
Self-Knowledge and Interpretative Knowledge

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We may criticize or suspect the purely introspective view, but we cannot suppress or eliminate it. Without introspection, without an immediate awareness of feelings, emotions, perceptions, thoughts, we could not even define the field of human psychology.

(E. Cassirer)

1. Introductory notes on the concepts of insight and interpretation

Rather than discussing the operative and therapeutic functions of the two concepts, the emphasis here will be on their different modalities of knowing.

Without doubt, of the two, the concept of interpretation has traditionally had a more widely recognized *status*. Insight, on the other hand, although it came into use as a technical term much later, has always been firmly established, at the operative level of analytical praxis, in a position correlative to that of interpretation (Sandler *et al.* 1973); it has been easily assimilated by different psychoanalytic orientations (Spacal 1983), despite the fact that it lacks a precise theoretical definition and is not used uniformly in the various psychoanalytic circles; it tends rather to be frequently interchangeable with terms taken from non-technical language (see Sacerdoti and Spacal 1985). However, its principal advantage seems to be that, more than any other concept, it conveys the specifically psychoanalytic fact of the inseparability between what is related to knowing and what is therapeutic, since insight is considered to be at the same time an expression of conscious self-observation and a derivative of unconscious processual changes.

Together, interpretation and insight cover that area where the analyst's knowledge of the patient is interwoven with the patient's knowledge of her-himself. Freud noticed very early on that the relation between the analyst's knowledge and that of the patient is not simple, linear, and univocal, and it was this realization which gave rise to the technical notions of *working-through*, *timing*, *difference between intellectual and emotive knowledge*. From different points of view, all these concepts are reminders of the problematic nature of the relationship between the concept of insight and that of interpretation.

In a later paragraph, I shall dwell briefly on one possible point of contact between the two concepts; before that, however, each of them will be examined separately, in an attempt to identify their more basic characteristics. In this account, interpretation is taken as being the knowledge one has of the other person, whereas insight is considered as an expression of the knowledge one has of oneself. This way of defining the two terms should not be thought of as universal or necessarily correct either on psychological or logical grounds. Obviously, it is quite possible to talk of interpreting one's own behaviour, just as one can refer to having acquired insight into other people's difficulties. Consequently, it would be preferable to talk simply in terms of knowledge of others and knowledge of self. The reason for adopting the terms of "interpretation" and "insight" is principally because of the tradition which considers the interpreting, explaining and clarifying done by the analyst, and the progressive "seeing into oneself" done by the analysand, as being salient parts of analytic praxis.

What is the main difference, then, between the two types of knowledge?

This article will argue that the knowledge relevant to interpretation is almost completely limited to its epistemic status, while that relative to insight has important existential implications.

2. Insight

We occasionally hear a patient say, “I don't have the courage to think about myself”. The statement betrays an uneasiness connected to the act of self-interrogation, which can undoubtedly be more upsetting than receiving interpretations from the analyst. This kind of uneasiness, felt by an individual absorbed in the act of self-discovery, can serve as a starting-point in our investigation of the type of self-knowledge known as psychoanalytic insight.

The *Ratman* (**Freud 1909**) provides an illuminating example of the evolution of insight in the course of psychoanalysis. In his description, Freud gives us a glimpse of how the patient gradually became aware of his hostile feelings for his father. It is possible to identify the different manifestations, or stages, of this *movement of insight*: a) initially, the patient expressed boundless love for his dead father; b) he was unable to accept his father's death, and often imagined he was still alive; c) he was overwhelmed by an intense feeling of guilt for his father's death; d) he was indignant at the thought that he might have felt hostility towards his father; e) he approved of a woman committing suicide because of feelings of guilt for having desired her sister's death so that she could have her brother-in-law for herself; the patient thought that the woman had made the right decision, considering her “horrible desire”; f) at a certain point in the analysis, the patient feared that Freud was about to hit him as his father had hit him as a child; this expectation was so real that he had to get up from the couch and move away from Freud; g) in the end, he became clearly aware of the profound hostility he had felt for his father from his childhood on.

