytic Association, 29*: 27–46.

Grotstein, J. (1981). *Splitting and Projective Identification.* New York: Jason Aronson.

Grünbaum, A. (1984). *The Foundations of Psychoanalysis: A Philosophical Critique.* Berkeley, CA: University of California Press.

Guillaumin, J. (1998). *Transfert, contre-transfert.* Paris: L'Esprit du Temps.

Haack, S. (1999). Staying for an answer: The untidy process of groping for truth. *Times Literary Supplement,* 9 July.

Hamilton, V. (1993). Truth and reality in psychoanalytic discourse. *International Journal of Psychoanalysis, 74*: 63–79.

Hanly, C. (1976). *Les mouvements individuels de vie et de mort.* Paris: Payot.

Hanly, C. (1980). *L'ordre psychosomatique.* Paris: Payot.

Hanly, C. (1990). The concept of truth in psychoanalysis. *International Journal of Psychoanalysis, 71*: 375–383.

Hartke, R. (2009). "Psychological Turbulence in the Analytic Situation." Plenary address given at the July 2009 International Bion Conference, Boston, MA.

Hartog, F. (2007). *Regímenes de historicidad. Presentismo y experiencias del tiempo.* Mexico City: Universidad Iberoamericana.

Hartog, F. (2009). Interview. *ADN–La Nación,* Buenos Aires, 10 October.

Heimann, P. (1989). *About Children and Children-no-Longer: Collected Papers, 1942–80.* London: Routledge.

Hobson, R. P. (1985). Self-representing dreams. *Psychoanalytic Psychotherapy, 1* (3): 43–53.

Holland, N. (1999). Deconstruction. *International Journal of Psychoanalysis, 80*: 153–162.

Hornstein, L. (1993). *Práctica psicoanalítica e historia.* Buenos Aires: Paidós.

Hornstein, L. (Ed.) (2004). *Proyecto terapéutico. De Piera Aulagnier al psicoanálisis actual*. Buenos Aires: Paidós.

Hunter, V. (1993). An interview with Hanna Segal. *Psychoanalytic Review, 80*: 1–28.

Innis, R. E. (2009). *Susanne Langer in Focus. The Symbolic Mind*. Bloomington, IN: Indiana University Press.

Joseph, B. (1983). On understanding and not understanding: Some technical issues. *International Journal of Psychoanalysis, 64*: 291–298.

Joseph, B. (1985). Transference: The total situation. *International Journal of Psychoanalysis, 66*: 447–454. [Reprinted in: M. Feldman & E. Bott Spillius (Ed.), *Psychic Equilibrium and Psychic Change* (pp. 156–167). London: Routledge, 1989.]

Kernberg, O. F. (1984). *Severe Personality Disorders: Psychotherapeutic Strategies*. New Haven, CT: Yale University Press.

Kernberg, O. F. (2001). Recent developments in the technical approaches of English-language psychoanalytic schools. *Psychoanalyic Quarterly, 70*: 519–547.

Killingmo, B. (2006). A plea for affirmation relating to states of unmentalised affects. *The Scandinavian Psychoanalytic Review, 29*: 13–21.

Kim, J. (1998). *Philosophy of Mind*. Boulder, CO: Westview Press.

Klein, M. (1952). The origins of transference. *International Journal of Psychoanalysis, 33*: 433–438. [Also in: *Envy and Gratitude and Other Works 1946–1963* (pp. 48–56), ed. M. M. R. Khan. London: Hogarth Press & the Institute of Psycho-Analysis, 1975.]

Krull, M. (1986). *Freud and His Father*. New York: W. W. Norton.

Langer, S. K. (1942). *Philosophy in a New Key: A Study in the Symbolism of Reason, Rite and Art*. Cambridge MA: Harvard University Press.

Lecours, S. (2007). Supportive interventions and non-symbolic mental functioning. *International Journal of Psychoanalysis, 88*: 895–915.

Lecours, S., & Bouchard, M.-A. (1997). Dimensions of mentalisation: Outlining levels of psychic transformation. *International Journal of Psychoanalysis, 78*: 855–875.

Le Goff, J. (1988). *Histoire et mémoire*. Paris: Editions Gallimard.

Levenson, E. A. (1988). The pursuit of the particular: On the nature of psychoanalytic inquiry. *Contemporary Psychoanalysis, 24*: 1–16.

Levine, H. B. (1994). The analyst's participation in the analytic process. *International Journal of Psychoanalysis, 75*: 665–676.

Levine, H. B. (1997). The capacity for countertransference. *Psychoanalytic Inquiry, 17*: 44–68.

Levine, H. B. (2009). Time and timelessness: Inscription and representation. *Journal of the American Psychoanalytic Association, 57*: 333–355.

