

## The work of transformation in the psychoanalytic process: interpretation and construction.<sup>1</sup>

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The title of this dialogue includes four concepts that deserve definition: transformation, psychoanalytic process, interpretation and construction. Let me begin with the second, the process.

I will be extremely concise<sup>2</sup>. We can think of the analytic process in the first place as a theory of the mind or, viceversa, as a theory of the treatment. Both of these positions have convincing supporters and both have limitations. The first of them privileges the model of the functioning of the psychic apparatus on which it is based: Kleinian, Freudian or Winnicottian analyses cannot produce the same processes. The second theory gives greater importance to what the process *really* is, rather than considering the problem of what it ought to be. It is reasonable to think that it is necessary to integrate a theory of the mind with a theory of the treatment. Moreover, it is determinant to describe which characteristics the process should have in order to be considered authentically psychoanalytical, and which are the factors that promote it. Even in this case the theoretical differences will be noticeable. Entering into the territory of the factors of change implies discussing the 'therapeutic action' of psychoanalysis<sup>3</sup>, about which, as we are all aware, there are many divergences.

Psychoanalysis is essentially a modellistic theory: it elaborates models on the functioning of the psychic apparatus, which in its turn is a theoretical construction. It is from the differences between the proposed models that are derived all the conceptual and technical alternatives that contemporary psychoanalysis has accustomed us to. Many of the key theories of psychoanalytic theory (transference, counter-transference, etc) have undergone profound transformations and have acquired different meanings and values according to different theoretical models. The influence on the process of the pathology being taken into consideration is undeniable. Those patients in whom destructiveness, acting out and projective identification (Klein and post-Kleinians), the psychotic parts of the personality (Bion), the regressive aspects and early environmental failures (Winnicott, self-psychologists), etc., are prevalent, condition the analytic process both conceptually and technically.

Perhaps the most significant change of perspective has been produced by considering that, however one wants to conceptualize it, the process is not something that can be described in the terms of a patient exposing his problems before an indefinable and neutral person.

Several years ago I wrote that: "I think that we base our possibility of understanding the analytic experience on our capacity for taking part in listening to what is being said to us, or revealed to us in any other way, in order to give back to the patient in the interpretation something that incorporates the listening process and the subsequent process that has taken place in ourselves. This modality *sui generis* of "being with" best characterizes psychoanalysis nowadays. I am referring to the change in outlook that has progressively moved the analyst's focus from the life events and pathology of the patient to an analysis

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<sup>2</sup> I have developed this issue in greater detail in: "*Le concept de processus analytique et le travail de transformation*", Rev. Franç. Psychanal., 5/2004.

<sup>3</sup> I have discussed this theme in a monographic issue of the Psychoanalytic Quarterly soon to be published.

of the situation, of the relationship and of the analytic process. The complex configuration resulting from the working together of analyst and analysand - differently conceived according to the various psychoanalytic theories - has ended up by creating a new object for study. If a science can be defined by the limits of its subject-matter, then it is true that the psychoanalysis of the second half of this century can principally (if not exclusively) be conceptualised as the science that deals with this new and unique figure of intersubjectivity" (Canestri, 1994).

The intersubjective nature of the process, that has been in course of consolidation during the last quarter of the past century, therefore requires a *participative and non-objectivating* approach. However, this does not mean the annihilation of the constitutional asymmetry of the analyzing situation.

A classical definition tells us that it is possible to speak about a process when everything that occurs in time acquires unity in reference to a final state. The process moves towards an objective and ends when it is reached. Another concept connected to this definition is that of the causal link, i.e. the idea that the successive states are closely determined by the preceding ones. The Argentinian analyst Etchegoyen has introduced the analyst's actions into the causal sequence, in order to ensure that the process responds to the objectives.

