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**Interpretation: The Past in the Present**

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The analytic process is a process of communication. The patient communicates his psychic world to the analyst by experiencing it and reliving it in the transference. The analyst communicates to the patient his understanding of this relationship—that is, he interprets the relationship itself with the aim of bringing about psychic change. The transference is an emotional relationship of the patient with the analyst which is experienced in the present, in what is generally called 'the here-and-now' of the analytic situation'. It is the expression of the patient's past in its multiple transformations.

In this paper I want to make the following points: (1) that by interpreting the transference the analyst is interpreting simultaneously past and present, (2) that the genesis and resolution of the patient's conflicts can only be reached and achieved by interpreting the patient's relationship to the analyst and (3) that the 'so called genetic interpretations', that is, interpretations that refer to the patient's past history, are not the aim of analytic work, but they do have the function of providing the patient with a sense of continuity in his life.

What transference is, its place in analysis and how to understand it, has concerned analysts continually. Sandler (1983) reviews the concept of transference. Isaacs (1939) and Klein (1952) emphasize that transference should be looked at as a total situation, encompassing all the patient's communications. Recently Gill (1982) argues for the centrality of the transference in the psychoanalytic process and he also conceives of transference as an amalgam of past and present. His views are discussed in great detail, and argued for and against by writers such as J. & A-M. Sandler (1984), Steiner (1984), Wallerstein (1984) and others.

Let me first focus briefly on what is being 'transferred' in the transference. Strachey (1934) has described lucidly how 'the neurotic' tends to repeat with each person his old patterns of relating to objects and how the analytic situation, by virtue of the specific behaviour of the analyst, facilitates this repetition as well as the understanding of it.

Internal object relationships—that is, the internal world of the patient—consist predominantly in relations to archaic objects which, for different reasons, have not developed. These archaic objects are objects into which, in infancy and childhood, the child has projected great parts of himself, and has introjected them. Therefore they do not necessarily correspond to or much resemble the original external objects. Because of these projections the internal objects are distorted. The patient goes on relating to them in ways similar to those in infancy—that is, they are often perceived as dangerous and hostile. The patient experiences anxiety, against which he uses defensive patterns, and the analyst will be perceived by the patient in the very way he perceived his objects, and will react to the analyst accordingly.

Joseph (1983) enlarges and refines our understanding of the transference. She says:

transference ... by definition must include everything that the patient brings into the relationship. What he brings in can best be gauged by our focusing our attention on what is going on within the relationship,

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My psychoanalytic thought is rooted in Freud and Melanie Klein. I have been greatly influenced also by Betty Joseph's papers and thoughts on technique.

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and how he is using the analyst, alongside and beyond what he is saying (p. 447).

I have chosen this quotation from Joseph's paper because it expresses, in my opinion, what should be the centre of the interpretation—that is, the immediate relationship between analyst and patient, with its verbal and non-verbal expressions. This means that the knowledge of 'projective identification' is central to the understanding of the analytical material. Projective identification is an unconscious phantasy through which the person projects parts of himself into his object, which is then perceived as affected by that which was projected. The reasons for projective identification are multiple and beyond the scope of this paper. But whatever the reason for this mechanism, it does not always contain some elements of communication, and sometimes its use is specifically to communicate something that cannot be expressed in any other way, perhaps because it occurred before language had been established, or perhaps because it refers to nameless feelings, or perhaps because it repeats a very early infantile experience.

By focusing on what goes on in a relationship one is, of course, referring to both sides of this relationship. The analyst's reactions to the patient's communications play a part in his understanding of the patient. Bion's researches (1962) on the impact on the mother of the baby's projections, and her capacity to transform those feelings projected into her by the process which he called 'reverie', opened great insight into the understanding of the countertransference and the analyst's role of containing the patient—that is, being emotionally affected by the patient and transforming his own reactions into an understanding of the patient.

The patient does not only express himself through words. He also uses actions, and sometimes words and actions. The analyst listens, observes and feels the patient's communications. He scrutinizes his own responses to the patient, trying to understand the effect the patient's behaviour has on himself, and he understands this as a communication from the patient (while being aware of those responses which come from his own personality). It is this, comprehended in its totality, that is presented to the patient as an interpretation.

