

Interpretation And Working Through In Transference

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To my mind the importance and the usefulness of any analysis lies largely in the fact that the analyst has certain capacities which the patient lacks. These capacities are due to his own analysis, his commitment (both to the psychoanalytic process and to the welfare of the patient), his understanding and his empathy. All these put together create an internal situation in the mind of the analyst, which manifests in two main ways:

- i) It allows him to contain the patient's transferences and
- ii) It gives him a capacity to interpret.

Seen or viewed thus, the analytical situation in the consulting room comes very close to the mother-baby relationship. The basic model would be that a mother has certain capacities that the baby lacks. Mother has the capacity to love, attention, provide milk and other material comforts. She has these capacities because of her concern for the baby, her biological growth, her relationship with her husband which gives her security etc. Thus, what a mother gives to the baby comes very close to what an analyst gives to his patient via interpretation and the mother's capacity to do so comes very close to the analyst's capacity to give interpretations.

I want to suggest in this paper therefore, that the study of the patient's relationship with the analyst's interpretation becomes one of the most important factors in any transference analysis. What I mean in actual, practical terms is that it is very useful every time we interpret, to actively notice how the patient has heard us, what meaning he has given to our words. I would even go a little further and say that it is more than useful – it is absolutely imperative.

In my mind the analysis of the patient's relationship with the interpretation acquires a threefold importance:

- i) It becomes a study of the patient's infancy
- ii) It becomes an indispensable technical tool and
- iii) It helps us to work through various transferences of the patient.

As the title of the paper suggests, I want to here to talk here specifically about working through because I think it is a tricky problem in all analyses. Analytical process is mostly so slow, so subtle and so lengthy that often we fail to notice how any transference got worked through. We may all have had an experience where a patient gives a dream, which we immediately recognize as very similar to a dream given six months ago, and yet it is experientially quite different. We then may feel: "Well, something got worked through" but we may not know how it took place. My contention is that, if we constantly study the patient's response to our interpretations, the working through process comes sharply into focus, thus increasing our efficiency to interpret further.

I plan to show this by giving detailed clinical material from the analysis of one of my patients. I shall call this patient Priya for the sake of convenience. She is a career woman of 28 who sought analysis of her own accord three years ago. The reasons given for seeking analysis were not quite clear to her. I can best explain this by quoting what Priya herself had actually said: "I don't know what my problem is or it would be better to say that I don't know if what I have can be called a problem".

When she explained this further, she said that she found herself in constant states of anxiety. When she looked at what made her anxious, she felt pretty foolish. For example, if she read in the papers that a woman had committed suicide by jumping out of a window, she would get terribly anxious. So much so that she could not stand near a window, fearing that she would jump out herself. This seemed to her foolish, since she could clearly see that there was nothing in her life that would make her commit suicide. It was the news – the reading of the paper that gave her the anxiety.

In the first few days of analysis I discovered a lot of extraordinary phenomena. I found that she was gripped by all sorts of information and experiences. She would read a book and get totally swallowed up by it, believing every word she read. Thus, she would

get under the skin of any character she read about and get stuck there. This created enormous reality difficulties.

What was remarkable was that if she read an entirely different kind of book the next day she would completely forget the previous book and be stuck in the next one. Exactly the same thing happened with people. One evening, say, she would meet a man. She would get totally involved with him in an instant. This involvement would be so intense that she would feel herself to be deeply in love with him, willing to sacrifice everything for his sake. Usually, she would go to bed with him.

On the very next day this could happen with another man. Needless to say, that this created a lot of embarrassing situations for her because she had a steady boyfriend. When she would be involved in this deep manner with any man, she could not even recognize the boyfriend. Her behavior then would completely baffle the boyfriend.

It was clear that it was not sex that attracted her. In fact, she experienced the actual intercourse as excruciatingly painful, physically. Once out of her involvement, that the other person had no meaning for her. Indeed, she was completely shocked if any of the men she slept with, tried to contact her after a few days.

On the other hand, an exactly opposite phenomenon would occur, i.e. suddenly she would become totally detached. In such moods nothing – absolutely nothing – mattered to her. She would seem totally dumb, almost dead. In this way, she swung between highly excited anxiety and total numbness. Consequently, there was no such thing as an actual reality for her.