As an alternative, I have suggested thinking that the process can be conceived as "progress through change" (Lakatos): not progress *towards* something – a hypothetical truth or, in the analysis, an equally hypothetical 'cure' – but *from* something. This statement has an epistemological background that we shall not be discussing on this occasion. It is sufficient to quote T.S.Kuhn (1962) when he says that: "The development process [of scientific theories] described ... has been a process of evolution *starting from* primitive states ... But nothing of what we have said or will say makes it a process of evolution *towards* something". The analyst also proceeds from "primitive states", without there necessarily being implicit in our minds a final stage or an objective to reach. Rather, it could be perceived *après coup*.

I will therefore work with a definition of the analytic process that privileges proceeding *from* something, instead of emphasizing proceeding *towards* something, and that also considers the process as an essential postulation so that the experience of transformation in analysis can take place.

Let us now consider the other concept mentioned, that of *transformation*. We are all familiar with the book that W. Bion dedicated to this matter as a follow-up to "Learning from experience" and "Elements of Psycho-Analysis". I think we all remember the beginning of the first chapter: "Suppose a painter sees a path through a field sown with poppies and paints it: at one end of the chain of events is the field of poppies, at the other a canvas with pigment disposed on its surface [...] despite the transformation that the artist has effected in what he saw to make it take the form of a picture, *something* has remain unaltered and on this *something* recognition depends. The elements that go to make up the unaltered aspect of the transformation I shall call invariants" (p.1)<sup>4</sup>. Bion concludes: 'for my purpose it is convenient to regard psychoanalysis as belonging to the group of transformations' (p.3-4) and also that 'it is helpful to regard psychoanalytical theories as belonging to the category of groups of transformations, a technique analogous to that of a painter, by which the facts of an analytic experience (the realization) are transformed into an interpretation (the representation) (p.4). [...] The type of transformation will depend on the analyst and

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<sup>4</sup> I personally consider this one an essential assertion. To the classic position of "realism" [epistemologically speaking the position of neo-positivism or logical empiricism] many analysts oppose a strong "subjectivism". Bion's attitude recognized a spontaneous variation between analysts that depends on implicit theories but also on the demands of the patients. The invariant means that something "real" must be recognized.

his assessment of the demands of the clinical situation” (p.5).

I use the concept of transformations in its broadest sense, in which Bion includes psychoanalytic theories ‘as belonging to the category of groups of transformations’. The element that I think is fundamental in this conception is *the transformation of the facts of an analytic experience into an interpretation or a construction*.

There are two questions to ask: where does this transformation takes place, and what is an interpretation or a construction?

There is no doubt that the transformation occurs in the mind of the analyst, and that this function of the analyst’s mind has become an essential part of the process which, from this point of view, could today well be conceived as the patient’s meeting with a mind that is capable of containing him and transforming his projections.

The concept of containment - probably in direct proportion to the amount of analytic work in the case of seriously disturbed patients - occupies an increasingly relevant position in technical literature and in clinical practice. Various authors have worked on this concept and have provided contributions from their personal points of view. Among these is H. Rosenfeld (1987); I will quote a paragraph from his "Projective identification and containment": "The word 'contain' can imply a rather passive attitude which might mean that an analyst should remain silent or inactive. While this is occasionally a necessary function of the analyst (as of the mother in normal development), I want to stress that the containing function in fact requires a great deal more than passivity. Essentially, the analyst has to be prepared to enter into an intense relationship and *to retain his function of putting experiences into words* (my italics). (...) He must gradually play back to the patient his 'inchoate' communication so that it becomes understandable to the patient - an activity that is almost an art" (p.160).

Rosenfeld (containment), Bion (alpha function, container - contained), Winnicott (holding), Aulagnier (hovering theorisations ), etc., all appear to share the idea – although they do not deny their theoretical differences – that analysis is the meeting between two minds, one of which must be able to contain and transform *something* that the patient has confided. The mind of the analyst must safeguard this *something* for the amount of time necessary for it to be safely introjected again. The therapeutic task therefore becomes that of *repairing a mind*.