This interpretation should be verbalized directly and concisely in terms of the present. We describe to the patient what is going on, and we explain why we think it is going on; we allow the relationship to evolve and we try to draw the patient into looking at the relationship.

Generally the patient perceives what we say in (at least) two ways. If it makes sense to him, he may feel relief and think about it. But at the same time, the interpretation interferes with his usual way of reacting, and this can either loosen the defences or bring out further defensive behaviour. This continuous shift in the contact of the patient with the analyst—shifts that are provoked by our interpretations—reveals in the analysis, bit by bit, the patient's defensive structure, and we, analyst and patient, can learn how these defences were built up and affected his reactions to his objects.

The analyst understands the patient's present relationship to him as a function of the past. Therefore his understanding of the present is the understanding of the patient's past as alive and actual.

The changes brought about through interpretations of the transference result in changes in the patient's relationship to his internal objects and his view of his early family often emerges with greater clarity and realism.

By so interpreting, we try to reach towards an emotional awareness in the patient, to resonate in such a way that he can feel and understand our account of what is going on. Only when this has taken place does the linking to the past become meaningful and important. I am speaking of interpreting the past in the present, and of integrating this alive past of the transference with the inferred historical past.

In the discussion of the clinical material which follows I hope to show how by interpreting the transference we are interpreting at one and the same time past and present, and that we do so mainly in the 'here-and-now' of the analytic situation. I will discuss the effect of the interpretations and the movements in the patient that occur in session, and the reasons why the linking with the inferred past is necessary. I will also speak about modes of verbalization and refer briefly to the problem of reconstruction.

I will now offer a vignette from an analysis, primarily to show the patient's method of communication and how alive those communications

are in the transference. I will also try to show how the interpretation helped the patient to move from repetition towards understanding.

The patient is a very ill young man. Early in his analysis I became aware that very often after I spoke he said 'yes'. Slowly I came to realize that these yeses had a mechanical quality. I also noticed that I myself had spoken, after his yeses, as if nothing had been said. This puzzled me and I became more attentive when he said 'yes'. I had already been somewhat aware that he punctuated his own discourse with 'yes'. For instance, he would say, 'I was reading in the paper—yes—while I was travelling here in the underground'. He would expand on the worrying quality of the news he was reading about, say 'yes', and proceed to his own views on the news.

When he said 'yes' after something I had said to him, it bore no relation whatsoever to what he thought, made of, or felt in relation to what I had said. This would appear in further associations or in occasional direct references. This way of saying yes, which might have been considered a verbal mannerism, impressed itself on my mind. Curiously, at first it made me feel a sense of isolation. Slowly the picture emerged in my mind of a baby crying or trying to communicate something, and being met with a mild, 'Yes, yes, dear', which was an automatic response. From his behaviour and my own reaction, the thought came of a very early relationship with his mother, who though physically present (and from his account, very devoted to him), seemed mentally to be either absent or incapable of resonating to her baby.

I called his attention to his saying 'yes', to the way he did so after either of us had said something; and I pointed out the unrelatedness of those yeses to what had been spoken. He looked alert, said 'yes' in his usual way, stopped himself, and smiled. Consequently I was able to show him that by those yeses he might without knowing it be trying to reassure me, but that his saying 'yes' to me had no relation to what he felt or thought about what I had said. He was thoughtful, looked responsive, and said 'Strange'. I added that he probably felt me to be vulnerable. He said 'Mmmm'—neither doubting nor agreeing. I went on to say that this behaviour towards me seemed also to be taking place inside himself, as if a bit of him were trying to talk about something and another apparently unconnected bit of him, not listening, was soothing him. Later on I told him that there seemed to be in him simultaneously two parallel relationships. In one he had split a part of himself into me and was perceiving me as being in need of reassurance, and himself as having to provide this assurance; and that also inside him, together with what was going on between us, a part of himself was behaving towards another part in the way I have just described. I ended by saying that his lodging a bit of himself in me was done both to get rid of the part of him that felt so unhappy and lonely (a frequent and intense complaint of his) and also to make me know how it feels when not listened to or understood properly. He looked relaxed and a very broad smile came to his face—a mixture of pleasure and some surprise.

