

SOME CRITERIA FOR THE TIMING OF CONFRONTATIONS AND INTERPRETATIONS¹

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INTRODUCTION

The proper timing of interpretations, which decisively affects their effectiveness, is one of the most vexed problems of psycho-analytic technique. On the whole, rules regarding effective timing seldom go beyond the admonition to interpret only that for which the analysand is psychologically ready, and which he can utilize at once.

It is, of course, always possible to formulate partial procedural criteria without reference either to the general theory of the science to which the procedure pertains, or even to a theory of the entire procedure. Such empirical criteria, even if correct, have, however, no standing either in pure or in applied science. They are merely craft-lore, open merely to argument rather than susceptible of systematic proof or disproof.

Procedural criteria in psycho-analysis must satisfy at least two conditions:

(1) The theoretical justification of the criteria must be compatible both with classical analytic theory, and with systematic theory and experiment in some related field, such as *Gestalt* psychology.

(2) The criteria must be susceptible of justification both in terms of the general theory of psycho-analytic procedure, and in terms of a theory of the importance of timing in determining the effectiveness or ineffectiveness of interpretations.

This is, obviously, a large order, especially since we do not even possess an entirely coherent theory of the effectiveness of analysis (4). Although the following pages may shed some light also upon this latter problem, it must be stressed that our criteria, as well as the theoretical remarks pertaining to them, are purely tentative.

However, the fact that they are based upon a coherent theory at least requires a systematic refutation, which may, in turn, lead to sounder formulations, instead of merely giving rise to unsystematic, and, therefore, unproductive, arguments about the practical merits of a bit of craft-lore.

CONFRONTATION

Confrontation, which differs appreciably from interpretation, consists essentially in a rewording of the patient's own statements, especially in the form of 'calling a spade a spade'. Nothing is added to the patient's statements, nor is anything subtracted therefrom, with the exception of the actual wording, which is viewed as an attempt to gloss over the obvious. In simplest terms, confrontation is a device whereby the patient's attention is directed to the bare factual content of his actions or statements, or to a coincidence which he has perceived, but has not, or professes not to have, registered.

Confrontations need not be affirmative statements. They may frequently take the form of questions, or even of mere inarticulate sounds, which induce or force the patient to pay attention to something he has just said or done, or to interrupt the flow of his associations when they are obviously veering away from the main issue on hand.

The difference between interpretation and confrontation is, usually, not fully understood. Thus, some analysts profess to believe that 'interpretations' should be made only when the patient has repeatedly reacted to the same stimulus in the same manner. Actually, the pointing out of such recurrences is not an interpretation at all, but merely a confrontation, i.e. nothing more than the consolidation of repetitious circumlocutions, which avoid the

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true issue, into an axiom which gets down to the bare facts of the case. Confrontation is also a way of telling the patient a variety of elementary things, such as: 'I understand', 'Get to the point', 'Cut out the frills', 'Don't be afraid to speak your mind', and the like. Putting it somewhat crudely, in a confrontation the analyst sometimes merely translates the patient's euphoniously Socratic 'Know thyself!' into a more homely 'Get wise to yourself!'

Perhaps the most fundamental difference between a confrontation and an interpretation is the fact that the former is usually a starting-point for the bringing up of new problems or associations, whereas the latter is, in a way, a means of bringing to a head and resolving some hitherto insoluble problem. A further difference is that in confrontation the analyst utilizes primarily his secondary thought processes. Consequently, confrontation is an *analytic* device only in so far as it leads to the production, or to the mulling over, of some new material, *which is, eventually, interpreted* in terms of the logic of the unconscious.

The most striking confusion between confrontation and interpretation is, however, connected with certain current regressive 'developments' in the more extravagant forms of non-classical character-analysis. In certain quarters there is a distinct tendency to make only confrontations, allegedly in order to comply with the systematically misunderstood rule of analytic passivity. Actually the exclusive use of confrontations, mistakenly called 'interpretations', is merely a manifestation of that impulsive flight from the unconscious which bedevils even the best analysed and most conscientious classical analyst. However, whereas the latter will analyse his own impulse to flee the unconscious, the crypto-deviant will erect an elaborate justificatory 'theoretical' edifice upon the flimsy foundations of his impulse to flee the unconscious.

