

# The Structure of the Session as a Guide to Interpretation<sup>1</sup>

John Klauber

By drawing together some well-known principles of psychoanalytic theory and therapy, one finds it possible to adumbrate a typical structure for the psychoanalytic session. Once this structure is understood, it may be used as a guide to the analysis of clinical problems. It is of course possible to give structure to the session in many different ways. Probably most psychoanalysts devise their own modes of reflection as well as relying on intuition to decide their point of therapeutic approach. This paper aims to provide a conceptual framework which is relatively nonidiosyncratic, being based straightforwardly on classical concepts.

Comparatively little has been written about the theory of technique. One of the most important reasons must be that both the analyst's mental processes and what he actually does suffer so much distortion when he tries to set them down. What I now say can therefore only be an approximation to a description of my habitual method of working. I do not wish to give the impression that it is my ideal to work like a computer. On the contrary, I do not think that an analyst can function successfully in an atmosphere of constant mental self-discipline. When he feels, by whatever means, that he understands something, he has to communicate it. I do not think however that Freud's famous advice that the analyst's attitude should be the counterpart of the patient's free association should be taken as a veto against the exercise of the intellectual functions. I hope that my attitude will not be misunderstood if I describe, as nearly as I can, something of the procedure by which I usually guide my work.

I will begin by presenting a session as nearly as possible verbatim. It is taken from the analysis of a thirty-five-year old aircraft designer of Middle Eastern origin, who presented with a strangling obsession. The analysis had lasted five and a half years. The patient was born of a self-made but drunken father of fifty and a mother of forty, ten years after his only brother. He had experienced an early separation of three months from his mother, being looked after by a married couple who were employed by the family; the husband in this couple later hanged himself. He had little contact with his father, but his mother was seductive at all levels. He well remembered a sufficient degree of lack of control of his bowels for his elder brother and others to make up derisive rhymes about him, but he was sure that his mother was never severe with him. As a small boy she used to help him urinate; that this had been highly stimulating was proved early in the analysis by the reconstruction of the scenes from the transference neurosis. The analysis of dreams had repeatedly yielded the somewhat puzzling fantasy that he was his mother's penis. At the same time, a feeling of pain in the back of his neck had gradually localized itself as a feeling of excitement above the left buttock where his mother had put one of her hands while holding his penis with the other. Her single male friend, whom she greatly respected, was called (in his native language) Mr. Fountain, so my patient in childhood had also been the Mr. Fountain that he fantasied his mother used as her penis for sexual purposes. This reconstruction was amply confirmed from other evidence. He had shared the bedroom of his prosperous parents until he was sixteen, observing not only the parental intercourse but also his father's drunkenness and violence. In early years, following their intercourse, he would often say "Mummy, I afraid," and his mother would take him into her bed.

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<sup>1</sup> **Klauber, J.** (1966). Die Struktur Der Psychoanalytischen Sitzung Als Leitlinie Für Die Deutungsarbeit. *Psyche – Z Psychoanal.*, 20:29-39.

Later in childhood it was his most moving experience when his mother would turn to him and complain of her plight in being married to his father. In adolescence he was once giving her a dutiful kiss when she popped her tongue into his mouth.

At the time of the session I had moved to a new consulting room outside my home following the birth of my first child. Some months before he had shown his first capacity to separate from me by accepting an assignment in France, having previously managed to avoid or refuse several similar invitations. For the first two and a half years of the analysis his sexual life had been confined to masturbation. Since then it had been reviving steadily. First he had compulsive intercourse with prostitutes, mostly in the open with some danger of discovery. This had been replaced by friendship with a prostitute. When this relationship showed signs of becoming dangerous, he began to visit models and masseuses. The masseuse to whom he refers in the session regretted the admixture of prostitution in her professional activities and was about to become his friend and cultural protegee. This was the path of gradual transition which led him to a Jewish girl—he was not Jewish—whom he met shortly after the end of his analysis and married about a year later.