I shall now consider the implications of what I said to the patient. The projective identification process I was describing in him was, in my view, used by him at that moment both as a defence and a communication. He had partially projected into me an infantile aspect of himself, while at the same time he was identified with an unresponsive internal object. I suspected that this was an early relationship to his mother, the quality of which had remained frozen in him and separated from other parts of his personality.

I will continue with the session. After my interpretations, he spoke with more warmth in his voice about his hope of being accepted by the university, where he had applied for postgraduate work. He expanded a little on what he expected from the course of study, and said that maybe this time he would be able to carry it through, due to his being in analysis. This was stated directly and firmly. He returned to talking about the anxiety he had felt when he had attempted to do similar studies in the past. He went into detail, talking both about the coming year and his past problems in the university. (Twice he had had to drop out of a similar course.)

While speaking he was becoming progressively more anxious. His way of speaking grew vaguer, the yeses reappeared. He looked dejected and what he said was less coherent than when he had begun to speak.

I said it seemed to me that at first he had felt understood and hopeful about gaining more insight into the strange things in himself, and thus becoming able to cope with the university, but that this hope seemed to provoke a conflict in

him. Following this, I was able to show him what was going on, the infant in him who perceived mother as unresponsive, and how sometimes he felt this infant to be in me, sometimes in him.

I have presented this material because I think it gives a picture of how alive is the past in the present and how it affects the analyst. It shows how I was able to use the way it affected me to enhance my understanding of the whole communication, and how I focused the interpretation on the situation immediately present between the patient and myself. In this way I could see the patient's anxieties, the defences that were mobilized, and how the interaction between him and me produced shifts which permitted a view of how his defences operated, and probably how they had originally been built up.

I think that maintaining the focus on the patient's relationship to the analyst permits one to explore in detail the patient's unconscious phantasies. This also forces the analyst to examine closely every issue in relation to himself, which in turn forces the analyst to be emotionally more active, while at the same time remaining, in his behaviour, constant and neutral for the patient. This emotional closeness to the patient, as we all know, can often be very uncomfortable and the analyst has to be careful not to avoid the discomfort by too quickly explaining the present situation in relation to its probable origin in the past, or by reducing the description to language based on infantile experience.

From what I have been saying, and the brief example, one can see that analysis is an active dialogue. In this dialogue the analyst should, ideally, only communicate verbally to his patient; but we also know that this ideal is never completely achieved, since the analyst's tone of voice changes, he moves his body, or he speaks in ways that might communicate more to the patient than he would wish to do. Still, we know that this is inevitable. The analyst, in my opinion, should try as far as possible to be alert to such events, or be ready to see them through the patient's reactions or associations, and should try to understand the meaning of his own behaviour, as well as the effect it might have had on the patient, and the patient's reaction to it.

The analyst needs to distinguish in his reactions what comes from himself and what is provoked by the patient. This should also affect the interpretation. To avoid misunderstanding, I should like to stress that I do not mean that the analyst's involuntary actions are therapeutic in the analysis. On the contrary, they add difficulties to the analytic work, and one should be aware of these so as further to understand and contain the patient.

To summarize: in order for the interpretations to be alive and to bring emotional conviction to the patient, they have to be expressed in terms of the immediacy of the relationship to the analyst. On the other hand, the analyst, when formulating them, should keep in mind the notion that it is the patient's past that is expressed in his unconscious phantasies. For instance, in the case I have presented, when I started interpreting the yeses, I was examining in my mind the patient's feeling and thinking as an indication of his early relation to his mother. At some point this part should be made explicit for the patient and linked to his actual present experience. I shall return to this later.