The second question confronts us with the *interpretation*. There are at least two Freudian foundations that form the basis of every psychoanalytical concept of interpretation or construction, conceived by Freud himself as an art (Deutungskunst). The first concerns the assertion that mental events have a sense. Sense, meaning, intention and purpose must be considered as synonyms, as Loch correctly points out<sup>5</sup>: "...notion that things should have meaning is an expectation corresponding to a belief, this belief in meaning being the essence of psyche or mind" (p.24). Freud conceived this conviction as a pre-judgement that guarantees comprehensibility. As we shall see, this pre-judgment will prove essential to our work, especially when we use constructions in clinical work.

The second is provided by Freud in his 1915 work *The Unconscious*: "...experience shows that we understand very well how to interpret in other people (**that is, how to fit into their chain of mental events**)... the same acts which we refuse to acknowledge as being mental in ourselves. Here some special hindrance evidently deflects our investigations from our own self and prevents our obtaining a true knowledge of it" (pp. 168-169, 1915 pag. 53).

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<sup>5</sup> Loch, W. 2006 [1993] "The Art of Interpretation. Deconstruction and new beginning in the psychoanalytic process", London, International Psychoanalytic Association.

Therefore, interpreting is *to fit into the others chain of mental events*. It is on these foundations that many authors have made important contributions.

From the viewpoint of the theory of science, the epistemologist G. Klimovsky individuates two possible alternatives. The interpretation may be conceived as the 'reading' of a material that is not present in the conscious, as a hypothesis about conjectural manifested material, as well, naturally, as a therapeutic instrument. Interpretation is seen in the same way as a theory in miniature, whose corresponding rules are internalized in the mind of the analyst. Considering its structure, this type of interpretation can favour a certain theoretical automatism, to the extent that the latent material is 'decoded' through a law. But the interpretation may also be thought of as an explanation in which, by reversing the perspective, the manifest content 'A' would become the necessary condition and the latent content 'B' is the sufficient condition. The corresponding formula would be : "if B, therefore A". That is, if B exists in the unconscious, A should manifest itself in the behaviour. In this formula we are not certain about B, since it could be C, or D, or something else. It is an explicative design from which the already known can be deduced, i.e. the manifest material. Of course, our explanation allows for alternatives.

This type of interpretation is probably the one most frequently used in clinical practice, for, as mentioned above, psychoanalysis is a modelistic theory on the psychic functioning.

In my opinion Bion agrees with this last version of interpretation when he emphasizes that the traditional idea according to which the main function of interpretation is that of making conscious what is unconscious, today probably does not represent a criterion that is sufficient for the requirements of our real clinical work.

Rather, it is necessary 'to play psychoanalytic games'. I quote: "I have previously said that it is important to play psychoanalytic games as a part of the daily review of analytic work, and one valuable game consists in supposing what the interpretations would have been and what course the analyst might have taken if, instead of the actual conjectures and interpretations, the material had been categorized quite differently. Stating this in terms of transformation theory the statement is regarded as a field of diverse dimensions with which we are required to deal".

Ulrich Moser<sup>6</sup> writes that: "Interpretations use – even when they are derived in the core of concepts – a concrete context that is comprised of narrative and/or affective parts (which should guarantee that an interpretation can be experienced). The interpretive process generates a minitheory, a minimodel about an actualized area of the analytic opus or the therapeutic opus. The analyst can only do this when he or she has a corresponding model of the process upon which to base the interpretations [...] Such a minitheory is related to the analysand in a manner specific to the individual".

If we carefully follow the conceptualizations of the process described by U. Moser, a process that has different level of abstraction, we would conclude that it is a circular research process, which could take place, and takes place, at different levels and with different kinds of psychoanalytic research.

The Working Party on Theoretical Issues of the European Psychoanalytic Federation developed during more than ten years a project that studied the implicit, private, preconscious theories of the analyst in his/her clinical practice.

This research is studying how, in this circular process, an 'official' concept unites with implicit concepts (private, preconscious) in a concrete context – the analytical practice with that specific patient – in order to create a mini-theory that will be the interpretation offered

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<sup>6</sup> U. Moser, 1992, Two Butterflies on My Head, or, Why Have a Theory in Psychoanalysis, in: "Two Butterflies on My Head..." Psychoanalysis in the Interdisciplinary Dialogue. M. Leuzinger-Bohleber, H. Schneider and R. Pfeifer (Eds), Springer-Verlag.

to the patient. The circular process can subsequently continue through the integration of these mini-theories into the official reviewed theory.