As regards 'timing', it is fairly safe to make confrontations whenever the analyst thinks that it will help to consolidate existing gains and will elicit new material which can, then, be interpreted in terms of what had been produced up to that point. There seem to be no major contra-indications to this rule, since confrontations usually involve conscious or pre-conscious material pertaining to the ego or to

character-structure, and, thus, even though they may be partly ego-dystonic, do not stimulate prematurely explosive repressed problems. Consequently, the psychological readiness implicit in the patient's presence usually suffices to make them effective. In other words, in contrast to genuine interpretations, which demand an unusual appropriateness in timing, confrontations may, in most cases, be made whenever the analyst notices something which the patient does not profess to know, or is not aware of knowing.

Summing up, confrontation differs from true interpretations in three respects:

(1) It yields no new insight, and merely focusses the attention of the patient on something which he perceived but failed to register—or refuses to acknowledge openly. In other words, confrontation is a rather superficial manipulation of cathexes, i.e. of attention.

(2) It is the starting-point for further productions and for meditation, which, in due time, must be dealt with, and brought to fruition, by true interpretations.

(3) It is timely if it consolidates existing gains and, at the same time, facilitates transition to new material pertaining to the same configuration, which, in the opinion of the analyst, can eventually be interpreted in terms of the material already produced up to that time (Ripeness). In theoretical terms, a confrontation is timely if it provides an impetus for developing an embryonic multivalent *Gestalt* to the point where it has sufficient *Prägnanz* to permit of only one system-adequate closure.

INTERPRETATION

Before seeking to define interpretation, as an act, we must first consider two conditions which the analyst's verbal output must satisfy in order to constitute an interpretation, rather than merely a confrontation, or, possibly, only 'sound and fury signifying nothing', i.e. something therapeutically either ineffective, or outright harmful.

(1) *The Functionality of Interpretations.* A genuine interpretation is an act whereby the *quality of intelligibility* is added to the patient's own statements and acts. *Substantive* additions are not interpretations, but an attack upon the patient's autonomy as a person.²

² In the same sense 'Good day!' and 'Guten Tag!' are substantively identical statements. In translating

'Good day' into German for the benefit of a Viennese, the statement is simply made intelligible to the Viennese.

This view is compatible with Joki's apt specification that the analyst must add no bricks to the patient's psyche, but must merely rearrange those already present in an ego-syntonic and functional manner (4).

(2) *The Proper Timing of Interpretations.* Only remarks which the patient is ready and able to utilize immediately constitute genuine interpretations. Untimely comments, regardless of how true they may be, cannot be viewed as genuine interpretations. In connection with this stricture it is useful to recall that the verb 'to interpret' is a transitive one, i.e. one interprets something to someone. No act is, therefore, an interpretation unless the person to whom it is addressed understands it.³ In a therapeutic situation the term 'understanding' denotes the capacity to accept the interpretation emotionally as well as intellectually. This, as is well known, presupposes that the patient is psychologically ready for that particular interpretation.

Summing up, an interpretation must add 'nothing' to that which is being interpreted, and must be intelligible to the listener—i.e. there must be a psychic readiness for it and a possibility of utilizing the interpretation.

If we read only thus far, we may gain the impression that there is no real difference between an interpretation and a confrontation. Actually the two differ as much as an interpretation differs from a mere rewording, or from drawing someone's attention to something which the latter perceives but fails to register. The crucial difference between the two is the overwhelmingly greater significance of psychic readiness for the effectiveness of interpretations.

We now propose to link our definition of interpretations with the factor of psychic readiness, i.e. with the proper timing of interpretations, and to show that criteria for timing are not simply bits of craft-lore, but an integral part of the general theory of analytic technique.