A consideration of the gradual, tormented growth of awareness in Freud's patient leads one to wonder about the state of his consciousness. What is involved in the subjective re-appropriation of repressed hostility? Is it simply an epistemic event, or is it transformative in a more radical sense (we might call it ontic), commonly designated as therapeutic change? This question reflects one of the basic problematic aspects of insight about which, however, there is no agreement among psychoanalysts. In the *egopsychological* tradition, where the emphasis is on psychoanalysis as belonging to the unified dominion of natural sciences, insight is considered, along with every other kind of knowledge, as something to make use of in order to bring about changes for the better, or otherwise as an observative activity with few existential implications. **Rangell (1981)**, for example, in his eloquently entitled article “From Insight to Change”, states clearly that insight in itself does not yet mean transformation, although it can be used to bring about desired changes. This is what is sometimes referred to as the *biphasic conception of insight* (**Barratt 1984**). Other authors, on the other hand, maintain that the specific quality of the insight which comes through the psychoanalytic method is due to the inseparability of ontic and epistemic aspects. *Knowing oneself* and *being*, therefore, are seen as being closely connected to each other, and regaining possession of repressed content automatically implies a radical transformation of subjectivity (**Schafer 1978; Barratt 1984**).

The itinerary followed by Freud's patient is not the obligatory one for a gradual emerging of greater personal awareness. There are undoubtedly other ways which may lead from the identification of those typical structures which indicate the “return of the repressed” (dream, symptom, compulsive fantasies, personality traits, typical situations), to the full integration of the respective experiences with the patient's subjectivity. I would like just to mention three particularly frequent and typical stages, present also in Freud's case referred to above, which are often passed through during this discontinuous and wearisome journey: these are, on the one hand, *projection* and *displacement*, and on the other, *negation*. Before an individual is able to feel completely aware of a certain impulse, she-he will tend to identify it in someone else. Similarly, before being able to recognize the true object of her-his own drives, she-he will tend to direct them towards a substitute

object. Through negation, the individual is aware both of the drives and of the objects of these drives within her-himself, but solely in a negative form (**Freud 1925**). Thus, in the gradual evolution of insight, mental manifestations such as symptoms (compulsive ideas about the death of his father in the case of Freud's patient) or personality traits (obsessive doubt or avarice in the same case) are substituted by other forms of behaviour. These can affect the analytic relation (by taking the form of *transference neurosis*, for example), as well as extra-analytic situations. These “emotional expressions” which indicate the freeing of the unconscious desire from its restrictive, symptom-based bonds and from the limits imposed by character, throw light on what has previously been repressed and encapsulated in rigid, compulsive psychical manifestations. Obviously, transference cures and transference neuroses are not the only possibilities open to the individual in analysis. With the concepts of *acting out* and *collateral transference*, psychoanalytic theory showed its willingness to maintain a bridge between the analytic situation and the possible “solutions” external to it. In fact, acting out means that the unconscious programming which is freed with the help of the analytic method looks for “solutions” outside the analytic situation itself; here the possibilities are clearly innumerable: from falling in love, to religious conversion, collective involvement in movements of various kinds, and so on. In this way, we can observe how a patient, at a certain point, instead of being tormented by a symptom or feeling depressed, may feel intensely devoted to a certain affect. It is through these “emotional solutions” that the unconscious intentionality formerly imprisoned in symptoms and personality traits manifests itself, and this is what Freud was referring to when he remarked that the enemy (in other words the unconscious desire) cannot be defeated in effigy.