### THE STRUCTURE OF A SESSION

I had had a cancellation, and Mr. G was already in the waiting room when I arrived. He saw me come in, and I asked him to come with me to my room. His first remarks on lying on the couch were that his legs were hanging over the end of it as they had been on the couch of the masseuse whom he had visited on Saturday. This was a Tuesday. The masseuse had told him to move up on the couch otherwise his legs would be painful. He next said that when I had turned the light on as we entered the room he had thought somebody must have “popped off.” He became rather silent, saying grumpily after a time that if I could find any value in this session, he couldn't. He then told me that a typist at the office—Mrs. L—had been sacked. He didn't know what the cause was: everybody at the office wanted to know. He had not complained about her; she was quite a good typist. But she had antagonized everybody, himself included. When he had been in France one of the directors had drawn the attention of a colleague to the fact that Mr. G had written a letter complaining that certain drawings had not been sent him. The colleague had been able to point out that the drawings had been handed to Mrs. L and that they had not arrived because she had not posted them. The director had said “If she doesn't do her job properly she must go,” but this was many months ago. The idea came to him that perhaps she was being sacked because she was a Jewish woman. Actually, he then said, he didn't think she was Jewish. Then he said “Actually, it's an absurd idea.” He said that when he had come back from France, he had brought a bottle of Chanel No. 5 for her, and her face had been wreathed in smiles and she had done her work pleasantly for weeks. Next he told me that when traveling to his session on the bus he had been thinking that he would do a shit here: he corrected himself, he meant in the lavatory. The idea had quite excited him—he had almost been gasping for breath. I interpreted that his frustration with the session was due to the fact that if he did his shit and produced his scent here his mother in the shape of myself would not be wreathed in smiles. I linked this with the session of the day before in which he had told me that he longed to be dried after a bath by a mother figure, such as a masseuse, but that if he were, he would dissolve completely into tears. I said the tears were the expression of his helplessness because if he let himself go, he would want to shit and would not be able to remain clean. He responded with two stories. His mother had told him that in his early childhood whenever she bathed him, he always promptly got himself dirty again; on one occasion she had found him in the flour box covered with it from head to foot. On a second occasion he had been dressed in a new sailor suit and had promptly got out and climbed all over the carriage wheels in the mud. Next he told me that he had brought with him his office towel, which stank. He always went on

using his office towel until it stank and then gave it to his landlady to wash. She invariably commented on how it smelled, and he thought she got pleasure from the dirt too. She was always talking about whether the dog had done his duty and inquiring of one or other of the lodgers how much and how big, etc.

He then said that when he went to a masseuse he was very careful to urinate before she handled him, and this had puzzled him. Why, he asked me, did he do that? I said that it was to avoid his mother being brought too close, as she might be if he wished to urinate. It was a magical reassurance that his urinary and anal impulses towards her would not lead to a repetition of his infantile scenes with her.

The psychic phenomena of the psychoanalytic session are of a different order from those of the dream or even of symptoms. Instead of being purely or largely endopsychic, they take place within a close personal and professional relationship with a real individual. It is for this reason that the transference has come progressively to be regarded as the crucial phenomenon for study, since it is here that analysts can most easily see not only the manifestations of the unconscious drives but also their mode of integration with reality. However, the true elements of transference can only be accurately determined after the relationship has been examined on a realistic basis. It is first necessary to assess the degree to which the patient's attitudes may have been induced by the analyst's behavior—for instance, whether the patient's resistance has been provoked by the "omnipotent" or pompous behavior to which most analysts seem sometimes to be prone and which the patient rightly resents.

My first procedure is therefore to scan the patient's associations and behavior for any references which may be equated with comments on the situation between us. I examine everything that the patient says, first on the assumption that it also refers to his feelings about myself. That is to say, my first step in structuring the session is to try to determine the transference as it stands on that particular day. I am especially interested in anything which reminds me of the preceding session. The importance of the continuity of sessions was emphasized particularly by Wilhelm Reich, and later by Melanie Klein.

In this session the patient began by speaking about me overtly. He then began to talk of the excitements of his current day. A typist had been sacked, and one of the origins of the discontent with her lay in her not having sent him the mail that he needed when he was abroad. The attempt to link associations with the relationship with the analyst here became manifestly easy, and at once revealed a more defended series of thoughts. Did he mean that I ought to have written to him when he was in France? This would be consonant with his idea that one of my patients had "popped off,"—that is, from my knowledge of his fears, that he had committed suicide owing to my neglect. In that case I would certainly deserve the sack. The absurd idea that Mrs. L was Jewish would not be so absurd if he were confusing Mrs. L with myself. To Mrs. L he had brought scent. This had pleased her for weeks. To myself he had wished to bring the gift of feces and had come near to doing so in the shape of the smelly towel, destined after me for his landlady. This therefore would be what was required to keep those neglectful of their proper duties happy for weeks. (He had made similar criticisms of his landlady.) The transference in this session thus begins to be determined: he is compelled to keep going an anal relationship with a neglectful and hence dangerous analyst-mother who has failed in her duties. It will be remembered that this session took place shortly after the birth of my first child and that he had seen me come in. In reality I had taken the opportunity of the cancellation to nip up the road to my home and see how the Baby was getting on. The first step in structuring the session—the determination of the day's transference—was beginning to be accomplished.