I should like to mention here a problem that has occupied analysts for decades—that is, the so-called 'too deep' interpretation.<sup>1</sup> If we agree that interpretations should be made in the emotional heat of the transference situation—as understood by the analyst with the help of the countertransference, his theoretical background, and his knowledge of the patient—we would also agree that each correct interpretation is a deep interpretation, since it aims at touching the depths of the patient's feelings. I do not think that the mind of a person is formed of structured layers, which we should try to reach one after another. What

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<sup>1</sup> Sandler & Sandler (1984) address themselves to the problem of at which level the conflict should be interpreted. They say: 'This problem disappears if we direct our interpretations of conflict to the here-and-now, guided by what we assess to be the predominant affect as shown in the material (and also often in one way or another in the countertransference). Because the patient's conflicts are always related to the present, it is the current form that is important; their origin in the past unconscious is of secondary concern, a matter to be dealt with for reconstruction accumulates' (p. 384). As can be seen I am very much in agreement with their viewpoint, though I think we place different importance on the role of the internal objects in the conflict and in its expression. I also have some doubts about what they mean by 'reconstruction accumulates'.

are repeated in the transference are conflicts in relation to internal objects. Those conflicts, as experienced with the analyst, come to light through the patient's shifts in the session, from one mode of reacting to another. In these shifts he portrays his anxieties, and the defences he puts into action against them. It is this conflict which we interpret when it appears. It is my belief that what has often been described, and feared, as interpretations which are 'too deep', are probably wrong interpretations, that have failed to capture what is alive and available in the transference.

Now I shall present clinical material and discuss in its light different aspects and problems of interpretation. I will present a complete session from the analysis of the patient I have just been discussing.

Mr A is a young man in his early twenties, exceptionally intelligent and very ill. He is of average height, rather slim, with blond hair and blue eyes. He could be quite handsome, but his appearance and expression change from day to day. He can have an open look and a bright, warm smile. He can also look and dress as a menacing 'punk'. Sometimes he comes to the sessions looking remote and expressionless, but more often he will show anxiety. These striking changes appear from day to day, but are usually not so marked within a session. His immediate reason for seeking analysis was that during the past two years intense anxieties (which he had suffered all his life) had finally prevented him continuing his university studies. He had graduated with one of the best degrees from a prestigious university. Twice he had been accepted for postgraduate work and both times he broke down, suffering from intense anxiety attacks, and ideas of reference. If it were not for the devotion of his family in looking after him, he would have been hospitalized.

Among his complaints, a feeling of numbness and of being cut off is a very central one. He thinks that people can read his mind and that they are talking about him. He oscillates between a grandiose view of himself and a sense of uselessness. Sometimes he fears that he stinks, that he is ugly, and that people are looking at him and thinking, 'What is he doing here?' He has never had a relationship with a woman, this being another explicit reason for coming to analysis. His ideal in life is to find the perfect girl. She should be like the heroine of a soap opera, beautiful, intelligent, somehow independent; she should think like he does and be with him always, in the country, where he could work on research with no need to mix socially with other people. He has some friends who appear to like him and seek him out, but he very rarely contacts anybody himself; and often when phoned he feels intruded and imposed upon. From the beginning, in spite of the severity of his problems, I found him amenable to analysis.

Mr A is the elder of two boys. The information about his mother is that she is a very fragile, immature person. His maternal grandmother suffers from a severe psychopathology. In the father's family, there are several cases of psychosis. Father himself seems to be the strongest and most stable person in the family, and he is a great support to the patient.

The session I wish to present took place in the fourth month of Mr A's analysis. Before starting the analysis he had to wait a term for a vacancy. In the meantime, strongly pushed by his father, he had started a course in education, which he hates. The practical aspect fills him with unbearable anxiety. The training itself bores him. But he likes meeting other students there. At the time of this session he was seriously considering interrupting the training, especially as he would shortly have to start practical work. Also, this practice would probably prevent him from attending analysis.

Mr A is a person of unusual culture, considering his background. He is well read and has for some time been interested in philosophy. Before his analysis he mainly read existential philosophy, but since coming into analysis he has been compulsively buying and reading books on the philosophy of mind. This has been a central theme in the analysis, and has occasionally been spoken of as continuing and substituting for the analysis in my absence. Also, the books and ideas he mentions often make me wonder whether he knows my personal connexion with that type of philosophy. Before starting the analysis he knew that I had known a relative of his, and that I was South American. In his first session, and often subsequently, he spoke of having 'a Nazi' in himself, and daily he speaks of his fear and hatred of President Reagan and Mrs Thatcher. He also hates his maternal grandparents, who are

mentioned almost every day, and who seem to have no redeeming qualities.