Another point which is no less important with regard to insight is the question of whether it should be considered as a new psychic creation, or a re-appropriation of something already possessed. Freud tended to favour the conception of a progressive unveiling of the psychic reality already existing in the patient while, in opposition to this, the conception which has gained ground is that psychic reality can be re-created continually and arbitrarily (see **Spence 1982**, for example). This important problem is connected to certain fundamental questions regarding the *structuring of unconscious psychic reality*, such as the *indestructibility of infantile desires* and the *limits of psychic modifiability*. The conception of insight as maturation or creative act therefore, is at least partially in opposition to the conception of insight as a re-appropriation of repressed contents. The conceptual contraposition may not seem so clear in this case as in the previous one (insight = instrumental knowledge as opposed to insight = knowledge transformative in an ontic sense), but the difference cannot be ignored. In fact, it may be traced back to the contraposed psychopathological conceptions of *psychic conflict* and *psychic defect*. Insight as creation or maturation is connected, for the most part, to conceptions of psychic reality centred on the defect, whereas insight as the conquest of what is repressed is linked to the conception of psychic reality characterized by conflict.

When considering insight in relation to psychic conflict, it is wise to bear in mind the salient characteristic of the conflict examined by the psychoanalytic method. Typically, this is the conflict between a conscious intentionality and a behaviour which is not recognized as one's own; we could say, between an action in which one's personal intentionality is recognized and a mental event experienced as an *occurrence*, or *impersonal mechanism*. We often hear patients say that they feel the presence of a “mechanism” within themselves which leads them to carry out actions which are not truly desired ones, or that they feel impeded in carrying out their plans by something experienced as “an illness”. There are various locutions used to indicate those aspects of psychic reality to which, on the one hand, one feels shackled, while at the same time not experiencing them as an integral part of one's subjectivity. We call these locutions *disclaimers* (**Schafer 1976**), and among them it is obviously possible to distinguish varying degrees of negation of conscious intentionality. Sometimes they are simply innocuous verbal expressions, easily translatable into language indicating a higher degree of responsibility on the part of the individual who has uttered them; at other times, however, certain disclaimed psychic events can create very intense resistance in those individuals who attempt to bring them back within the field of personally recognized activity. It is undoubtedly an experience

of insight of great importance in the mental economy of an individual when she-he makes the passage from conceiving of personal difficulty no longer in terms of a conflict between one's own intentional behaviour and a depersonalized event (the illness, the neurosis, the various mechanisms), but in terms of two diverging conscious projects both recognized as integral expressions of one's own subjectivity. At that point, it also becomes clear that the difficulty in becoming aware of this internal conflict does not arise from any particular cognitive disfunction, but rather from the emotional upheaval relative to the subjective re-appropriation of the previously disclaimed intentionality. Overcoming disownment, and consequently identifying the conflict in terms of diverging but conscious intentionalities entails differing degrees of discomfort: from fear to guilt, from sensations of shameful inferiority to those of crushing responsibility.

Implicit in those psychopathological conceptions based on the psychic defect, on mental incapacity, or on the absence of a function, is a different way of understanding insight. In this case, the subjectivity of the patient is not seen as having been distorted by repressions or disownments, but rather as having been impoverished by arrests in development caused by psychic traumas or constitutional disfunctions; **Bion (1962)**, for example, refers to a category of individuals with a pronounced inability to tolerate frustration and as a consequence, unable to develop thought. In this conceptualization, "insight" (perhaps a less appropriate term here) implies the repairing of a defect, or the acquiring of a previously absent ability. The term "insight" is less appropriate because the mental content loses much of its importance here; instead, the emphasis is on the development of a *learning ability* (**Bion 1962**). In this case what we are witnessing is a maturative movement (as opposed to a new awareness or the resolution of a conflict) from chaos to order, from primitive to mature, from solipsistic to socialized, from non-verbalized to verbalized, from figurative to conceptual, from concrete to abstract. All these cognitive movements indicate the gradual relinquishing of cognitive-emotional egocentricity or, in other words, of archaic narcissism and omnipotence. Here too, cognitive evolution is uncomfortable, even if the dysthymia is of a different kind, made up of sensations of constraint, loss and depression. While the emotional upheaval resulting from *insight as an appropriation of repressed or disclaimed content* is expressed essentially in terms of guilt and unbearable feelings of responsibility, that resulting from *insight as maturation* is characterized by a sense of renunciation and loss. One could talk of insight as moral emancipation in the first case and of insight as social emancipation in the second: from the point of view of overall psychological emancipation, both give greater liberty and autonomy to the subject.