One frequently feels that the patient's productions are comparable to fragments of a jigsaw puzzle which, if the analyst is sufficiently alert and perceptive, gradually begin to suggest a pattern, or a *Gestalt*. In other words, if the analyst remains silent long enough, or makes appropriate confrontations, the patient's dis-

parate productions acquire the quality of *Prägnanz*. This development is fully compatible with the principle of psychic determinism. In other words, it is not a matter of accident that the patient's productions seem to belong primarily to one and the same pattern, i.e. that, at a given stage of the analysis, the patient is working through, e.g., primarily oral material, and sometimes more specifically even, e.g. fantasies of oral impregnation.⁴

In brief, at any given time the patient produces, in an 'irregular' (i.e. subjectively determined) order, bits of material pertaining to the particular configuration which preoccupies him at that time. It is also a matter of common experience that the patient is often seemingly unable to deviate very far from the main issue, even when he attempts to evade or suppress it, and continues to produce material pertaining to it, until a more or less complete pattern emerges, i.e. until the *Gestalt* acquires the quality of a more or less unequivocal *Prägnanz*, or is outright closed (worked through).

Before we examine the factors responsible for this, we propose to define briefly three technical terms borrowed from *Gestalt* psychology.

Each set of data possesses, in a more or less developed and more or less unequivocal form, a pattern or *Gestalt*. This quality of data is denoted by the term *Prägnanz*. Some philosophically inclined *Gestalt* psychologists have, therefore, implied that *the data themselves* 'demand' a completion or 'closure' of the pattern. This 'demand' is denoted by the term 'need for closure' (8). According to Angyal, 'The more the *Gestalt* approaches completion the less variation of a system-adequate continuation is possible' (2).

A more psychological conception of this situation is Kurt Lewin's hypothesis (5) that the perception of an incomplete *Gestalt* gives rise to a 'tension-system' between the observer and the *Gestalt*, which is not resolved until the *Gestalt* is 'closed'.

The concept most suitable for psycho-analytic discussions seems to be, however, 'the push towards closure', which, within the limits of reality acceptance, places the need for closure primarily within the percipient.

The need of the patient to produce data pertaining to the same *Gestalt* appears to be deter-

³ In the same sense, the translation of an English sentence into Chinese is not an interpretation if it is addressed to a Sioux Indian.

⁴ The problem of the over-determination of all

psychic events, which is responsible for the fact that the same fragmentary *Gestalt* can be 'closed' in several plausible ways, will be discussed further below.

mined primarily by this push towards closure, objective reality being taken into consideration through the concept of the system's own 'need' for a 'system-adequate' completion, while reality acceptance is, in turn, covered by the concept of a tension-system between the incomplete *Gestalt* and the observer. It seems probable, however, that the concept of reality acceptance is broader even than the concept of the tension system, since it seems to imply that not even the most complete *Gestalt* is truly complete until it has been recognized as such, and until it has been integrated with the content of the observer's psyche.

The theory of a push towards closure, which analysts experience day after day in their patients, as well as in themselves, is experimentally verified by Zeigarnik's observation (9) that incomplete tasks are remembered better than completed ones. It is probable, therefore, that the patient's productions represent essentially a partial attempt to dispose of affectively incomplete tasks, by effecting a closure. Jung's remark that 'neurosis is the tyranny of the past' means, in this context, that the emotionally incomplete segments of the past continue to tyrannize over the psyche and to usurp energy, until a system-adequate and ego-syntonic closure is affected. One need hardly add that the 'incompleteness' of some past problem or experience may be due to the fact that it was not fully closed (as an experience) at the time of its occurrence, or else that it was either closed system-inadequately, or in a manner which the patient's more developed ego no longer experiences as ego-syntonic. This incompleteness of the past, which demands a system-adequate closure compatible with the orientation of the genital stage, is, thus, probably responsible for the fact that the patient takes the trouble to bring up such matters in his analysis.

This last remark implies the existence of an inherent drive towards maturity, a part of which provides for the system-adequate closure of all *Gestalten* (2). The whole process probably corresponds to that phase of homeostatic mechanisms which insures that an organism whose growth was temporarily retarded by illness will eventually reach that stage of growth which it would have reached had illness not impeded it for the time being. This drive is, presumably, also the healthy understructure of that 'will to recovery', whose neurotic aspects were so cogently studied by Nunberg (6).

This theory also implies that the patient

usually produces problematic material in the form of fragments, allusions and puzzles, because the problem or experience has never quite reached an unequivocal state of *Prägnanz*, and/or the closure was effected in an unrealistic and immature manner, as in psychosis. In fact, an intense preoccupation with fragments of *Gestalten* may, in a way, be comparable to Goldstein's 'catastrophic reactions' (3), which are characterized, among other things, by extreme meticulousness in connection with details, in order to reassure oneself that there is closure—i.e. mastery—where there is actually none.