Levine, H. B. (2010). "The Obscure Object of Psychoanalytic Inquiry: Notes on the Ineffable and the Process of Representation." Paper presented at the 2010 Winter Meetings of the American Psychoanalytic Association, New York City.

Makari, G. (2008). *A Revolution in Mind: The Creation of Psychoanalysis*. New York: HarperCollins.

Marty, P. (1976). *Les mouvements individuels de vie et de mort*. Paris: Payot.

Marty, P. (1980). *L'ordre psychosomatique*. Paris: Payot.

Marucco, N. (1998). *Cura analítica y transferencia. De la represión a la desmentida*. Buenos Aires: Amorrortu.

Marucco, N. (2007). Between memory and destiny: Repetition. *International Journal of Psychoanalysis, 88*: 309–328.

Massicotte, W. J. (1995). The surprising philosophical complexity of psychoanalysis (belatedly acknowledged). *Psychoanalysis and Contemporary Thought 18*: 3–31.

Meltzer, D. (1968). Terror, persecution and dread. In: *Sexual States of Mind*. Strath Tay: Clunie Press.

Mitrani, J. L. (1995). Toward an understanding of unmentalized experience. *Psychoanalytic Quarterly, 64*: 68–112.

Mitrani, J. L. (2001). "Taking the transference": Some technical implications in three papers by Bion. *International Journal of Psychoanalysis, 82*: 1085–1104.

Nagel, T. (1986). *The View from Nowhere*. Oxford: Oxford University Press.

Obholzer, K. (1982). *The Wolf Man Sixty Years Later: Conversations with Freud's Controversial Patient,* trans. M. Shaw. New York: Continuum.

Ogden, T. (1992). *The Matrix of the Mind*. London: Karnac.

Ogden, T. (1997). Reverie and metaphor. *International Journal of Psychoanalysis, 78*: 719–731.

Ogden, T. (2004). This art of psychoanalysis: Dreaming undreamt dreams and interrupted cries. *International Journal of Psychoanalysis, 85*: 857–877.

Oppenheimer, A. (1988). La "solution" narrative. *Revue Française de Psychanalyse, 52*: 17–35.

O'Shaughnessy, E. (1992). Enclaves and excursions. *International Journal of Psychoanalysis, 73*: 603–611. [Reprinted in D. Bell (Ed.), *Reason and Passion*. London: Karnac.]

Parsons, M. (1992). The refinding of theory in clinical practice. *International Journal of Psychoanalysis, 73*: 103–115.

Pasche, F. (1984). *Le passé recomposé*. Paris: Presses Universitaires de France.

Pasche, F. (1988). *Le sens de la psychanalyse*. Paris: Presses Universitaires de France.

Pick, D., & Rustin, M. (2008). Introduction to Quentin Skinner: Interpretation in psychoanalysis and history. *International Journal of Psychoanalysis, 89*: 637–645.

Pistiner de Cortiñas, L. (2009). *The Aesthetic Dimension of the Mind*. London: Karnac.

Porte, M. (1999). Les preuves selon la psychanalyse. Conviction, croyance, confiance . . . et invention. *Topique, 70*: 135–153.

Pragier, G., & Faure Pragier, S. (1990). Un siècle après l'Esquisse. Nouvelles métaphores? Métaphores du nouveau? *Revue Française de Psychanalyse, 54*: 1395–1500.

Pragier, G., & Faure Pragier, S. (2007). *Repenser la psychanalyse avec les sciences*. Paris: Presses Universitaires de France.

Press, J. (2006). Constructing the truth: From "confusion of tongues" to "constructions in analysis". *International Journal of Psychoanalysis, 87*: 519–536.

Press, J. (2008). Construction avec fin, construction sans fin. *Revue Française de Psychanalyse, 72*: 1269–1337.

Racker, H. (1957). The meanings and uses of countertransference. *Psychoanalytic Quarterly, 26*: 303–357.

Reed, G. S. (1993). On the value of explicit reconstruction. *Psychoanalytic Quarterly, 762*: 52–73.

Reed, G. S. (2009). An empty mirror: Reflections on non-representation. *Psychoanalytic Quarterly, 88*: 1–26.

Reed, G. S., & Baudry, F. D. (2005). Conflict, structure and absence*:* André Green on borderline and narcissistic pathology. *Psychoanalytic Quarterly, 74*: 121–156.

Rieff, P. (1959). *Freud: The Mind of a Moralist*. Chicago, IL: University of Chicago Press.

Riesenberg-Malcolm, R. (1985). The past in the present. In: *On Bearing Unbearable States of Mind*. London: Routledge, 1999.

Rosenfeld, H. A. (1971a). A clinical approach to the psychoanalytic theory of the life and death instincts: An investigation into the aggressive aspects of the narcissism. *International Journal of Psychoanalysis, 52*: 169–178.