Finally, there is another aspect of the acquisition of insight which I would like to touch upon briefly: this regards the way in which the patient achieves the re-appropriation of the repressed, the synthesis of the disclaimed parts, and the evolution towards more mature representational structures. Freud (**1918, 20-21**) claimed that the task of the treatment he had established (and not by chance named "psycho-analysis"), was to identify, separate and distinguish between the various elements of the psyche; he did not worry about their subsequent synthesis, or recomposition, maintaining that the individual has a natural tendency to link up the mental elements. He argued that an impulse liberated from the constraints of the repressive activity could find its way to consciousness by attaching itself to a representation belonging to the conscious-preconscious system. This line of conceptualization leads us to suppose that practically everything that may be described as linguistic in nature (in the more general sense, everything that may have a representational value) can function as a vehicle for the re-appropriation of the repressed. In this context, I would like to examine only that "ready-made solution" which goes by the name of *analytic interpretation*.

3. Interpretation

When discussing the attainment of insight, both during the intermediary stages and in its more definitive re-organization of subjectivity, I laid stress on its explosive, unsettling effect, and emphasis was placed on the significant ontic implications underlying the discontinuous and wearisome

acquisition of that knowledge. It is now time to ask how this knowledge may be compared to the other knowledge called analytic interpretation.

Here, I shall be using the term “interpretation” both in the sense of *understanding of the other person* and in the sense of *communicative act*, although in a different context it would clearly be appropriate to study these two aspects separately.

Interpretation has been the subject of many more detailed studies than insight, and tends mostly to be defined according to the experience which it attempts to elucidate: thus, we refer to interpretations of transference, of resistance, of dreams, of the present, of the past, of psychic conflict, of defences, of the super-ego, and so on. I do not intend here, however, to discuss interpretation as qualified by its diverse contents, but rather to touch on some of its more general aspects.

A possible beginning might be with the question of whether an interpretation is obliged to communicate something which is true, or whether its veracity should be considered irrelevant. This may seem at first sight to be a provocation, but it is not meant as such. Especially outside the analytic situation, when the analyst is reflecting on her-his work, many doubts can arise with regard to the knowledge which has been mediated to the patient. Would another analyst have done the same thing? Would it have been possible to understand the interpreted events in a different way? Uncertainties of this kind may give rise to the impression that the interpretation may not have had anything to do with the knowledge, and that its function may have been exclusively pragmatic and its effect purely aesthetical-rhetorical (**Spence 1982**). For the time being, however, I shall disregard this position, and assume that analytic interpretation intends to transmit a certain degree of knowledge. Therefore it seems appropriate to ask oneself what serves as a starting-point for an interpretation and where the analyst's commitment begins in formulating it and communicating it to the patient.