I found her to be a seriously disturbed person. She was dispersing all the time. There was no way she could hold herself together. Her ideas and feelings could not remain in her mind for any length of time: hence nothing made sense to her nor could she make any sense for others. Initially I formulated that she continuously needed an outside object to hold herself together. Thus, everything, every event, every experience, every book or every man had a singular function – to hold her together.

I can best explain this by giving a dream from the very first week of analysis. In this dream she was walking on the street when she ran into a figure on the footpath.

This person was in a peculiar state. His arms were lying in one place, his legs in another. His head was separate and so was his body. This person was talking to Priya totally oblivious to his own condition. This, I think, sums up her frame of mind when we began analysis. I interpreted the dream for what it was – her remarkably clear statement to me about her illness, to which she agreed immediately.

Understandably, in this frame of mind she could hardly give me any cohesive information about her family. All she told me was that she was the eldest of two daughters, the sister being four years younger. Her father had died a few years before analysis began and Priya now lived with her mother. The younger sister was recently married and was quite happy with her life.

As we proceeded with the analysis I noticed that she received all my interpretation in a very frightened manner. Even the simplest descriptive interpretation was received with a sort of alarm e.g. when I pointed out her swing from total involvement with a man in the previous session to the total detachment in the current one, she would be frantically upset. I simply could not understand what was so alarming in what I said.

All I did was to notice this response and point it out to her. I said that she viewed whatever I said with a deep suspicion as if “I was up to something”. Priya agreed with this and explained to me that she had observed all her friends who had been under analysis and they had all become cold and heartless. How was she to know if I was not out to make her into a “meek and mild” person. Wasn’t I “all the time” suggesting to her to be moderate? She feared that if she was not careful, I would turn her into a dull person.

This was her conscious belief. No doubt this particular response to my interpenetration would have its origin in the patient’s early childhood but obviously I could not know about it especially, since she had told me nothing about her infancy. Technically therefore, all I could do was to bring this response to her notice.

Thus the first relationship with my interpretations was that of suspicion. Verbalizing this to her, led us to understand her state of mind a little further. One thing was fairly clear between us: she did not want my interpretations. Obviously, the next

question was: why then did she come for analysis?. From what I have described of her daily life above, it was clear that her need was to have external objects to contain her mind. So, I too was required for this purpose. I was not to speak and put my mind into her. She would put hers in mine.

I put all this into words for her. She did not respond to it in that session but the next day she reported a dream. In this dream she was walking on the footpath where she saw, at regular distances, five toilets. One by one she used them to urinate and defecate. This dream made it possible for me to show her exactly what coming to analysis meant to her. In five regular sessions she dumped her various states of mind into me.

The point I wish to make here is, that had I not noticed and analyzed her first response to my interpretations (viz. suspicion), I would have found it difficult to move ahead in the analysis. We now moved on or “worked through” from the position where I was suspect to a position, where I was a sort of toilet container.

I realized that this dream and my interpretation of it gave the patient a different kind of experience from her daily life. In her daily life too, people were containers in her mind. The problem was that the containers outside did not understand this situation and that they demanded a price for containing her e.g. the men she got involved with would ask for having sex with her etc. I, in sharp contrast, only understood it, did not throw it back on her nor did I demand anything in return in action. I felt it imperative that I put this into words for her forming a new interpretation, which I did. At the end of this session Priya felt well understood and firmly contained.

I was therefore quite surprised, when, in the next session she reported the following dream: in this dream she saw me in a surgeon’s coat holding a knife in my hand ready to operate on her. She was lying in the analytical couch with her legs apart since the operation was on her vagina. She was extremely frightened. She then tried to shut herself with strong metal plates so that I would not cut her up. In association she said that every time she had a man’s penis entering her, she had an excruciating pain. She gave no other association.

I interpreted that in the previous session she had felt that I had understood her properly, because of which it was now possible for her to communicate to me what the

analytical experience became in her mind. Earlier she had given me an explanation for rejecting my interpretations viz. that they would make her dull. Now, she was giving me a deeper explanation. She was now saying that our transaction in analysis turned into a sexual experience in her mind. I was not merely an analyst who was interpreting but I was a man with a knife-like penis probing into her vagina with an intention to cut her up. It was natural then that she shut herself up with metal plates. My interpretations were obviously felt like this knife-penis.

