

## **Transference interpretation, “the Golden Tool of Psychoanalysis”: Does it have a future?\***

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The question which this panel is going to discuss presents a real challenge. Interpretation is not only the main technical resource of psychoanalysis but also one of its identificatory emblems. Any attempt to answer this question or even offer a mere reflection, immediately generates a range of different interconnections with other key areas of psychoanalytic theory and technique. It is due to this complexity that this challenge is so interesting. We should welcome this invitation to explore the field and the functions of interpretation within psychoanalysis which, like any developing scientific discipline, is in a permanent state of expansion and transformation.

My reflections will naturally be influenced by my own professional history and my belonging to Latin American psychoanalysis, more specifically psychoanalysis of the River Plate region. Especially relevant in this presentation will be some notions developed by our pioneers. These include contributions about the value and the clinical application of countertransference (Racker), the analytical process in the dynamic spiral (Pichon Riviere), the description of the psychoanalytic field (Baranger), or the notion of complementary interpretive styles (Lieberman).

Of all the issues connected to this theme, I will confine myself to certain topics which are of particular interest to me and I will try to summarise my personal perspective of each of them.

### **The field and the function of the interpretation in current clinical practice**

The broadening of the field of clinical practice to deal with pathologies which are not neurotic and the inclusion of new settings has enriched psychoanalysis. This expansion has provided a fertile ground for the development of its theories and for the creation of new approaches.

In this period of development of psychoanalysis, characterised by a multiplicity of languages and a diversity of theoretical models, I will try- as previously

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mentioned- to examine the functions of interpretation and the limits of its field of action.

A definition of interpretation, which I believe would be generally accepted, is that of "a translation, from one language to another, and from the past to the present, which is capable of revealing a repressed feeling and of reintegrating this into the ego." An extension of this would be that "the ideal interpretation might be formulated by the patient alone, within a bipersonal field where both analyst and patient interact. This process is accompanied by a feeling of access to a knowledge which is both liberating for the patient and generative of new associations.

This description highlights the active presence of the analyst, who is at the same time almost invisible, working within the territory of the representations, specific to neurosis.

But the panel today invites us to also reflect on the place of interpretation in new areas of current clinical practice, in scenarios which remain outside the domain of representability. Here we find a psychic apparatus which has been weakened and even paralysed by splitting, where an excess of unlinked energy looks for other ways to discharge by means of acting or somatization. This is no longer about the lifting of repressions or restoring memories, but about setting in motion a process of reorganisation or construction of thought mechanisms. This clinical work requires a different approach.

Psychoanalysis has a range of tools at its disposal other than interpretation. These can be distinguished not only by the type of contents but also by the different participation of the analyst in their formulation. (I will return to this point later.) There are not always clear boundaries between interpretation and these other possible forms of intervention/construction. Many times our interventions have a mixed quality. What is more, clinical reality is not made up of clear-cut cases.

It is an opportune moment to ask: to what extent is it useful to expand the notion of interpretation? In the wider sense, all the analyst's interventions contain an interpretative dimension in that these interventions constitute a preparatory stage, potentially leading towards self-awareness. But this amplification blurs the boundaries of interpretation and deprives it of any specificity. In contrast, sustaining the distinction between different forms of intervention shows the richness of the analytical device and respects the singularity of each case and/or of each moment within the same process. In addition, by maintaining the specificity of interpretation, we can demarcate the limits of its efficacy. This is restricted to the field of neurosis and the domain of representability.

It is also worth reflecting on the different levels on which an interpretation works. Together with the recovery of memories, there appears, as an essential

function, the mobilisation of psychic processes. This involves the activation of mechanisms which promote working through, both at an economic and dynamic level. The economic level refers to the work of linking, deriving or channelling of psychic energy, this being the basis of the processes of representation and symbolisation. With regard to the dynamic level, working through refers to the mobilisation of defences and, specifically in the case of neurosis, of the lifting of repressions.