Both normal and abnormal persons have a push towards the closure of *Gestalten*. Thus, a normal individual, presented briefly with an incomplete circle, will 'supply' the missing arc. He retains, however, the capacity to rest this fantasied closure, and to recognize that in reality the arc is missing. In addition, he will close the *Gestalt* in a system-adequate manner, and not e.g. by means of a projecting stem, which would force him to call the resulting *Gestalt* 'an apple'.

The push towards closure is also present in abnormal personalities. In contradistinction to normals they are, however, sometimes unable to recognize that they themselves have closed the *Gestalt*. In addition, they sometimes close the *Gestalt* either long before it has achieved a sufficient *Prägnanz* to permit of only one system-adequate closure (fixation), or else in an altogether system-inadequate manner (neurosis, psychosis). Thus, neuro-ophthalmologists find that certain brain-injured patients confronted with a tachistoscopic picture of e.g. a noseless man, sometimes complete the face by adding—or, perhaps, by remaining entirely unaware of the absence of—the missing nose. In this case the closure, while realistic enough, is apparently not recognized as the product of the observer, rather than as a quality of the material. This inability to differentiate between the actual incomplete *Gestalt* and the fantasied complete *Gestalt* is directly traceable to certain pathological changes in the visual brain.

One of the most crucially important qualities of the element which serves to close a system is the fact that it is often either preconscious, or else, especially in abnormal personalities, outright unconscious. In other words, the closure often takes place in the preconscious or in the unconscious. This hypothesis is strongly supported by Pötzl's experiments, which revealed

that the whole, or certain details, of tachistoscopically projected images, which were not consciously 'seen', tend to appear in the content of next night's dreams (7).

The closure can be effected either in a realistic or else in an unrealistic manner. In the former the closure-element is system-adequate, realistically determined and recognized as the observer's own product. In the latter it is inappropriate, neurotically determined, and believed to be an actual part of the *Gestalt*. This is confirmed, e.g. by Allport and Postman's demonstration (1) that White subjects, after looking at a picture representing a Negro and a White engaged in a quarrel, usually say that it is the Negro who held a razor, although, in reality, it was the White who had it. Closures in terms of expectations, prejudices and idiosyncratic or neurotic patterns are also obvious in the transformation of rumours, which become 'closed' in increasingly sensational and dereistic terms (1).

The fact that the neurotic closure-element of *Gestalten* is often not merely unconscious, but also highly system-inadequate, explains why the layman either does not see the pattern of the patient's productions, or else is tempted to fit them into a *Gestalt* far more mature than that of the patient. Thus, bits of material whose implicit (neurotic) closure reveals a well-elaborated unconscious fantasy of birth through the navel, may be rejected by the psychologically insensitive observer either as a mere jumble of unconnected remarks, or else may be fitted by him into the rational *Gestalt* of normal vaginal birth, or of a preoccupation with umbilical hernias.

This point is of great importance for analytic technique, since the closure-elements of *Gestalten* which belong to the neurotic area or to the psychotic core of the personality are so system-inadequate that, on the ego-level at least, the theoretically mature and objective analyst's first impulse may be to close these *Gestalten* in a manner which is ego-syntonic for him, but utterly at variance with the patient's own unconscious closure thereof.

Let us assume that the patient has been producing bits of material which are gradually recognized as fragments of a 'birth through the navel' fantasy. If the theory of a push towards closure is correct, then, in principle at least, if

the patient is left entirely to his own devices, he would eventually become conscious of, and produce the entire fantasy (neurotic *Gestalt*), partly because it was an incomplete *Gestalt*, and partly because the production of material pertaining thereto having been started, the incomplete *Gestalt* demanded closure. It is extremely probable that it is precisely this closure-element which is the most deeply repressed and most unconscious element of the neurotic *Gestalt*.

At what point, then, should the analyst, who, one imagines, has perceived the true (system-adequate) *Gestalt* (fantasy of navel birth) implicit in these odds and ends a long time ago, intervene with an interpretation, if only as a time-saving device? ⁵ It is my thesis that the interpretation—i.e. the supplying of the unconscious closure element—is timely and effective when practically all conscious and pre-conscious material pertaining to that *Gestalt* has been produced, i.e. precisely when the *Gestalt* has acquired an unequivocal *Prägnanz*.