On the Wednesday of the week preceding the session to be presented, there was a strike of workers on the underground, and he phoned me early in the day to tell me he was not coming. That was the first time he had missed a session. When he came the following day, the reason he gave for not having attempted some other means of transport was that this would have proved that analysis was an addiction. He reported on the Thursday that he had been very withdrawn the day before, and, indeed, he was very withdrawn both in the Thursday and Friday session. In the latter part of Friday's session he spoke mainly of his desire to go and buy more philosophy books, and that he planned to spend the whole weekend reading philosophy.

## MONDAY'S SESSION<sup>2</sup>

Mr A came in, looking livelier than he had looked the previous week, and he showed some eagerness in his expression when he greeted me at the door. No sooner was he on the couch than he said he had had three dreams, and immediately proceeded to tell me the dreams, one after the other.

### First Dream.

He dreamed that I, the analyst, was in his house, in his parents' bedroom. I was wearing a nightie and was being very cruel to him. I was teasing him by saying to him that his mother had cancer of the mouth and I was laughing at this. Apparently, it seemed all the time that this was just a tease, that what I said wasn't true. He said that after a short while I left the room and went to the bathroom where I started chatting with his father.

The way he said this last bit had a peculiarly insinuating ring to it that made me think more of 'chatting up' than chatting with.

### Second Dream.

He was in the United States. There was a horrible woman with two girls. He added that the girls had very long hair and ice-cold eyes. Those girls were wicked and cruel and they had psychic powers: for instance, power to cut a cake with their minds. Later on he added that for some reason the cake seemed to be suspended in the air.

'Quite peculiar', he said. The dream went on.

Those girls were also rounding up the children in the playground. This was awfully grim; and he went on repeating and emphasizing that they were awful, evil and wicked.

### Third Dream.

Dave, a friend of his (who is doing the education course with him), phoned to ask the patient if they were still friends. The dream grew vague. Other people were present. The whole scene was happening in an underground train. But instead of going to Chelsea, where he lives, the train turned towards somewhere else. This last was very frightening.

When Mr A had finished narrating the dreams, he said that the previous night he had woken up at 4 a.m. and had written the dreams down. He feared that he would forget them. Then, without a pause, he began talking in a thoughtful way. On Friday he had received a letter from the university informing him that he had been accepted for the post-graduate studies that he had applied for, starting in the next academic year. As soon as he read the letter he began to question whether he wanted it or not. It might have been easier had they rejected him, but at the same time, this would have made him extremely unhappy.

On Friday he went out to dinner with his parents. His father was worried, and did not want him to stop his present studies. His friend Dave had asked him to come on a trip to Europe during the summer vacation. Somewhere at this point he said that the nightgown I was wearing in the dream was like one that his mother had, but not the one she was actually wearing during the weekend. He then said that on Saturday night he had gone out with some people from his old university. It was boring. They were, as usual, just drinking beer. He didn't drink too much—only five pints!

He went back to the subject of his education course, his father's attitude to him, and to the fact that he does not want to do the next term's practice. He continued along this familiar line. He does not see himself as a teacher. He referred again to the problem of the timetable conflicting with his analysis. And, sounding very upset, he said that teaching bothered him, and he then added that if he did not teach he did not know what he would do all day long.

Still speaking about the teaching, he said that

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<sup>2</sup> Because of the need to condense the presentation, the interpretations tend to appear to be longer than they

really were.

- 438 -

to teach felt to him like supporting the social system of which he disapproves. He then remembered that his friends had said on Saturday that he was an 'armchair socialist'. He added that in a way they were right, since he lives off his father. He felt guilty because of this. And then he remembered that he was feeling guilty, on and off, over the whole weekend. Finally he mumbled something about his not seeing himself doing a 9 to 5 job. Then after a brief pause he said that the train in the dream reminded him of a film called 'Train to Hell'.