A last, but very important and useful observation, regarding the interpretation. Human communication is a complex semiotic system composed of several channels interacting even when the exchange between patient and analyst is a verbal one ["talking cure"]. What I want to underline is the relevant importance of the formulation of the interpretation, which should not be split off from its content. English language allows us to introduce a distinction between 'formulation' and 'wording': the first could represent the work of the analyst to mentally articulate what he/she wants to say to the patient, the second is what is effectively said [the utterance].

The psychoanalytic dialogue uses the oral speech. Oral speech is not very organised from the point of view of syntax; grammar plays a secondary role, while the principal function is attributed to the lexical work, to the rhythm that organises the spoken words, and to the discursive link between the speakers—a link that functions independently of the subjects' will. What is more, oral speech carries within itself all the signs of the process that produces it: repetitions, cancellations, overlapping of subjects, breaks in the syntactic construction.

I have just briefly mentioned some of the characteristics of oral speech that in linguistics are known as 'segmental': a first level or *first channel* of articulation that includes, in order of increasing complexity, phonology, morphology, syntax and stylistics.

In oral discourse this level is **always** accompanied by a supersegmental level or *second channel* that includes a range of phenomena coming under the classification of prosody. Tone, accent, pauses, silences, intonation and expressive connotations are elements that are inseparable from any oral discourse even though, paradoxically, they are not necessary in order to define human speech. This paradox is even more evident in our experience, for what possibility of orientation should we have without the help of the prosodic aspects in our patients' discourses?

Lastly, the oral performance moves on a third level or *third channel* by means of nonverbal elements, gestures, facial mimicry, movements and positions of the body, which are equally hard to codify. The semiologist Barthes had good reason to proclaim his intolerance of the results obtained when transcribing oral speech: 'What is lost in transcription is simply the body'.

A careful analysis of the levels or channels of discourse, and an accurate study of certain linguistic notions, can prove to be of great assistance in formulating interpretations and in contributing to enhance their effectiveness.<sup>7</sup>

But what happens when the situation and experiences of the analysand do not match those of the analyst, when he does not possess already conceptual systems that could be adequate to match with those of the analyst? The last years of Freud's work and taking into account narcissistic, borderline, psychotic and 'para-psychotic' pathologies, and those deriving from early traumas, have accustomed us to considering that our theories on interpretation, while adequate for neurotic pathology, were perhaps insufficient to handle more serious cases.

We are perhaps in the presence of the Freudian definition of a 'memory trace from an earlier phase that has not *yet* been translated'. (I emphasize *not yet* because, as we shall see later, this residual possibility is intimately connected to the concept of construction).

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<sup>7</sup> Canestri, J. (1994). Transformations. *Int. J. Psycho-Anal.*, 75:1079-1092.

Very primitive experiences, of very early phases, perhaps corresponding to registrations of perceptions or to something preceding perception, in a psycho-sensory register, when not purely bodily.

An interpretation of these processes deserves the name of a 'construction', as Freud himself illustrated in his work of 1937. In Loch's words<sup>8</sup>: 'The analyst does not reproduce a pre-existing phantasy but he produces something that had not been there before in *this* form' (p. 35) – here also I emphasize the word *this*, it was not present in *this* form; or, in Green's words 'What counts is the fact of having succeeded in binding the inchoate, and in containing it within a form' (1975). This aspect of the interpretation–construction is of major interest to today's analyst, considering that the treatment of serious pathologies faces us with the difficulty—already hypothesized by Freud and emphasized by Bion—of 'translating' conditions for which '*rational interpretations*' will not suffice (Loch, p. 37) (Bion, 1989, pp. 51–2). [In this case I use the word 'translation' in a broad sense since, as we shall see later, the interpretation and construction are not 'translations' of the material].