I would like to reinforce the essential function of working through in this revision of the effects of interpretation. By means of working through, the economic and symbolic Freudian registers converge, and drives are transformed into thought processes. It is in this mobilisation and reorganisation that we find the roots of the success of a psychoanalytic process and the reason for the curative power of the Word. Through insight, a successful interpretation recovers the possibility of a profound connection between words and their emotional and corporeal basis - the union of the symbol with the symbolised.

To summarise, this description of the effects of interpretation highlights a broad perspective of its objectives: together with the recovery of memories, it endeavours to reveal and transform the inner world in its totality. The effects of working through resonate at all inner levels, from the reorganisation of the Ego and its defence mechanisms to archaic conflicts, including the reopening of those developmental processes which up to that moment had been blocked.

Effects of interpretation refer not only to restoring the integrity of a narrative text but rather, and specifically, to the clarification and modification of the underlying mechanism which are causing its distortion. Interpretation acts on the regulation of the movements between the primary and secondary processes and their dialectic or conflictive interactions. This interaction, which Green named the tertiary process, determines the quality of the mechanisms of figurability and symbolisation that are the central objectives of interpretation.

From what has been previously described, it is possible to infer that the place given to interpretation and to its goals is necessarily interwoven with the different stages of Freudian theory, both with reference to his distinct models of the psychic apparatus and the objectives established for the cure. The first topography emphasises the recovery of memories for the integration of repressed elements. From the second topography onwards, the objective of treatment is concerned with the functional modification of the network of representations and of the relationship between the psychic agencies. The reconstruction of the past is not the ultimate goal. The initial archeological model, which refers to a memory trace which is waiting to be discovered, is left behind and is replaced by a game of chess

### **Interpretation as a process. The analytical field**

I will use here the term process in two contexts. The first, carrying on from the previous description, concerns a conception of interpretation which places emphasis on the elaborative and mutative processes instead of only historical recuperation.

The second context refers to the structure of interpretation itself, which will not be considered as an isolated entity, and potentially “complete”, but rather as a part of a “spiral process”, of a construction in progress, and, by definition, necessarily open and always incomplete.

The cure takes place in a potential space shared by analyst and patient, both of them creating a bipersonal field, from their asymmetric positions. The patient’s associations, interwoven with the analyst’s interventions, constitute a working space which is in a permanent process of reorganisation. This enables the generation of interpretations, arising from a progressive construction. Each interpretation takes place and derives from those which preceded it; each are themselves a connecting step within this spiral movement. Like a thought process, interpretation requires a time for working through, with stages of development, elucidation, selection, formulation and insight, all taking place within alternating backwards and forwards movements.

Strachey’s classical description of mutative interpretation, in “The nature of the curative action of psychoanalysis”, highlighted the necessary conditions for an interpretation to be seen as complete. In reality, the illusory condition of completeness only refers to the attempt to reveal a selected point of urgency. On reaching this point, a new movement will immediately open. The use of the term “complete” could erroneously be considered as supporting a perspective of reification of the unconscious. This could foster an illusion of attaining the Ultimate Truth.

I would like to reiterate that clinical practice shows us that interpretations are only steps which are at the service of an unending process of historization, following the traces of an unconscious which is always unreachable and always subject to possible future resignifications. The therapeutic effect of interpretation resides specifically in this capacity for mobilisation and restructuring of the psychoanalytical field.

### **Interpretation “in” the transference and “of” the transference.**

I believe that all of us would agree that the dynamic of transference occupies a central place as the engine of psychic transformation. But moving on from this initial shared idea, I would like to draw a distinction between interpretation “of” the transference and interpretation “in” the transference. This is a distinction which I believe establishes a critical dividing line.

Interpretation of transference refers to the interpretative work focussed on the neurosis of transference, a projective and false reediting of past links and conflicts onto the figure of the analyst. Interpretation in transference refers to the fact that all bonds are necessarily sustained by libidinal forces within a transference relationship. The establishing of a psychoanalytical field also requires, as a precondition, the emotional support of a moderate, positive, libidinal force which will enable a therapeutic alliance. Interpretation can only take place within this transference/countertransference field between patient and analyst.