Here I intervened. I said that he felt I was being very cruel in stopping for the weekend. In his mind, I felt to him like a cake that was out of reach, and it felt as though I were teasing him, as in my 'chatting up' his father in the first dream. I said that he hated wanting something, especially if it was not immediately available. And I linked this with his wish for the place at the university to do a doctoral degree and his reaction to the letter. I spoke about the way he dealt with those painful feelings and with his menacing anger, by cutting them off and pushing them out of his mind and lodging them in me. And that, as a consequence of this lodging, his perception of me as someone like the woman with the girls in the dream—powerful and menacing; and that on coming back from the weekend, he did not know if there was any friendliness left between us or if this would just be a hellish place. At these last remarks, he smiled slightly.

After a short silence he responded warmly to my interpretation. He said that the letter from the tutor at the university was very friendly. He had written that he had enjoyed meeting Mr A at the selection interview and that he was looking forward to their working together. Mr A spoke a bit more about the content of the letter in the same direct way in which he had spoken after my interpretation. But now his tone changed. It became slightly haughty, rather provocative and mocking—almost as if he were teasing me. He continued to speak about the letter, saying, 'Oh, you know the typical things people say in this kind of letter'. In a still more provocative way he said that his father had suggested that he should miss two months of analysis, saying that 'this could not possibly matter since the analyst also took holidays'. These provocative remarks went on a bit longer and then I said I thought that what I had previously said had made sense to him. He responded by saying, 'That is true'. I continued, that my having made sense to him was perceived as a friendly contact between us. But that as soon as he felt better, a bit of him felt very hostile and started undermining, mocking me, and probably himself. This act of undermining feels like the cancer that cuts into the analysis and into his own feelings; and also, by lodging his feelings in me, he experiences me as having this cancer. That is, he fears that I will not be able to assess properly his need for analysis, as indicated by his remark about his father's comment on the possibility of his skipping two months' analysis.

I will pause here to consider in a rather schematic way the meaning of this material: what I chose to interpret; why I chose it; and the effect of the interpretation on the patient.

I think the three dreams are interconnected and were triggered by the immediate stimuli of the weekend separation, reinforced by the interruption in the previous week. In the first dream he feels his object split between a damaged feeding object and a sexual object. He is taunted by my weekend and responds with a destructive biting which is projected into his object, that is now said to have a cancer of the mouth. The object's separate existence is felt as tantalizing to him. And because of his own reaction to this, he feels threatened by a total loss of the good object. A cancer is a fatal illness. Cruelty seems to prevail, and violence is a possibility.

The second dream portrays neatly the, for him, tormenting quality of an unavailable object, with increasing conflict between loving and sadistic feelings. As I suggested before, he deals with his problem by cutting. He either cuts off by his withdrawal or he cuts into me with his mockery, and then he projects his actions into the object. In the dream the suspended cake is the target of his cutting, but the psychic power to cut is felt as belonging to the girls. This is similar to what happened in the first dream, where it was the mother who was said to have cancer of the mouth while in the session he mocked me bitingly.

I think that the third dream points towards the possibility of a more benign response. Thoughts about friendliness re-emerged. He became aware of having turned the wrong way—that is, against the object. And he is aware of the frightening consequences of this action, which I think



connects with guilt as well as the hellish situation that he has to face.

The interpretation that I have given brought a shift in the material. He felt relieved and better. His relief brought an upsurge of envy expressed by sadism. His teasing held a rather veiled sarcasm (he finds it difficult to be directly sarcastic or openly hostile to me, but he can be extensively so in a slightly muted way). In this session the sarcasm had a biting, excited quality, and a greedy feeling associated with it.

In interpreting this last shift, I reminded him that my previous interpretation had made sense to him, and that because it made sense to him it had stimulated his hostility. I also mentioned that he had been pleased by his tutor's letter.