In seeking a reply to this question, it may be useful to reflect on the nature of “free associations”: a common point of view is that the patient's communications are so unconnected and ambiguous that they must of necessity be interpreted, so that the unifying themes and unconscious determining factors of the discourse are made evident (see **Schafer 1978**, for example). Thus, the need to interpret is taken to be inherent to the patient's mode of communication. However, an analysis of any sample of free association, which is undoubtedly a complex verbal act, expressing polyvalent intentionalities of an interpersonal and self-observative nature, shows us that there is no specific aspect of free association which necessarily requires interpreting. It must be concluded that *interpreting is a methodological principle* originating from the decision of the analyst, and it should be considered as being relatively independent of the patient's free associations. On the basis of this operative principle, the analyst treats the patient's communications as “clinical material” to be dealt with interpretatively. Further proof that the interpreting springs from a methodological principle and not from some necessity inherent to the patient's verbalizations, comes from the fact that the analyst always has a variety of interpretative strategies available. The analyst can decide to interpret only the present, only the past, only the real relation, only the resistance, only the transference (**Gill 1982**), and so on. An analyst may also have the opportunity to carry out two successive analyses with the same patient, basing the therapy on different conceptual systems which are sometimes even considered as divergent (**Kohut 1979**). In the light of this, we should be suspicious when we are told that an interpretation was made because “the material required it”. It is more likely that in these cases the analyst identifies with her-his interpretative strategy to such an extent that she-he is not aware of the methodological standpoint underlying her-his interpretations.

In a certain way it is possible to liken the analyst's attitude (as did Freud 1937) to that of an individual suffering from interpretative delusion. Of course this comparison could be seen as in bad taste, if taken too far, but it does help us to appreciate one thing: that the interpretative act springs from a necessity on the part of the individual doing the interpreting, rather than from the nature of what is being interpreted. While, however, a paranoid individual is usually completely unaware of having this necessity, the analyst realizes that she-he is following a certain method, and thus tries to

formulate norms in order to keep the arbitrariness of her-his activity to a minimum.

How does the analyst behave with regard to the material which is supposed to be interpreted? How can she-he avoid being totally arbitrary when focusing attention on certain aspects of the patient's verbalizations and not on others?

The structuring of interpretations can be divided into two fairly distinct components of knowing, one *logico-deductive* and the other *intuitive or emphatic*. The first component has to do with the *logical characteristics of every explanation*, and the *psychological knowledge*, that is the theories which the analyst possesses and which guide her-him in understanding the patient. The second is composed of *specific investigative characteristics for the understanding psychic reality of others*.

I shall briefly discuss these different components of interpretation.

An interpretation seeks to explain an incongruity in the story and in the behaviour of the patient, or to clarify an ambiguity in one of the patient's expressions. We can therefore assume that the analyst with interpretative intent will be particularly attentive to the incongruities and ambiguities present in the various communications of the patient. Indeed, on the basis of this, **Sherwood (1969)** proposed a useful classification of the explanations utilized in analytic strategy. Taking the case history of the *Ratman* as an example, Sherwood showed how Freud used *explanations in the terms of origin, of genesis, of function, of signification and of predictivity*. Furthermore, Sherwood (*ibid.*) observed that *the validity of an explanation can only be appraised when considered in the context in which it was made*, thus stressing the point that there are no absolutely valid or appropriate explanations, but only interpretations which succeed in performing their cognitive function more or less adequately in a given situation. To fulfil this purpose they must be based on two other presuppositions, that of *an interest or system of reference in common*, on the one hand, and that of *previous knowledge* on the other. The former implies that every explanation necessarily conveys a certain point of view; it presupposes a "universe of discourse" which is common both to whoever is seeking the explanation and whoever is offering it. The latter, on the other hand, taking previous knowledge for granted, implies that the respondent, for example the analyst, has to assume that the explanation-seeker possesses a certain degree of knowledge. Just as the presupposed knowledge varies from one explanation-seeker to another, so the explanation has to vary from case to case.

The context-dependent concept of interpretation, with its various presuppositions, tends to indicate above all that to a great extent it is the explanation-seeker (for example, the patient) who decides on the adequateness of the interpretation received. In fact, in order for the interpretation to be adequate, it has to take into account both the knowledge pre-existing in the explanation-seeker and the interest which she-he may have in desiring the explanation. Psychoanalytic theorization has attempted to partially cater for this need for various presuppositions in an interpretation with the concept of *timing*, which serves to underline the necessity to take these contextual factors into consideration when formulating an interpretation.