The question of the panel asks us about transference interpretation. I understand that this refers to interpretation focussed on the link with the figure of the analyst.

Freud's work on "The dynamic of the transference" (1912) presents problems for those of us who choose to centre the analytic process on systematic analysis "of and by means of" the transference, *Hic et nunc*. In this article his famous aphorism appears in which he states "it is impossible to destroy anyone in absentia or in effigie". But in another paragraph, he recommends not interpreting the transference if it does not become a resistance.

Strachey, in his historic paper about mutative interpretation, despite accepting the inevitable existence of extra-transference interventions, gives absolute primacy to the mutative action of those interpretations which centre around the figure of the analyst.

In my clinical practice, I do not follow Strachey's reasoning. I select the clinical material for interpretation according to the detection of the points of urgency. This relates to the convergence of unconscious cathexes of the psychoanalytic field on specific representations.

I think of transference in a broader sense, both in terms of its contents and the ways in which it manifests itself. It expresses emotional forces which underlie representations. My clinical perspective concerns the detection of the convergence of these movements, focal points where the unconscious emerges and which stand out from the rest of the clinical material. The defining factor is that these focal points are anchored in the unconscious. The analyst can alternatively be the one who induces these movements, who receives a "demand", or he or she can merely be a witness of these movements, and their oscillations and deviations towards other objects.

As previously mentioned, I consider that positive transference is the foundation which sustains interpretative work and will not require interpretation. In contrast, negative and erotic transference form the basis of resistance and must be interpreted.

To consider every manifestation of the patient as transference would be to obscure the notion of transference neurosis. Not always, and not necessarily, all efficacious interpretations - in the sense of heightening self-awareness – use the analyst as a point of reference. This may distort the interpretations and de-centres them from the point of urgency. This systematic transference interpretation is not only arbitrary but could also conceal the richness and the diversity of the patient's manifestations. There is a risk of fixing the atemporality of the unconscious. This would enclose the patient within an atmosphere of continuity, and ignore the force of events, the emergence of the new, both in the analytical space and in the real world.

Everything that has been previously mentioned, relates to the use of transference interpretation in the field of neurosis. But, what happens when we cross this border into the territory of non-representability where the possibility of interpretative work becomes problematic in itself? What becomes of interpretation when we are not dealing with a neurotic perspective of the world? What is the specific scope of action of interpretation? This is a controversial area. It involves reviewing the limits of what can be interpreted, though not necessarily the limits of what can be analysed, in a broad sense. These questions were already present in Freud's attempts to draw a distinction between interpretation and construction. Therefore, in a sense this is not about questions which are totally new, but rather concerns the reviewing of pre-existing knowledge from a different perspective which derives from accumulated experience with long-term treatments of non-neurotic patients.

### **Interpretation and/or construction**

Interpretation is a shared endeavour involving both participants, analyst and analysand. It requires a certain psychic level of functioning with a capacity for figurability. It has no efficacy with patients who have a deficit in their linking processes, those whose path towards symbolisation has been blocked, or has deviated into a passage to the act or to somatisation. A weakened psychic apparatus requires another approach previous to interpretation, leading to the creation of representations and/or the containment of those anxieties without name.

I believe that the constellation of "non-interpretative" interventions employed in these cases could be classified under the heading of "construction", in the Freudian sense. In his work, Freud referred to construction as the way to access material which could not be recovered. This is about offering representations to the patient to help reconstitute a part of his or her infantile history, which has remained inaccessible. In addition, and in a wider sense, Freud extends this concept to the creation of a psychic network. This can be seen in his work "A child is being beaten", where he describes the reconstruction of the development of a fantasy, offering the missing stages.

Under the heading of constructions, we are referring here to a process of working through, but now of a different nature from that which was mentioned previously in the clinical work with neurosis. Here we are talking about transposing the chaos of excitation and the tendency to discharge energy to the level of links and language.