Mr A then spoke of his friend Dave's suggestion that they have a holiday together in the summer. He said that Dave was poor and that travelling with him in Europe would mean having to rough it. He described how exposed he feels in such circumstances, and that having to be social with all kinds of people frightened him very much, adding, 'like what happened to me that time I told you about in Holland'. He then reminded me of how on that occasion his brother had protected him. He talked about those holidays on the Continent some years ago which he had taken with his brother and some friends (all students at the same university). But at some point he had parted from them and had returned home while they had gone on to Greece. He finished by saying that Italy, and more especially France, felt 'almost civilized' to him, but the rest he could not face.

I asked him if he spoke French. He looked surprised and said 'Yes'. I said to him that in the analysis we have a common language, when he felt that I understood him and that he could take in what I said. Then we were—almost—'civilized'. Whenever, as occurred early in the session, some cruel, hostile bit of him steps in, or something else happens, then he is exposed to incomprehensible feelings which he perceives as dangerous, and he panics.

He said, 'It's like the panic attacks in Holland I have been telling you about. It happened when I was in the Red Light district and it was not the sex that frightened me. It was the violence'. I linked this with the first dream in which I was in the nightgown, and teasing him. I said that when he is faced by sex (me as the couple in the first dream) he feels hatred and he perceives me as menacing. He replied, with an expression of puzzlement, 'What you said feels right, but I don't understand why'. I said, 'Because you feel excluded'. He said, 'Yah', and relaxed with a big sigh. After a pause, I did say that perhaps this was how he had felt as a baby, and later on as a child, left in his cot or a playroom: miserable, angry, feeling violent towards his mother, whom he might have felt to be doing something cruelly evil to him by being with his father. I told him that probably when he was an infant this had been felt as the loss of an exclusive relationship with mother, an exclusiveness in which he felt protected. I stressed his need to be protected by these good feelings with mother. I said that he needed to have those old good feelings from when he was very little to protect him when he felt assaulted by 'uncivilized feelings'—that is, hatred, which made him attack when he was not in an exclusive relation, at one with the object. He was thoughtful and silent for a little while, then said that he wondered why the dream had taken place in America.

After a brief pause he returned to the theme of having to rough it, and then in a slightly self-mocking tone said that he is such a socialist but he likes good, comfortable hotels—nice places. Here he made a funny noise that he had made on a few previous occasions in the analysis. In a rather guttural voice—not at all his usual one—he uttered 'Ach', and then went on for a short while on the subject of roughing it and hotels.

His saying 'Ach' had a strong impact on my mind. I sensed that it was central to his communication. I also fleetingly experienced him as someone unknown to me. I asked him if someone in his family said 'Ach'. He reddened a bit and said, 'Yes, my horrible rich grandmother. Why?' (By then I had also remembered an experience he had had when he was in the United States. He had felt utterly helpless, even physically paralysed, so that he had been unable to walk for a while. He had been in a great panic.) I said to him that when he felt limited in the analysis, whether by time (it was nearing the end of the session) or by other people arriving, he finds it rough and feels very powerless, so he quickly turns himself into his grandmother whom he has often described as being anorexic and a kleptomaniac. In this way he does not have

to receive from me, but can steal his way into me and have all he wants—a good place, and no socialism; that is, total possession without sharing. However, he then feels himself to be horrible—that is, guilty. He laughed and said, 'Strange', and started talking about Dave. I interrupted and stopped the session.

I hope that I have been able to show from the clinical material that the analytic session is an active dialogue about a relationship of which this dialogue itself is a part.

As I said earlier in this paper, it is the immediacy of the relationship with the analyst which is the focal point of the interpretation. The careful scrutiny of the details of the patient's responses to the interpretation is of central importance. We see from the session how, once he felt understood, he reacted both with hope and with envy towards myself as the object. The analysis of that reaction unravelled further anxieties connected to incomprehensible states of confusion that resulted probably from his attacks. This in turn permitted us a clearer view of his possessiveness and of the mechanisms he uses to avoid both the awareness of his possessiveness and the conflict he experiences by wanting an object, feeling separate from it, and having to share it. His solution to this conflict is to become the object, which at that moment is a rich, anorexic kleptomaniac—and thus, someone who has everything and needs nothing. This solution made him feel guilty, and then the analysis began to focus on those guilt feelings.

