Interpretation and the Development of the Patient’s Self-Analysis

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In spite of the fact that Freud’s self-analysis was at the centre of so many of his discoveries, self-analysis remains a complex, controversial and elusive exercise. While self-analysis is often seen as emerging at the end of an analysis and then used as a criteria in assessing the suitability for termination, I try to attend to the patient’s self-analysis throughout an analysis. I take the view that the development of the patient’s capacity for self-analysis within the analytic session contributes to the patient’s growth and their creative and independent thinking during the analysis, which prepares him or her for a fuller life after the formal analysis ends. The model I will present is based on an overlapping of the patient’s and the analyst’s self-analysis, with recognition and use of the analyst’s counter-transference. I will concentrate on resistances in which both patient and analyst focus their attention on what is consciously known. As every student and therapist knows this resistance is never resolved and must be discovered, interpreted and worked through repeatedly. The patient’s capacity for self-analysis develops through identification with the three main psychoanalytic functions embodied and exercised by the analyst: free association, analytic listening and interpretation. I will present some clinical material to illustrate the use of interpretation to bring to the surface the patient’s resistance to experiencing what is not recognised, which becomes a starting point for self-analysis within a session.
Psychoanalytic technique has evolved in line with developments in theory. Constructions based on the unearthing of the patient’s early history, and psychic development, and then presented as a formulation or explanation to the patient are now rightly thought of as too far removed from the patient’s current emotional experience. The interaction between patient and analyst is the arena where intra-psychic life can be known.

Freud always maintained that the work of analysis is construction of the most remote inaccessible parts of the mind. ‘The whole spatially extended mass of psychogenic material is in this way drawn through a narrow cleft and thus arrives in consciousness cut up, as it were, into pieces and strips...’ (1895)

I will explore in the presentation of clinical material how constructions about the less visible, more inaccessible part of the patient’s mind can develop in the analyst’s mind within a session. Fragments of dreams, the remembering of a detail of their history, or a specific scene from their childhood may emerge without seemingly any direct connection to the present interaction. These images, although fleeting, can allow for a deeper understanding of the present contact between patient and analyst, and the more elemental foundations this contact is built on.
Interpretation as Freud’s Specific Action and Bion’s Container-Contained

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I want to suggest that the most important function served by psychoanalytic interpretation is clarified by considering an early concept of Freud’s which can be found in his *Project for a Scientific Psychology* (1895). In his pre-psychoanalytic exploration of the role of the mother in alleviating and understanding the suffering of her helpless infant, and the further consequences for mental and social development stemming from the early processes in terms of pleasure, pain and the anticipation of both, Freud wrote of the work of the specific action (*die Arbeit der spezifischen Aktion*) which he saw as an urgent requirement in the earliest interactions between mother and baby, and which he considered to lie at the inception of the ego. The performance of the specific, requisite action consists of extraneous help from an experienced person whose attention is drawn to the urgency of the infant’s painful somatic and emotional state, and whose intervention is made specific and relevant to the ‘pathway’ of the endogenously produced suffering.

Freud derived from his energetic, ‘neuronal’ model that it was the effective operation of successive cycles of such basic experiences between the concerned mother and her child that became formative in the establishment of the conditions necessary for communication and the development of the ego and its functions — the mind itself.

Freud wrote (p. 317):

> In this way this path of discharge acquires a secondary function of the highest importance, that of communication, and the initial helplessness of human beings is the *primal source* of all moral motives.

Secondly I describe how Melanie Klein’s clinical concept of the Point of Urgency (1932) follows naturally from these early formulations of Freud’s, as does Bion’s influential Container-Contained (♀♂) model, and his further clinical use of this together with his ideas of the oscillation between analogues of Klein’s two positions, the configurations called the paranoid-schizoid and depressive positions (Ps ⇄ D).

I will try to show the natural affinity that these three contributions have for one another, and how they come together when we think of them in relation to our psychoanalytic attention and interpretation.

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1 *moralischen Motive.*