Rosenfeld, H. A. (1971b). Contribution to the psychopathology of psychotic states: The importance of projective identification in the ego structure and the object relations of the psychotic patient. In: P. Doucet & C. Laurin (Eds.), *Problems of Psychosis* (pp. 115–128). Amsterdam:

Excerpta Medica. [Reprinted in: E. Bott Spillius (Ed.), *Melanie Klein Today: Mainly Theory* (pp. 117–137). London: Routledge, 1988.]

Rosenfeld, H. A. (1987). *Impasse and Interpretation*. London: Tavistock.

Rothstein, A. (Ed.) (1986). *The Reconstruction of Trauma: Its Significance in Clinical Work*. Monograph 2, Workshop Series, American Psychoanalytic Association. New York: International Universities Press.

Roussillon, R. (1990). Clivage du moi et transfert passionnel. *Revue Française de Psychanalyse, 54*: 345–363.

Sandler, J., & Sandler, A.-M. (1997). The past unconscious, the present unconscious and the vicissitudes of guilt. *International Journal of Psychoanalysis, 68*: 331–341.

Scarfone, D. (2006). A matter of time: Actual time and the production of the past. *Psychoanalytic Quarterly, 75*: 807–834.

Schäfer, R. (1976). *A New Language for Psychoanalysis*. New Haven, CT: Yale University Press.

Schäfer, R. (1983). *The Analytic Attitude*. London: Hogarth Press.

Sechaud, E. (2008). The handling of the transference in French psychoanalysis. *International Journal of Psychoanalysis, 89*: 1011–1028.

Segal, H. (1962). The curative factors in psycho-analysis. *International Journal of Psychoanalysis, 43*: 212–217. [Reprinted in: *The Work of Hanna Segal* (pp. 49–64). New York: Jason Aronson, 1981.]

Segal, H. (1973). *Introduction to the Work of Melanie Klein*. London: Hogarth Press.

Segal, H. (1977). Psychoanalytic dialogue: Kleinian theory today. *Journal of the American Psychoanalytic Association, 25*: 363–370.

Segal, H. (1978). *Melanie Klein*. London: Karnac.

Siegert, M. B. (1990). Construction or deconstruction: Perspectives on the limits of psychoanalytic knowledge. *Contemporary Psychoanalysis, 26*: 160–170.

Spence, D. P. (1982). Narrative truth and theoretical truth. *Psychoanalytic Quarterly, 51*: 43–69.

Spence, D. P. (1989). Narrative appeal vs. historical validity. *Contemporary Psychoanalysis, 25*: 517–523.

Steiner, J. (1993). *Psychic Retreats*. London: Routledge.

Steiner, J. (1994). Patient-centered and analyst-centered interpretations: Some implications of containment and countertransference *Psychoanalytic Inquiry, 14* (3): 406–422.

Stern, D. (1997). *Unformulated Experience. From Dissociation to Imagination in Psychoanalysis*. Hillsdale, NJ: Analytic Press.

Tabbia, C. (2008). "El concepto de intimidad en el pensamiento de Meltzer" [The concept of privacy in Meltzer's thinking]. Lecture presented during the encounter "Remembering D. Meltzer" in São Paulo, Brazil, August.

Target, M. (1998). The recovered memories controversy. *International Journal of Psychoanalysis, 79*: 1015–1028.

Vidermann, S. (1970). *La construction de l'espace analytique*. Paris: Denoël.

Wetzler, S. (1985). The historical truth of psychoanalytic reconstructions. *International Review of Psychoanalysis, 12*: 187–197.

Widlocher, D. (2004). The third in mind. *Psychoanalytic Quarterly, 73*: 197–214.

Winnicott, D. W. (1954). Withdrawal and regression. In: *Through Paediatrics to Psycho-Analysis*. London: Hogarth Press.

Winnicott, D. W. (1955). Metapsychological and clinical aspects of regression within the psycho-analytical set-up. *International Journal of Psychoanalysis, 36*: 278–294.

Winnicott, D. W. (1965a). *The Maturational Processes and the Facilitating Environment*. New York: International Universities Press.

Winnicott, D. W. (1965b). The psychology of madness: A contribution from psycho-analysis. In: *Psycho-Analytic Explorations*. London: Karnac, 1989.

Winnicott, D. W. (1971a). Fear of breakdown. In: *Psycho-Analytic Explorations*. London: Karnac, 1989.

Winnicott, D. W. (1971b). *Playing and Reality*. London: Tavistock Publications.

Winnicott, D. W. (1975). *Through Paediatrics to Psycho-Analysis*. London: Hogarthy Press.

Wollheim, R. (1993). Desire, belief and Professor Grunbäum's Freud. In: *The Mind and Its Depths*. Cambridge, MA: Harvard University Press.

INDEX