With regard to the logico-deductive component of interpretations, we must now briefly examine the psychological knowledge, that is, the analytic theories which are part of an analyst's *normative competence* (**Spence 1982**), acquired in the course of her-his professional training. What role should be ascribed to this "general" knowledge in interpretative activity with each single patient? If the general theory were made up of generalizations valid in an absolute sense, the particular interpretations would be simple deductions deriving from these general propositions. This is exactly the impression one receives when reading through clinical accounts where, on the basis of the interpretations made, the patients seem extraordinarily similar to one another. On the other hand, starting with Freud's case histories, it can be seen how the interpretations succeed in gradually constructing a highly specific *biographical narrative* of the individual in analysis. In these cases, one certainly does not have the impression that the interpretations are quasi-deductions derived from the general theory: here, the latter has another function, which is that of guiding the analyst towards the sectors considered to be problematic in the majority of individuals (**Sherwood 1969**). The relation between a particular interpretation and the general theory is anything but rigidly binding, unlike that

existing in the sciences with unconditional scientific laws. Thus *the general knowledge* is *informative* in constructing both particular interpretations and complex biographical narratives characterized in each single case, however, by a high degree of specificity.

Increasing attention has been given in psychoanalytic treatises to that other component of the interpretative act more closely connected to the particular mental disposition of the analyst, which we might call *the intuitive or empathic aspect of analytic interpretation*.

Empathizing, in Kohut's terms (1959), or *intuiting*, in Bion's, is the analyst's basic cognitive instrument. "(...) I propose to use the term 'intuit' as a parallel in the psychoanalyst's domain to the physician's use of 'see', 'touch', 'smell' and 'hear'." (Bion 1970, 7).

Once the importance of intuitive knowledge was recognized in analytic work, the search began for those mental configurations which were thought to be most suitable for producing that type of interpretation. Distinguishing between the free-floating attention of the analyst and her-his interpretation, Freud placed the former at the service of the latter, which in order to be epistemically adequate had to use logical-deductive operations as well. Later, the situation was reversed: the role of the interpretation as mediator of logico-deductive knowledge was given much less importance, and emphasis was given to its *linking function* with the mind of the analyst. The mental configuration of the analyst, seen as the basis of intuitive knowledge was described with metaphors emphasizing its enveloping receptivity (container, holding) and its particular sensibility with regard to the intuited object is stressed with images of eschewing "memory and desire" (Bion 1970, 31) and analytic theories (Meotti 1985).

In philosophy, the type of knowledge acquired through intuition has often been considered to have a more fundamental status than logical-deductive knowledge, both in the empiricist and in rationalist traditions; similarly, psychoanalysis accords the highest degree of truth to intuitive knowledge (Meotti 1985). To the extent to which the interpretation is consciously permeated by the first two aspects mentioned above (logical considerations regarding explanations and general theories guiding the formulation of particular interpretations), it may give rise to uncertainties; to the extent to which, on the other hand, the interpretation is based on counter-transference, projective identification, empathy, in short, on an experience of the analyst, there is no room for doubt; it is seen as unassailable at the level of the reality of connotated experience. The analyst may have some reserves about her-his reasoning, but she-he cannot question the reality of the personal experiences underlying her-his intuitive knowledge.

Intuitive interpretation, however, goes a step further than this, since it is assumed that there is an essential sharing of experiences on the part of the analyst and analysand. The feeling of "being understood" is based on these shared experiences, underlined by interpretations. Compared to an interpretation centred predominantly on logico-deductive elements, intuitive interpretation is seen as *explaining less, but understanding more accurately*.