Two criteria enable one to assume that all conscious and pre-conscious material has already been elicited.

(1) The *Gestalt* implicit in the material must be an unrealistic and immature one, which satisfies all the criteria of a fantasy.

(2) Enough of the *Gestalt* must have been revealed to make its true configuration both unmistakable and unequivocal. This is admittedly a difficult criterion to use in practice, partly because even in a state of free-floating attention the analyst—if only in defence of his own ego-maturity—tends to look first for a realistic closure of the *Gestalt*. In addition, since fantasies, like all psychic events, are over-determined, and since, furthermore, fantasies are, by definition, unrealistic, several 'system-adequate' neurotic *Gestalten*—coherent only in terms of the logic of the unconscious—can be fitted together from identical bits of not quite sufficient evidence. Since only one of these several *Gestalten* will be timely, two sub-criteria may, therefore, be offered at this point:

(a) The irrational *Gestalt* seemingly implicit in the data must correspond to the general trend of the patient's preoccupations at that time. I.e. if the patient is working through *oral* material, and if his productions would lend themselves equally well to an

⁵ In principle all interpretations, including linguistic ones, are merely time-saving devices. E.g. left to his own devices, the Sioux Indian wishing to understand a

Chinese phrase can, if sufficiently motivated, and given suitable opportunities, learn Chinese, and thus dispense with the services of an interpreter altogether.

oral and to a phallic *Gestalt*, the timely interpretation is that element which effects a closure of the *oral* fantasy.

(b) The *Gestalt* which the interpretation proposes to close must be experienced by the analyst as affectively fairly neutral, and, at the same time, as rather ego-alien, the purpose of this criterion being the elimination of interpretations based upon counter-transference. In fact, a fairly sound criterion of the validity of an interpretation may be the degree to which it fits into the transference situation obtaining at a given time, while being at variance with the counter-transference situation existing just then. It would, of course, be erroneous to assume that the compatibility of an interpretation with the counter-transference automatically proves it to be untimely or incorrect. It merely seems advisable to delay such interpretations until one has analysed one's own motives for offering them, and then to voice them only either in a tentative manner, or else in the form of a question.

If the closure is brought about by such a timely interpretation, the patient will react to the perception of the overall neurotically determined *Gestalt* by surprise, intense affect, further revelations, and, finally, by a critical attitude towards the neurotic *Gestalt* revealed to him. If he has sufficient ego-strength, and if the closure is neurotically 'logical', or 'system-adequate', the task will be felt to have been completed in terms of the orientation of the stage at which the neurotic *Gestalt* originally came into being. Then, having lost the compelling character of an incomplete task, it will be torn down, and the material will be restructured into a more system-adequate and ego-syntonic *Gestalt*, compatible with the ego-development achieved at that stage of the analysis (working-through).

One hardly needs to point out that an interpretation which merely reveals the neurotic closure-element already present in the patient's unconscious—and only at a time when the material already has an unequivocal *Prägnanz* and demands closure (psychological readiness)—satisfies in full the demand that the analyst should not add anything to the patient's psyche, and should not assault it with premature interpretations.

The thesis just proposed also accounts, in part, for the effectiveness of correct interpretations. That which permitted the perpetuation of the neurotic *Gestalt* was the repression of the closure-element, which, when made conscious through interpretation, completed, and thereby automatically neutralized, the entire neurotic *Gestalt*. This, in turn, makes both libidinal energy, and other material previously monopolized by that neurotic *Gestalt*, available for more productive and more gratifying structures and functions.

SUMMARY

(1) Confrontations stimulate rudimentary *Gestalten* to develop *Prägnanz*, and are timely when the analyst thinks that once this is achieved, he would be able to interpret them (effect a closure) correctly, even if he had to utilize solely the material already available at the time when the *confrontation* was made.

(2) Interpretations—which reveal the repressed closure element of a neurotic *Gestalt*—are timely when the material produced by the patient has achieved an unequivocal *Prägnanz*. When several equally clear-cut ways of completing the *Gestalt* in a system-adequate manner are possible, the closure-element to be interpreted is the one which is compatible with the patient's main current preoccupations.

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