The different forms of “non interpretative” interventions have one common feature: the active participation and the cognitive and emotional involvement of the analyst, both of which are considered of primary importance. From here, terms such as “co-thinking” have been created (Widlocher) to describe this shared process of symbolisation.

Certain authors emphasise the need for a regressive process on the part of the therapist to guide the patient in the exploration of the territory of the unrepresented, this being referred to as the “the function of the analyst as a double”. From this “primitive” level of communication within the analytical bond arises the countertransferential response which could not come from the primary object. Only then, that which was an “amnesic trace” can reach the level of signification. (Botella, 1997). The psyche of the analyst serves as a “dark room to develop what is inscribed as a negative in the analysand.” (Janin, 1995a). This is a register which is inaccessible to classic interpretative technique and can only be accessed via the regressive encounter of two minds.

Studies into the function of enactment highlight the potential evocative power which stems from the effect of this special category of communication on the mind of the analyst, who is capable of providing the figurability which the patient is lacking. Due to this reedition in the transferential-countertransferential field, the psychic work of the analyst generates representations which function as bridges, leading to the intelligibility of these memory traces.

In these interventions-hypotheses, the analyst’s presence is necessary, both in terms of their subjectivity and their theoretical perspective. In these formulations, their presence is inextricably interwoven with the experiential residues of the patient. (Bleichmar, 2003) These questions reopen the debate concerning the delimitation between more regressive, intuitive levels of analytic communication and other related phenomena, such as the perception between one unconscious and another unconscious, telepathic processes and suggestion.

A final comment to develop this point.

### **The potential effects of the analyst’s individual style**

Despite our observance of the rule of abstinence and neutrality, the analyst’s individuality will inevitably be present in each of his or her interventions, not only by means of the conscious contents of formulations, but also through different elements such as a specific choice of words, tone of voice, gestures etc. All of these convey the analyst’s unconscious wishes in the analytical space, as described by Laplanche when he speaks about enigmatic signifiers.

The participation of the analyst as an instrument for the cure, with all their individual characteristics, is mentioned with increasing frequency in recent publications. The expansion of the analytical field, as well as the work in psychotherapies in untraditional settings, has deepened the knowledge of, and widened the spectrum, of the analyst's functions. In these cases, the analyst may not only act as an interpreter but also as an active participant, and provide support for the process of working through. This is an extremely interesting field of study. However, it also provokes a great deal of controversy with those who fear that this enthusiastic search for new tools may lead to a distortion of our models and to an intersubjectivist approach. This would distance analysis from transference repetition of unconscious scenarios.

The renouncing of the ideal of the analyst as a mirror has not only revealed the potential iatrogenic risks to the patient, but has also been a source of new ideas about the possible therapeutic effects of the "personal style" of the analyst. The objective now is to study this in depth to see what the potential benefits are. An important contribution of Liberman, in Latin American psychoanalysis, has been the investigation into these so-called complementary verbal styles which might facilitate the mobilisation of defences.

Winnicott has contributed enormously to highlighting the importance of the use of countertransference as a source of knowledge, of inspiration and for the evaluation of the opportune moment for the analyst to intervene. He is a point of reference for the investigations into the ludic or playful quality of interpretation as regards the creation of a transitional space which can contain the work of repairing the psychic processes.

#### To conclude,

A historical review of the notion of interpretation over the course of the psychoanalytic movement reveals the profound transformation of the concept.

What could now be a valid definition for theory and clinical practice which captures the specific function of interpretation and its connections and differences with other tools at the level of construction? The dividing line appears to be the point where translation turns into creation of what has not, up to that point, been represented. This passage from one clinical area to another will coincide with increasing degrees of participation of the analyst as they both move towards shared creation – "co-thinking" processes.

There is a dynamic and fluctuating interrelationship between interpretation and construction. The analyst makes use of one or the other according to the structural organisation of the field. The decision will depend on each patient and/or each moment of a psychoanalytic process. Personally, in this quest to define new ways of intervention, I find that there is more common ground with respect to the goals we want to achieve than how to actually accomplish them.