One wonders, though, what kind of "truth" emerges from this experience of "understanding". The difficulty of communicating this kind of knowledge outside the limits of the analytic relationship are all too familiar. It seems to be a truth experienced in a highly peremptory way, but circumscribed within that time and place. A clue to comprehending the nature of this interpretative experience may be provided by a woman patient who discovered a similarity between the cognitive fact of understanding and the aesthetic fact of beauty: "To succeed in communicating things the way I experience them gives me enormous pleasure; it's what makes me feel beautiful, even when rationally I feel unkempt. It's nothing to do with the contents of a conversation (...)". What is important in this quotation (which are the exact words of the patient following an interpretation) is also the fact that the analytic interpretation was not experienced as something communicated by the analyst for the sake of clarification, but as confirmation that one of the patient's experiences had been correctly understood.

Similarly to this patient, who felt beautiful when understood, one of Winnicott's patient (1960,

48, note) felt well-nourished after an interpretation. In intuitive interpretations, then, the usual epistemic criteria would seem no longer to apply; instead of being “true” or “false”, the interpretation may be considered “nourishing” or “beautiful”. Instead of being based on the referential interpretative discourse, founded on logico-deductive premises, the yardstick would seem to be applied to the degree to which the interpretations transmit emotional identification.

4. Notes on the relation between interpretation and insight

Until now, we have concentrated on the difference in the routes which lead to the acquisition of the knowledge called insight, on the one hand, and that formulated in analytic interpretations, on the other. In both, the objects of attention is the patient's subjectivity. But since, in the case of insight, the starting-point of the investigation is one's own subjectivity and not the other person's, as it is in interpretative activity, the logical and psychological steps required are very different. This difference can never be totally eliminated, even if the analyst adopts a particularly empathic attitude or singularly receptive state of mind, or pays extreme attention to her-his own counter-transferential reactions. Kohut provides us with a telling example of the methodological perils inherent to proposing “the right frame of mind” as the analyst's principal investigative instrument; what he had initially postulated as a method of investigation, the empathic attitude of the analyst (**Kohut 1959**), eventually became equated with the right attitude of a parent in the relationship with his-her child (**Kohut 1977**).

In the light of this irremediable difference between the two types of knowledge, then, it is worth wondering what their meeting point might be.

In my opinion, we are faced once again with a methodological choice, rather than with the evidence of a fact empirically drawn from the analytic situation. Interpretation clearly has a different status and function, depending on whether it is applied to a text or to a subject. If our methodological decision leads us to view the patient's communications as “productions” or “clinical material”, then it is possible to treat them in the same way as a text requiring exegesis. In this sense, analytic interpretative work can be seen as part of traditional hermeneutics. If, on the other hand, the acquisition of insight is evaluated as an activity requiring considerable effort which is designed to bring about psychic transformations, the function of interpretations will be seen in a different light: analytic interpretations should not be judged in terms of their correctness or “psychological depth”, but on the basis of their function as catalysts of the mental activity which produces insight.

How should we conceive of this propitiatory role of interpretations? **Barratt (1984)** describes it as the *destructuring function of existing subjectivity*. This role has traditionally been assigned to interpretations of resistance. In his writings on analytic technique, Freud stresses that the *analytic process* proceeds fairly autonomously so long as the analyst is careful to eliminate the inevitable resistance which the patient offers her him. But how can this “resolution of existing repressions” and “[removal] of obstacles” (Freud **1913, 130**) take place?

It may be useful, on the other hand, to look for the catalytic effect of interpretations in what has recently been called their *narrative characteristic* (see **Spence 1982**); it is here that the logical-deductive component, as well as the intuitive one of interpretative activity, seem to come together, bringing about the integration of the general aspect with the specific. Furthermore, the conception of narrative implies that, while the logico-deductive aspect does not disappear entirely, the operative modality of interpretations is situated at a rhetorical level, instead of at an epistemic one in the strict sense of the term.