The use of countertransference in these cases is essential, a concentration in countertransference on what Bion calls a *transitive–intransitive mood* (Bion, 1989, p. 56). Loch interprets this formulation as the request for an oscillation 'between dual-union and separation (triangulation)' (p. 38). Equally important is the interpretation of the transference: "If the psychoanalytic situation represents a *time of awakening* ... then it demands of us that we use explanations in our interpretations that are supported by reasons based in the 'here and- now-with-me'—that is, are valid with reference to *this analyst present*". (Loch, pp. 42–3).

We know that J. Sandler and A.-M. Sandler (1998<sup>9</sup>) suggest a distinction between *construction* and *reconstruction* that could prove useful. While the first one, from their point of view, refers to the interpretation of an unconscious object relation actualized in the here-and-now of the transference, the second one indicates, from the point of view of the analyst, what has occurred and has been experienced during the development.

In his work 'Constructions in Analysis' (1937), after having reconfirmed that our research is oriented towards tracing a faithful and essentially complete picture of what has been forgotten by the patient ["What we are in search of is a picture of the patient's forgotten years that shall be alike trustworthy and in all essential respects complete"], Freud states that: "But at this point we are reminded that the work of analysis consists of two quite different portions, that it is carried on in two separate localities, that it involves two people, to each of whom a distinct task is assigned. [...] We all know that the person who is being analyzed has to be induced to remember something that has been experienced by him and repressed; and the dynamic determinants of this process are so interesting that the other portion of the work, the task performed by the analyst, has been pushed into the background. The analyst has neither experienced nor repressed any of the material under consideration; his task cannot be to remember anything. What then *is* his task? His task is to make out what has been forgotten from the traces which it has left behind or, more correctly, to *construct* it. The time and manner in which he conveys his constructions to the person who is being analyzed, as well as the explanations with which he accompanies them, constitute the link between the two portions of the work of analysis, between his own

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<sup>8</sup> Loch, W. 2006 [1993] *The Art of Interpretation. Deconstruction and new beginning in the psychoanalytic process*. London, International Psychoanalytic Association.

<sup>9</sup> Sandler J. e Sandler A.M, 1998, *Internal Objects Revisited. (Monograph Series of the Psychoanalysis Unit of University College. London And Anna Freud Center)*.

part and that of the patient” (pp.258-259)<sup>10</sup>.

Various implicit suggestions can be derived from these statements, whose follow-up is manifested in some of the major contributions of post-Freudian psychoanalysis. Firstly I would underline the distinction he makes between the two different localities, which implies two people at work with different tasks, two people of whom one – the analyst – had remained in the background. This starts off in the direction mentioned above, that is the *sui generis* modality of “being with”. Secondly, this means constructing what has been forgotten, beginning from the traces that remain. Lastly, the analyst’s constructive work is characterized by referring to the ‘timing’ and the mode.

As Freud indicates in his work, even if we assign a broad meaning to repression, we would have to account for the problem of the splitting (Spaltung), which in chapter VIII of ‘Outline’ is extended as a major defense mechanism to neuroses and to normality.

This is not to mention the ‘non-translated traces’, that are unreachable through normal mnemonic unveiling (in the sense of hysteria), inasmuch as they do not possess assignable semantic or declarative values

As we all remember, Freud explicitly speaks of these ‘traces’ in the famous and often-quoted letter to Fliess dated December 6 1896 that I, too, wish to quote: “As you know, I am working on the assumption that our psychical mechanism has come into being by a process of stratification: the material present in the form of memory-traces being subjected from time to time to a re-arrangement in accordance with fresh circumstances-to a re-transcription. Thus what is essentially new about my theory is the thesis that memory is present not once but several times over, that it is laid down in various species of indications. I postulated a similar kind of re-arrangement some time ago (Aphasia) for the paths leading from the periphery [of the body to the cortex]. I cannot say how many of these registrations there are: at least three, probably more. This is shown in the following schematic picture, which assumes that the different registrations are also separated (not necessarily topographically) according to the neurones which are their vehicles. This assumption may not be necessary, but it is the simplest and is admissible provisionally”.

[I will not read the paragraph that follows.