Priya agreed to this but I was left with a sense of something quite wrong in all this communication. I found myself thinking: but my interpretations are not cruel. Ordinary intercourse is not awful as she was suggesting. In fact, a penis and an interpretation should bring about pleasure and relief due to understanding, respectively. Something was getting distorted here. Surely, she was projecting her own violent impulses on to penis and interpretation.

I then pointed out the distortion to her. I did not tell her about the projection since I thought it would become purely academic for her. However, I found it useful to keep it in my mind that her violent impulses were being projected on to my interpretations. Priya responded by saying that it may be a distortion, but that was precisely how she felt, and we left it at that.

At this time in analysis (about one and half years) Priya actually developed a fibrous growth in her uterus, which prevented all physical intercourse. Yet, she would go out with a man, lead him on in the most seductive manner till the man proposed that they go to his apartment. She would agree and indulge in the most intense sexual foreplay with him. Finally when it would come to actual penetration, she would tell him that she had this growth. Understandably, the man would feel extremely frustrated and even violently angry.

My experience of the sessions during this phase of the analysis was quite similar. I noticed that while describing her experiences she just would not let me speak. She would give me masses of descriptions, which would seem preeminently analyzable but I simply did not get a word in edge ways. I would get quite excited that there was so much to interpret but would find at the end of the session that I had no opportunity of

speaking at all. If by chance I happened to get in a word or two, Priya became totally muddled up.

She would tell me that she did not understand anything I said. To every interpretation she responded by a desperate cry “what does it mean!?! It is only a conglomeration of words! Why are you tormenting me with such meaningless statements!” etc. I felt extremely frustrated and angry at her response. I felt that she had got cobwebs in her mind. I felt that my interpretations were quite simple and that I never used any complicated language. Why was she making them out to be so terrible?

Once again I noticed this particular response to my interpretations. It was as if my interpretations were being chopped off. Like the growth in the uterus, she had, in the sessions, cobwebs in her mind. This was used to frustrate and castrate me just as the growth in the uterus was used with her men friends.

It was not possible at that time to interpret all this to her. When she insisted that I was harassing her by saying “funny, meaningless things” I asked her why, she thought, that I was doing so. The only explanation I could give was that in her mind I must be a cruel man. Did she believe, I inquired, that I was a cruel, nasty, sadistic person? To this she replied – no, it could not be true.

For a while then Priya felt that yes, she must think out why she felt that I was so bad. To her credit, I must say that she genuinely asked herself this question. She told me that no, I could not be cruel because actually I always spoke to her so gently. Besides, she added, if I was so bad she could easily go to some other analyst. Much to her amazement she felt that she could not bear the notion of going to another analyst. In her own words she had to go through “with it all” with me only.

This sort of thinking helped her to relax a little in the sessions. She stopped screaming, “What does it mean” and accepted the possibility that my interpretations did not mean anything to her probably because she did not give them sufficient thought. The sessions then became less stormy and she could at least hear me out.

In the context of “working through” I think I should sum up what has happened so far. She began with suspicion of all my interpretations and moved to a point where I

was merely a toilet container. When I was seen as a “good” toilet container it was possible for Priya to transfer sexuality on to my interpretation. They were then felt as a penis. Here we discovered that the sexuality was not loving and productive but was violent and destructive. All this we had learnt from the analysis of her relationship with my interpretation. From my counter-transference during her “cobwebs-in-the-head” phase, I also learnt about her castration desires. I could have easily interpreted the projection of her violent impulses on to my interpretations but I only talked about her responses. This I think led us to a deeper understanding of Priya’s problems.

At this point her sister Sita came back from abroad with her husband for a holiday at home. Priya noticed that she felt extremely irritated with Sita “for no reason at all”. This was very similar to her feeling irritated with all my interpretation for no reason at all as she herself had realized now. This led Priya to recall her childhood. She remembered that Sita had always loved her “without any reserves” while she – Priya – had always rejected Sita’s tender overtures. She also recalled that throughout their childhood, and even now, her mother had pointed out to her that she treated Sita with utter mercilessness.