Thus the impact of an interpretation seen as a consistent, accurate narrative act, although necessarily possessing a certain degree of arbitrariness, could be seen as similar to the effect produced by a socio-cultural event which provokes, in the person influenced by it, upheavals conditioned by that person's specific psychic reality. In order to understand how interpretations might

operate, then, it may be illuminating to refer to *collective interpretations*, (which is one way of considering works of art), or reflect upon what Freud said with regard to the mode of action of psychoanalytical constructions (**Freud 1937b**). It is possible that, although interpretative activity proposes itself essentially as a *referential communication* (**Mahony 1979**) made in a dialectic context, it functions more often as discourse of an aesthetic-pragmatic type. Just as a book, a piece of music, a film or, in a more general sense, any social event belonging to the private, political, cultural, or sporting spheres, may contribute (depending on the particular conditions of an individual's psychic reality) to the emergence of hitherto disclaimed experiences, so interpretations may have the same function, though obviously in a more disciplined, focalized way. The particular strength of the psychoanalytical situation, and especially of interpretations, derives, however, from the methodological principle privileging the investigative activity. This is most certainly the principal feature which discriminates it from any socio-cultural event, even if the latter are capable of calling up the most intense experiences in an individual. It may be said that *the investigative and interpretative methodological principles* characterizing the psychoanalytical situation do not provide the analysand with easy ways out or comfortable sanctuaries. The final point is never reached: there is always another why, another how, another point of view; nobody ever becomes a model patient, nobody attains the ultimate level of insight, and the end of the analysis is a question of practical relativity (**Freud 1937a**).

It has also been recognized that one of the aims of analysis is to develop the ability for self-analysis in the patient, but perhaps too little attention has been given to the fact that this ability can emerge to a considerable extent above all if, from the beginning of the analysis, the element of self-analysis in the communications of the patient is identified, respected, and encouraged as the most authentic “boost” to the analysis itself. Of course, self-investigation cannot be equated with what the analysand recounts during the sessions, just as it would be misleading to think that self-analysis begins with the beginning of analysis as a technical procedure. Self-investigation, unlike that particular kind of self-observation deriving from the free association method, is a more general activity, not limited temporally to the analytic session. It is true, however, that the analyst “can take a look” at the self-analysis of the analysand solely through the dialogues which take place.

In this light, which from the methodological point of view privileges the moment of insight, every analysis should be considered to some extent a self-analysis, and it is the patient, rather than the analyst or the analytic pair, who is the true protagonist. There are various reasons why there is some hesitation in making the patient the leading actor in the psychoanalytic situation. Attention is often concentrated on the activity of the analyst, in the belief that the legitimacy and scientific stature of the analytic method is to be found in this activity. In addition, it was hoped that the tendency analysts have to remain anonymous and not openly discuss their work would thus be discouraged. Although this has encouraged many analysts to be more open with regard to their interpretative activity and their counter-transference reactions, this trend threatens to express itself at times in a sort of “analytic exhibitionism”, where pride of place is given to analysts’ “confessions” about their personal feelings and emotional states with regard to their patients.

Interpretation can without doubt have very different effects on the patient, depending on the intentions of the interpreter and the existing relational reality. But since the interpretation and insight belong to two different cognitive universes, there is no simple, direct line of communication between them. For the same reason (the essential difference between self-knowledge and interpretative knowledge), it is misleading to talk of the possibility of the analyst and patient building a knowledge in common, by “collaborating creatively”. They can most definitely develop a language in common, but this does not eliminate the difference between the factual knowledge regarding the subjectivity of others contained by interpretations, and the knowledge of one's own existential position expressed through insight.

Summary

The difference between the knowledge contained in analytic interpretations and that acquired by the patient through the experience of insight is discussed. While interpretative knowledge is of a prevalently referential nature, and tends to obey the logical necessities of every explanation, insight is characterized by significant existential elements; its acquisition implies, therefore, a fundamental reorganization of subjectivity at the ontic level. Insight is acquired through the self-investigative activity of the patient, and the patient is to be considered the principal agent in the analytic situation. The interpretations and state of mind of the analyst function as catalysts and supports in the process of the patient's self-discovery.

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