W [Wahrnehmungen (perceptions)] are neurones in which perceptions originate, to which consciousness attaches, but which in themselves retain no trace of what has happened. For consciousness and memory are mutually exclusive.

Wz [Wahrnehmungszeichen(indication of perception)] is the first registration of the perceptions; it is quite incapable of consciousness, and arranged according to associations by simultaneity.

Ub (Unbewusstsein [unconsciousness]) is the second registration, arranged according to other (perhaps causal) relations. Ub traces would perhaps correspond to conceptual memories; equally inaccessible to consciousness.

Vb (Vorbewusstsein [preconsciousness]) is the third transcription, attached to word-presentations and corresponding to our official ego. The cathexes proceeding from this Vb become conscious according to certain rules; and this secondary thought-consciousness is subsequent in time, and is probably linked to the hallucinatory activation of word-presentations, so that the neurones of consciousness would once again be perceptual neurones and in themselves without memory.”

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<sup>10</sup> Freud, S. 1937, *Constructions in Analysis*, S.E., 23.

The *Wahrnehmungszeichen* may not constitute the first traces that are waiting to be translated. It is conceivable that the psycho-sensorial register and that of the traces deriving from the soma are waiting to be perceived and translated. And in any event it must be said that if the *Wahrnehmungszeichen* do not undergo translation, they are not psychic traces in the true sense.]

To conclude the quotation: "I should like to emphasize the fact that the successive registrations represent the psychical achievement of successive epochs of life. At the frontier between two such epochs a translation of the psychical material must take place. I explain the peculiarities of the psychoneuroses by supposing that this translation has not taken place in the case of some of the material, which has certain consequences. For I hold firmly to a belief in a trend towards quantitative adjustment. Every later transcript inhibits its predecessor and drains off the excitatory process from it. If a later transcript is lacking, the excitation is dealt with in accordance with the psychological laws in force in the earlier psychical period and along the paths open at that time. Thus an anachronism persists: in a particular province fueros are still in force, we are in the presence of 'survivals'. A failure of translation - this is what is known clinically as 'repression'" (pp.232,33,34)<sup>11</sup>.

To this theoretical construction we naturally have to add the concept of *Nachträglichkeit* (retroactive re-signification) that was developed in the same period. As we can see, these notes in the letter to Fliess are a goldmine of possible reflections. What I want to emphasize is that the lack of 'translation' gives rise to anachronisms, to surviving experiences that obey archaic laws linked to the discharge of excitation. What we theorize today in terms of acting out, of somatization, etc., is outlined in this letter. It could also be said that Bion's Beta elements would happily feel at home here.

At this stage we are faced with 'non-translated' traces which subsist in the patient's psychic life, in some cases without a 'psychic quality' in the traditional sense, and this gives the analyst a difficult task: that of 'transforming' with his interpretations and constructions what is there virtually, in 'another scene' that is more radically 'other' than in the repressed unconscious, and that exercises all its effects (usually pathological) on the mental life of the subject. This situation is usually one of early traumatic situations, but not only. Every serious pathology confronts us with similar situations. In these cases, as Loch says, together with Green, Viderman, Sandler and many others, every construction directed towards the translation of these traces is a new creation-construction of meaning. As we can see, this explanation of constructions in analysis does not regard the recovery of the forgotten past but the installation or historization of a past.

To conclude this very brief panorama of the main psychoanalytic concepts and instruments regarding the work of transformation in the psychoanalytic process, let us return to the previously quoted phrase by Bion: "The type of transformation will depend on the analyst and his assessment of the demands of the clinical situation". From my point of view, the type of transformation carried out by the analyst and the interpretation or construction that results from it, is influenced by implicit, private theories operating at a pre-conscious level, which are influenced in their turn by unconscious processes. The mini-theory generated must be contextualized, i.e. it must be related to the analysand in a manner specific to the individual. I have called these **temporal models 'in situation'**. As an ideal these models must have the potential to evolve dynamically and to have a high heuristic value.

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<sup>11</sup> Freud, S. Letter 52 from the Extracts of Fliess Papers, S.E. 1.