I now pointed out that this was so close to our current experience in analysis. She had been mercilessly rejecting my “tender overtures” i.e. my interpretations and I was made to follow her like she had said Sita had done, all the time. When I had asked the question “why I was doing so” she had heard it as her mother pointing out how she treated Sita. In order to avoid this realization, I added, she had for a long time reversed the situation and had shouted at me that I was tormenting her.

I noticed that Priya accepted this interpretation with great ease. This was partly because she had no actual reason to suspect me and partly because she could not deny that Sita really loved her deeply. She had “thoroughly enjoyed” Sita’s love both in the childhood and even now.

Surprisingly, this understanding made her extremely curious about her childhood. One day she sat down with her mother in order to confirm her memories of the childhood. She got all the confirmation about her relationship with Sita and in addition got some more information.

She came to the next session looking all excited and told me that she had found out so much from her mother. The mother had told her that when Priya was born she, the mother, had no experience whatsoever of how to bring up a baby- Priya being her first child. Besides, there was nobody in their family to help the mother out. This had made the mother extremely anxious though she had loved Priya immensely. Consequently, the mother had no proper idea of how much was the correct feed for the baby. The mother had ended up underfeeding Priya.

She had not realized this at first but had been very distressed because for the whole of the first month Priya had kept crying for something like sixteen hours a day. Finally, she had taken Priya to a doctor who took one look at her and had said “she is hungry. You aren’t feeding her enough”. This had relieved the mother who had then begun to feed her more. Priya’s crying had stopped completely after this.

When the patient reported all this, obviously, I was keenly interested. I thought “Ah, ah! This explains so much about the patient”. On the one hand it was quite natural that I should feel this way but on the other hand I was also aware that this was not Priya’s own felt memory. However, I saw clearly that she had come to the session with a sense of discovery and was feeling that this information would throw some light on her life.

First of all I pointed out to her that she was feeling very good because she had tried to co-operate with me. She was feeling that she had taken the trouble to help me out with my work of analysis. Priya agreed to this. Then I said that she seemed to see some important implications of this information. Could she, I asked, tell me what it meant to her? She replied that what struck her the most was that her mother had no help at all, that she had no idea about what the correct feed was. How the mother must have suffered. For no earthly reason then, Priya added, both the mother and the baby could become deeply unhappy.

Here she stopped suddenly and said that she had fought against her feelings towards me before coming to the session. She had been quite excited about what she had found out but had feared that I might reject all that she had gathered as useless. I might say to her that since this was not what she remembered or felt herself it was of no

value. She had then decided “let him say what he likes. I am going to tell him about it anyway”. However, she had noticed that I had behaved very differently from what she had imagined. She was surprised that not only had I taken a keen interest in what she had found out but also I had shown some respect for her own conclusions. She then added that she was queer. How much she assumed about me!

In this particular session I think we can see clearly that my interpretive activity actually changed her state of mind within the session itself.

Conclusion

In the material that I have presented I have tried to show how in this analysis the patient moved from one transference to another; in other words, how she could work through different transferences. From almost total inability to take in an interpretation we came to a situation where the patient could think that it was she who was queer and assuming and that I was not hampering her in any way. In traversing this course we learnt about her aggression, her projection of it on the penis, her castration desires, and her relationship with her sister and also about her love and concern for her primary object. We also learnt a considerable amount about her infancy. All this could be done through investigating her attitude towards my interpretations and my capacity to give them.

I think therefore, that it is absolutely imperative that we seriously consider how our patients receive our interpretations. This investigation becomes an indispensable technical tool. To my mind it is no good simply giving an interpretation without checking how it was received. Our patients hardly ever hear our interpretations as they are meant. It is only when a certain level of maturity has been reached – when a lot of projections have been reduced and when the patient is way into the depressive position as described by Mrs. Klein that he or she will be able to take the correct meaning of an interpretation. It serves no purpose Our explaining at every stage to the patient that he has taken a false meaning and that this or the other was the correct meaning, serves no

purpose. The falsification itself gives us a lot of clues to the mentality of the patient. It is more to the point that we take these clues to understand the transference.

I have found that if a transference has been properly worked through it very clearly shows by the change in the patient's relationship with our interpretations. Working through process which is otherwise quite "under the surface", no longer remains so. This I think increases our capacity to interpret further, immensely.