Since Anna Freud's systematization of the defenses in 1936, psychoanalysts have been accustomed in general to interpret defense before content. The usual motive for defense is the anxiety produced by an unconscious wish. My next attempt in structuring the session is therefore to ask myself the question, what is today's main anxiety? Whether the answer is to be found primarily in the patient's life situation or in the emotions aroused by the analysis, I again first look for its reflection in the transference. The most clearly expressed cause of his anxiety the day before had been his fear that if he were dried after a bath by a mother figure, he might dissolve into tears. The patient's whole analysis was dominated by the fear of expressing primitive grief to me, and therefore love, which would cause him to break down completely. This would not only have rendered him passive and helpless in relation to his seductive mother and therefore, insofar as he was an adult, stimulated his homosexuality—more important, he would have had to retract the hostility against her on which his health and sense of reality had to some extent depended, the strength of which was expressed in his strangling obsession. To avoid the unbearable pain of his conflict of love and hate and to reduce the anxiety evoked by the omnipotent fantasies accompanying them, he transformed his fantasies into sexual games. He would sometimes fart in the session for instance, thus proving that his primitive impulses were under control. Today he had expressed these fears in relation to myself. If he were to undo his actual relationship with his mother (and now with me) in which he had indulged her and tortured her by soiling himself—the carriage wheels and the flour box—his sadness and mourning would overwhelm him. He had begun the session by expressing his anxieties over soiling in relation to myself. Would I tell him to move up and lie properly on the couch? That is to say, he was in conflict over whether I would help him to function according to the realities of adult emotional life or whether would indulge him in his anality, in which case he would never have a mature relationship with me. The arrival of the baby had stimulated his fears of my withdrawal from him, and his jealousy reinforced the danger of regression to emotional and anal incontinence in the session—that is, to a time when as a baby himself, psyche and soma had existed as more of a unity. This was the basis of my first interpretation—his fear that, unlike his mother, I would not be wreathed in smiles if he produced his scent in my consulting room. He told me in a session about this time that his impulse on lying on the couch was to take his pants down and that that was his homosexuality. But, he said, he had nearly said that it was his philosophy. One might conclude that in large measure he came to analysis to be freed from his philosophy of placating mother figures by a degraded sexuality. His deeper anxiety was, therefore, that I would neglect him in some way which would leave him with the hopelessness derived from the necessity of short-circuiting the unbearable complexity of his feelings of love, pity, and contempt for a mother whom he longed to rescue by genital love, but could only placate by means of primitive sexual discharges, and that he would, therefore, have no escape from his hopelessness but suicide.

The third element determining the structure of the session is the nature of the defenses stimulated by the anxiety. These emerge clearly in the final phase of the session and offer confirmation of the hypotheses advanced. Mr. G was careful to urinate before allowing a Masseuse to handle his penis, and this puzzled him. The fear of urinating emerges in this ambitious patient as a crucial danger requiring a real act of avoidance. His defenses may therefore be seen as concentrated at this point. They could be defined as isolation, as undoing (the assurance that no scene of urination will take place, that is, that his sexual relationship with his mother would not be repeated), and, in the session itself, as regression to anal sadomasochism and passivity (his slightly teasing and seductive talk of shitting in my consulting room and his indirect reference to my neglect of my patients).

To recapitulate; the session has been structured so far by considering the following elements in order: transference, anxiety, and defense as they apply on the particular day in question. It remains to

take the fourth step of determining the essential operative wish. This must be related to the point of maximal defense—and therefore be directed in this instance against a phallic activity. Stimulated by the birth of my baby, it proved to be the desire to rescue a degraded mother (prostitute, masseuse, Jewess) by means of love and adult sexuality. This is expressed in his assertion that he alone had enabled Mrs. L to do her work pleasantly for weeks when everyone else was against her, just as his sexual relationship with his mother had saved her when he was a child. His mother had also been exposed to a hostile environment as well as to her unsatisfactory marriage. The persistence of this wish will be seen when it is remembered that this patient was shortly to befriend the masseuse and subsequently to marry a Jewess. Its physical expression involved the danger of a regression to a urethral relationship, and these were the impulses which he isolated in reality with the masseuse and again in the session by bringing them at the end.

