

Commentary 1¹

Paul Denis

The psychoanalytic culture to which Miss A's analyst belongs is undoubtedly very different from that of the majority of analysts trained in France: the style of the interventions and their frequency are a long way removed from 'the French way of analysing'. In the majority of cases, the French analysts who are members of the IPA have adopted a technical approach that seeks to avoid a large number of lengthy and explanatory interpretations. In writing this commentary, I even found myself feeling envious of a patient who received 16 interpretations in one session—that is to say, more than I received myself in over 10 years of personal analysis.

However, aside from what are essentially customs relating to technique, it is likely that the session reported by Miss A's analyst is a key session and that the number of interpretations made by the analyst is linked to the emergence of a productive moment in the analysis, from which the analyst is seeking to draw out all the valuable possibilities. It is likely that other sessions from this patient's analysis have taken a very different course and that the analyst has intervened less in these. Furthermore, he indicates this in his introduction, by telling us that he was afraid of imposing his mode of understanding on Miss A in a way that would repeat the domination exercised by her father.

In the session that is reported to us, the first interpretation, relating to two periods of time, opens a chink in the patient's usual defensive armour. Given what he knows about his patient, the analyst is justifiably concerned to prevent this chink closing up and it seems to me that it is this concern that induces a greater interpretive activity on the part of the analyst during the remainder of the session.

In my view, the first interpretation is an ideal one that any analyst would be pleased to have made. It illustrates the analyst's use of countertransference impressions and associative memory and his capacities for identifying with his patient: the analyst immediately explores the feeling of tedium that he experiences and its significance with regard to the patient; through the play of his own associations of ideas, he mentions at exactly the right moment the recollection of the account of Miss A's father's visit to the hospital, although nothing in the patient's material refers to this directly. He identifies with this young woman and understands her sense of despair at the idea of not inspiring interest in anyone. The interpretation that the analyst elaborates is formulated in simple and direct terms; it is a transference interpretation that links the feelings experienced in

¹ Translated by Sophie Leighton, MA (Oxon), MA (Sussex).

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the here-and-now of the session with previous recollections. The core of this interpretation—'you are experiencing me at the moment as you said you used to experience your father when he came to visit you in the hospital. I think you are hopelessly used to people not doing anything about what was happening to you'—constitutes a 'mutative' interpretation that corresponds to the model described by Strachey (1934) in his classic article on the nature of the therapeutic action of psychoanalysis. This is a typically psychoanalytic interpretation that transcends cultural modes and customs, as well as theoretical differences.

After a moment of silence and emotion, the patient's associative response is to recount a 'strange dream'. She tells him that she dreamed that *she got into the bath with her clothes on thinking that she was washing them: 'It felt the right thing to do'*. Concerned that the patient should not close up and distance herself from what has just been said, and faithful to his impression that the patient is hesitant to express her painful feelings, the analyst interprets this dream narrative as a form of defence against the expression of what she has just been feeling. It also seems likely that this interpretation is linked with a theoretical and technical conception that seeks to prioritise the analysis of defence mechanisms as they appear in the course of the session and of the analysis. According to my own theoretical and technical options, I think I would have considered the dream narrative—not rightly or wrongly but simply in a different way—as the expression of her experience of the transference at that moment: being plunged into a bath, not lukewarm but hot, and letting herself soak in her analyst's words, and her own thoughts and emotions, without having to project anything that might disturb her state. In fact, she has often mentioned that her current state is like a 'lukewarm bath', in which 'she often refuses to allow either my comments (external stimuli) or her own thoughts, feelings and bodily desires to get through to her: any aspect of her experience of herself which might disturb this state has to be projected out, into me in the transference'. After her analyst's interpretation and the feeling that she has had about it, she observes a marked change: she has allowed the analyst's words to soak in while she is fully clothed and has allowed herself to experience an emotional response. Furthermore, she reveals that she is worried about the effect of her acceptance: won't her clothes shrink? An imaginative leap of association might suggest that this preoccupation with clothes becoming too

small could express a pregnancy fantasy: fertilised by her analyst's words, something would develop in her that would make her clothes too small. Or again, that if she agreed to plunge into the bath of the analysis would she not grow larger? And then what would she become? The danger then could be the end of the analysis, the expulsion as at the end of a pregnancy or, more simply, the expression of loving feelings destined for rejection.

It seems to me that there are two possible lines of interpretation, that chosen by the analyst and that which might have been pursued from a starting point of different technical presuppositions. If we follow the hypothesis that Miss A was overcome with emotion and gratitude when allowing herself to soak in her analyst's words, we might consider that the patient is experiencing her analyst's interpretation—according to which the dream 'was, in fact, covering the feelings she was having at this very moment, just like the clothes covered her body in the bath'—as an invitation to

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acknowledge her feelings for him, and as an invitation that puts her in danger of giving into a seduction: her analyst is a monster with huge eyes and huge ears and no doubt also huge teeth like the wolf in 'Little Red Riding Hood'. The patient's criticism of the analyst's shabby old brown armchair is a form of defence against the seduction that he exercises over her. This suggestion of danger seems to be confirmed by the patient's comment that the thought about her analyst 'being dangerous just came into her mind because [he] mentioned her body'. Furthermore, the analyst is fully aware of the patient's fear of mentioning sexual thoughts and talks to her about this. In a sense, this analytic session could be considered as an illustration of the seductive quality that inheres in every correct interpretation, through its rapprochement between analyst and patient, and of the fact that dealing with the sexual fantasies induced by a correct interpretation is one of the challenges of analytic technique.

In any case, the patient finally admits how much she has missed her analyst during the recent holidays, even though she has denied having suffered from this and even claimed the contrary. Later in the session, the analyst shows his patient how much his departure 'made [her] feel that [she] didn't matter to [him]'. The patient then associates to her Anglo-Indian friend who has just lost his job in the production company where he was working and is very depressed. The analyst explores the aspect of the hostility that the patient has shown towards him at the idea of being abandoned and not mattering to him and he interprets it to her by finally saying to his patient, 'You feel bad and furious with me for making you feel small'. We can use this moment in the session to imagine another possible difference between analysts in terms of their technical priorities. It may well be that the interpretation that the analyst gives to Miss A is intended to elaborate the negative transference, an important technical objective in all treatments and one that is considered as a priority in most psychoanalytic institutes. Another technical imperative that is often emphasised is to interpret ambivalence by pointing to the coexistence of contradictory feelings. It is clear, for example, that Miss A's reference to her depressed friend reflects the wish for her analyst to be in a similar situation, which is undoubtedly aggressive, but which could also mean that the analyst in this situation would need the patient, who would then be able to rescue him, to show him love and sympathy while having opportunities of being warmly accepted. It seems likely that taking account of this aspect in the analytic interpretations would have given a different course to the development of the session, in particular to the expression of contradictions that the analyst describes as a trap in which the patient feels she is caught with her dilemma as to whether to control the analyst defensively or to enjoy accepting what he is doing for her. This trap dynamic is no doubt a way of avoiding gratitude for her desire to love the analyst and to give him something that he would be glad to accept. It is not worth considering whether the large number of interpretations given by the analyst during this session may not be the reflection of this libidinal tension, released by the mutative interpretation given at the beginning of the session.

Reference

Strachey J (1934). The nature of the therapeutic action of psycho-analysis. *Int. J. Psycho-Anal.* 15: 127-59. [\[↔\]](#)

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