Objectivity and efficacy in constructions: The issue of truth in therapeutic practice and theory Pt. 2.

Constructions are some of the most interesting and all but magical aspects of Freudian theory (Freud, 1937, pp. 257-269). Once you have done it a few times, recovering a memory and eradicating a severe symptom will seem ordinary. It is clear to remove a symptom in this way, exactly what is going on as the transference structure is defeated. One can watch as the effect takes place, and it is a certain fact we observe as the symptoms vanish along with our knowledge of being separate from the memory (Norman, 2011; 2011a/2013). The art of drawing correct constructions by way of proper deduction and inference is even more fascinating, because we can accomplish the same curative effect, without any direct examination of the precise content we deduce. In accomplishing this bit of alchemy, we can be quite certain that we are indeed practicing science, as instrumental efficacy is assured (Boyd in Hempel (Ed.), 1983, p. 84). Only the exact correct deduction will work, and if the deduced unconscious aspect is precisely obtained by way of construction, the symptoms vanish! The construction must be accepted for this result to come to the fore, and in self-psychoanalysis, there are two possible cases. 1. The subject may be non-symptomatic, and the construction is then as in a typical psychoanalytic situation, often accepted, and therefore effective, only long after it is deduced. 2. The other situation is the reverse. The subject is symptomatic and quite desperate. In this case, the symptom itself is of great aid in arousing belief in the logical necessity of the construction, which is sometimes easy to see, but impossible to believe, as all resistance is set against it. In this instance the relief is almost as rapid as if the memory were recovered. The process must be approached ever so slowly, as the ego must be acclimated to the unpleasant truth which in its painful aspect is a source of great resistance (Norman, 2011, pp. 52-64). Often enough, one can recover the memory later, and check one's accuracy as to the construction which was curative, and in each case, it will be a precise fit. Accuracy = Efficacy.

So the main idea in creating an effective construction is one of logical deduction in light of knowledge of the Freudian theory and the life of the subject. Please remember that a fantasy will often present with every bit as much force and compulsive belief in its reality as a real memory. This is because the fantasy or screen memory is indeed symbolic of a real thought, wish or event, the affect of which has been displaced (Freud, 1894, pp. 52-58; 1900; 1918, p. 33; Norman, 2011; 2011a/2013). The way one may distinguish between a fantasy and a real ideation is as follows: Fantasy presents as a plastic reactive event, an event which alters itself in many cases, so as to dynamically fit the changing mental picture. I.e., If the ego rejects a piece of the ideation it will be reformed, or if the ego accepts, the ideation is sometimes strengthened. A screen memory/fantasy, which is a fantasy or memory representative of another event or events, although sometimes unreal in itself (in the case of fantasy), may contain much reality condensed into it, and therefore be quite useful and revealing to analyze—*but usually does not present from the first person perspective*. A real memory will be more vivid in most cases, and *will invariably*

present from the first person, and, offer no reactive dynamic responsive flexibility—only a distinct first person impression. The two are impossible to confuse, although the presentation of both are subjectively experienced as real (Norman, 2011). [Note: A rare screen memory which may fit these criteria, even if a first person presentation lacking in reactive quality, will not have sufficient energy to account for the symptom, and in this insufficiency, will reveal its purpose as a less dissonant surrogate for the real ideation which will possess the energy needed to account for the symptom. This is rare, and the distinctions outlined above usually hold true.]

Once you have reached the limit of reasoning and resistance, the ancillary technique involving linguistic and symptomatic determination below, will help you to find the rest of the picture, and allow you to use the language involved in symptomatic expression to deduce the remaining content in its likely order of symptomatic affective importance.

Collect language from all periods of life, each time there was an outbreak of severe proportion, energetic symptoms of every different sort. The language should be of two types: language that comes from the symptom itself, outbursts, hysterical, eruptive or obsessive phrases associated with an event or symptom and other actual specific manifestations of language which proceed directly from the symptom itself. The other source is a description of the feeling of the symptom.

The subject must: Describe the feeling state, be as exact as possible. Describe the physical state. Sometimes the form of the symptom, its look and physical presentation is the language, the language of the body. Be sure to describe the physical sensations of experiencing the symptom if there are any. Now collect all the years of language and distill it into the examples which are the most highly charged, the most severe examples from each period. It may be that certain commonalities in language allow you to group multiple symptoms under the same language. Give this precedence as well. Now we have many years covered in a few very highly energized examples. These are examples of Native Transference with strong upward drive and close association to the repressed.

As the repetition compulsion is highly active in these samples, we can begin. Here is a theoretical model of the process: As you work the language through and attempt to remove the distortions with likely substitutions, omissions, puns, etc., and interpret other common means of concealment you will find trends, all of which may be valid, but one of which is more valuable. The language will yield levels of meaning where some interpretation of the likely unconscious content will hold good for all or nearly all of it. This is a primary determinant. A primary determinant is a fundamental shaper of personality—a huge factor which influences everything. Its energies are so potent that in

the processes of overdetermination and condensation it leaves its signature on almost all manifestations of illness. It powers all symptoms in one capacity or another.

I will make this distillation of the idea of valid unconscious inference and primary determinance:

"The interpretation that fits the most language is the most accurate."

As you shuffle each case there will be an ugly pun or a single substitution or a symbol, perhaps hidden in the form of presentation or meaning so that one interpretation will fit all the language: That interpretation carries a high degree of probable accuracy. Use typical psychoanalytical thinking—substitutions, puns and elliptical additions along unconscious lines. Other additional trends in pun and interpretation will fit well for some points but not many. These are secondary determinants. These good fits for part of the language are contributors to those symptoms to which they donate their share of pathogenic cathexis. Although important for some aspects of personality and symptom formation, they are of less or no importance for others, and so, are less energetic contributors to the overall illness. Lastly, you will observe symptoms which fit some of the language well, but, these symptoms and the language also bear the mark and exhibit the characteristic shape of the primary (or a secondary) determinant. These are tertiary determinants. So use the language and locate the primary determinants. Let those be the basis for the first construction. These are the surest to be right, the most accurate predictors of unconscious content are the primary representations in the language. After going after those, additional less primary elements may be interpreted and constructed as the interrelationships become clear, and the suppositions as to what is concealed therefore more certain.

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