I will now turn to the interpretations. As the material shows, in most of these I focused on myself. The person of the analyst comes to stand for the internal object through whom the conflicts are experienced. Throughout this session, I thought myself to be in a maternal role. When the interpretation was heard and felt by the patient, I could branch out into explorations of other aspects of the material. Some of these can be seen in the material, but for the sake of brevity I have had to condense much of what went on. It can still be seen, however, that not everything was interpretation. I made comments, and asked direct questions. In this last, of course, I depended on my judgement of the nature of the contact with him.

The way I spoke was direct and ordinary. Some of the patient's material, especially his dreams, had a powerfully evocative quality, bringing to my mind imagery of early infantile relationships; but, as can be seen, I did not express my interpretations in terms of the archaic experience. I think that using a language derived from the archaic experience (that which has sometimes been called 'symbolic language'), creates a number of problems. Firstly, it employs repetitive words, on the meaning of which both patient and analyst believe there is mutual understanding but which in fact lose the quality of specificity which should belong to each element of the session. Therefore, these terms stand in the way of further exploration of the material in the transference. Secondly, it is an artificial language that hinders ordinary communication and renders itself open to idealization. Thirdly (and most importantly), it relates to my earlier remarks on so-called 'too deep' interpretations. Using symbolic language by-passes the depths of the transference experience. It destroys the live contact between analyst and patient, and turns the analysis into *talking about* unconscious phantasies, rather than experiencing them in their crude impact.

My last point concerns the linking of the interpretation of the present to the historical past. I think that the main reason for doing this is that, by connecting the historical past with the past as it appears in the transference, we enable the patients to gain a sense of the continuity of their lives. By analysing the past in the present, the ego of the patient becomes more integrated and therefore stronger.

By linking the interpretations to the historical past we also allow the patient to distance himself both from the immediacy of his experience and from the closeness to the analyst. The distancing from his own immediate experience helps the patient to gain perspective on his problems and stimulates his thinking about his own ways of viewing the past. The distancing from the immediacy of the relationship to the analyst allows the patient at moments to view his analyst as separate and different from his internal object, as someone with whom he is working out his problems. But in order for the links to the inferred historical past to be useful, they can be made only when the patient has experienced and understood the past situation in the present.

It will be noticed that I have mainly used the expression 'linking to the past' rather than

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<sup>3</sup> Reconstruction and its place in analytical work, has been a recurrent theme in analytic literature; for example, Sandler et al. (1973), Blum (1980), Brenman (1980).

'reconstruction'.<sup>3</sup> I think that the real work of reconstruction goes on in the transference. The patient, by repeating with us again and again his problems with his internal objects, portrays in the analysis the way that his relationship with those objects evolved. The interpretations mobilize defences which correspond to the old defences used in infancy and childhood. The understanding of those defences is formulated in new interpretations. Those interpretations form the actual reconstruction. It is only here that the patient understands his own past and his relation to his real external objects.

When interpreting the present the patient will often remember scenes from the past, incidents that occurred with different people, or he will narrate episodes of the past. The interpretations of the present are more definite and precise than the linking to the patient's history, which I think should be done in a way that is loose enough to allow the patient himself to provide more precise connexions with his own past. As we interpret the present, the patient's relationships to his internal objects change, revealing bit by bit under our very eyes how those relationships were built up. And as I have been emphasizing, those changes are achieved by interpreting past and present at one and the same time.

## SUMMARY

In this paper I maintain, and illustrate clinically, the point that the analyst, by analysing the transference, is analysing past and present at the same time.

Following the Kleinian understanding of the internal object relationships, and using case material to illustrate my point, I support the view that the past is alive in the present, and that transference is an alloy of past and present. By understanding and interpreting the transference the analyst is dealing with the patient's early conflicts, which can only be understood and resolved when lived through in the present with the analyst.

I maintain that the work of reconstruction is done in the analysis of the transference and that references to the past have an important linking value for the patient, in that they help him to get a sense of continuity in his life which helps him toward integration.

I also discuss the level of interpretations and the language in which I think they should be expressed.

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