But this was a patient who had seen my wife and spoken to her on several occasions. He must therefore also have experienced his fantasies about his mother vividly in relation to her. Insofar as I represented his mother I must have been partly the substitute for my wife. As the neglectful analyst in my own right therefore I must also have represented his father whose sadomasochistic relationship with her he had consciously construed as neglect. He had begun the session with references to my neglect of my patients (he frequently also charged his father with neglect of him) and had followed it with an account of his own erotic relationship with a delinquent married woman (Mrs. L). At this level of the transference he was triumphing over his degraded father. "If I could find any value in this session," he had said, "he couldn't." In this way he destroyed my potency with his stream of urine and spent the rest of the session undoing his destruction by a pleasant cooperation. Here again then the operative instinctual wish is for phallic urethral potency. This wish was being expressed in a rescue fantasy in relation to his mother and as a triumph over his father.

This completes the description of my scheme for articulating the session insofar as it relates to the current situation between patient and analyst. However, every analyst is aware that if the current situation is approached with insufficient consideration of the whole history of the patient and movement of the analysis, he will miss the layer of experience which is essentially dynamic. The classical example is Freud's failure in the Dora case to analyse his patient's latent homo-sexuality. In trying to avoid such errors, analysts habitually review the patient's material in various ways, looking especially for omissions and contradictions. I should like to draw attention to one aspect of the help which may be forthcoming from a study of the structure of the psychoanalytic session.

Psychoneurotic symptoms are a condensed and exacerbated version of the conflicts latent in the character. When the patient forms a transference neurosis, he reproduces not only a second and smaller version of his symptoms. As a more profound phenomenon he demonstrates in neurotic form the character attitudes which lie behind them. By the time the transference neurosis is fully formed, each patient's sessions show a recognizable individual pattern. His character is manifest in his way of entering the room, in his relationship to his analyst, in his material and in his presentation of it. It could therefore be said that at the height of the transference neurosis each patient repeats in every session something of his whole life history. Such a proposition may strike one at first as extreme. I should like to make the experiment—in this respect truly at random—of examining the session just described in the light of this principle. I shall indicate my points briefly.

At the beginning of the session the patient was watchful of me but restrained in his manner. He had had need to watch his parents' words carefully and to be in some fear of their reactions. He started his communications by saying that he did not really fit the couch—he had not really been designed for his own bed either; he had been an "accident." "Someone must have popped off." Why had there been

no more children? This was a reference to his childhood belief that his mother constantly aborted herself and to his parents' remoteness and his feeling that they neglected him. In maintaining his posture, he demonstrates his revolt against his home environment and his sexualization of discomfort, dirt, and depression. In withholding the weekend material until Tuesday, he repeats the reactive form of his anal eroticism. The whole incident with the masseuse refers to his need for an anal relationship with a degraded object and his discomfort in the relationship. After he recounted it, his grumpy remarks—if I could see any use in the session, he couldn't—express his dissatisfaction with the situation and sense of futility. From this he turns with excitement to his rescue Fantasy about the typist, that is toward the idealized, inefficient mother who had antagonized everyone. Next come racial questions, which were important in the transference, since they had been of the highest significance during his upbringing in the country of racial and national conflicts in which his parents had lived. After the exalted thoughts of rescue of a persecuted mother he again turns to the somewhat despairing, jocular libidinization of drab anality and to his need to soil repeatedly and revenge himself on the mother he loved—that is to the tragic defeat of his heroic impulses in the regression to anal-sadistic clowning. Finally he determines that the path of seduction which chained him to his mother in a degraded instead of an heroic relationship shall not be repeated.

Certainly the patient had repeated many of the develop-mental themes from his childhood, and the sequence of events in the session illuminates their relationship. When puzzled by my patients' material, I sometimes take notes of the sessions for days or weeks as nearly as I can verbatim and scan them for continuity of theme, both from session to session and within the session itself. I would not claim that such a method infallibly bestows comprehension. The point of the patient's maximal conflict is also the point of his maximum emotion and maximum defense. It is therefore in practice the point of the analyst's maximum contamination with his patient's emotion. It is at this point that the clarification of the material by a formal scheme can be particularly useful.