PSYCHOANALYSIS WITHOUT INTERPRETATIONS¹

Mikhail M. Reshetnikov

*East-European Psychoanalytical Institute
Saint-Petersburg*

This paper is an invitation for professionals to discuss modifications of free associations technique and the position of therapist in analytic situation. Let me briefly formulate these ideas.

Keywords: psychoanalysis, patient, session,

By “free associations” in classical psychoanalysis we mean unrestricted verbal expression of patient’s thoughts, feelings and desires, which can also be called “spontaneous speech”. If therapist has enough theoretical knowledge and practical skills, this technique helps to reveal patient’s “blocked” conflicts and problems. During quite a long time the analyst asks the patient different questions and subtly and skillfully “guides” his/her verbal activity. When it is possible to see the roots of patient’s intra- or interpersonal conflict, the analyst begins to “work through” the verbal material with the patient and to interpret unconscious contents in order to overcome patient’s resistance and gradually “make the unconscious conscious”. This description is rather schematic. What I would like to stress here is the position of the analyst who interprets patient’s material. This very position implies that analyst has more knowledge and understanding, he knows better and thinks deeper, and patient is just the recipient of this knowledge who must listen and learn. There is such a stereotype in almost every method of psychotherapy – the patient speaks or gives free associations, the therapist asks questions and then makes his conclusion or interpretation. That is, the therapist educates the patient...

¹ First published in: Reshetnikov, M.M. (2001). *Jelementarnyj psikhoanaliz* [Elementary Psychoanalysis] (p. 128). St.-Petersburg: Vostochno-Evropejskij Institut Psikh-analiza.

It seems to me that this role assignment can be efficient, but there are also negative sides in it. For a few recent years I have been striving to avoid this therapeutic scenario. In doing so I would use three basic rules. The first is: *Don't stimulate anything except the patient's own material*. Let me give you an example.

My supervisee once described me his session with a patient; he recalled in details what she said and what he answered. In particular, the patient said: "When my son is ill (her son is married and lives separately), I cannot have sex." The analyst asked her: "And what does your husband feel about it?"

This is a mistake in the context of the abovementioned rule. It is possible to ask such a question in an ordinary conversation, but not in the process of therapy. We do not chat with our patients, we *explore* their problems and their unconsciousness, which are indirectly manifested through their speech. That is why psychoanalysis has nothing to do with a small talk, although the same words are used in both modalities. Let me give you a metaphor. We all know how to use a knife, and scalpel is just a kind of a knife, and people could use it as yet another piece of cutlery. But if you know how to use the knife or the scalpel in everyday life, will you have the nerve to operate on brain? And human brain is not as complicated as human psyche. The most difficult thing a budding psychoanalyst has to accomplish is to acquire the skill of constant analysis, though he should analyze not the content of patient's speech but how and why the patient speaks on these topics. It is very different from ordinary conversation, and a common stereotype of the analyst napping in his armchair behind the patient has nothing to do with reality, which requires intense intellectual and emotional effort from the analyst.

Let us return to the example of the supervisee. The patient didn't even mention her husband. So the analyst could have asked her, for instance (and that would have been in accordance with her train of thought): "And in what way is your son's illness connected with your sexual life?" Even if the patient had mentioned these two things (her son's illness and her simultaneous refusal to have sex) separately, the analyst should mark them, and confront the patient with this "coincidence", thus suggesting the patient to produce her own explanation.

I would like to give a few more remarks. Any question is determined by the personality of analyst and implies a version (or a limited number of versions) of a plausible and expected answer. But patient's conscious

and unconscious mind could take a completely different direction. When we ask a patient an improper question, we interrupt the flow of his associations, which are unpredictable for us, for his experience differs from ours. These associations are much more important for the therapeutic process than satisfaction of our casual curiosity. Our questions must be as unspecific as possible to avoid any implication of a possible answer.

A second rule will seem rather strange to the reader. To use a simple wording, it can be formulated as follows: "*The most stupid analyst is the best analyst*". To extend the idea I should say that a good analyst doesn't give clever interpretations to demonstrate his intellectual capacities and knowledge. With his silence and uncomprehending attitude ("could-you-explain-that-to-me") such analyst encourages his patients to make their own interpretations, consider and re-consider them and tell them to the analyst, and then either accept or drop them. In this situation the patient, not the analyst, "knows more" and "understands better", and it helps to uncover a huge potential for the patient's personal growth and to establish a contact with his unconsciousness.

A third rule is well-known, but it is often ignored by those who rush to interpret: *analysis should be conducted at the patient's pace*. It is necessary to move forward with the pace suitable for individual patient in order to minimize the inevitable pain of his encounter with the repressed material – the pain, which might be comparable to the pain of any forceful intrusion a reader can imagine.

This specificity of classical psychoanalysis and its negative sides were stressed by many distinguished authors. Sometimes I had a feeling that they stayed unaware of the negative side of what they describe. Helmut Thomae (1996) in his description of interpretation technique gives an example of his patient's dream interpretation. He followed his train of thought about the patient's dream, and his interpretation must have "hit the target" – the patient accepted it without objections (Thomae, & Kaechele, 1996)

An acute reader can notice that the author followed *his own* train of thought, and the patient could have had a rather different one; the interpretation did "hit" the target – but it could have missed it as well.

The same author suggests an interpretation to his patient, in which we see the following construction: the analyst explains to the patient, that she thought she couldn't be such a woman. The patient got the idea (Ibid.). The construction "I thought that he thought that I thought" is

eloquent enough to be left without any further comments but I would like to stress that the analyst here does the thinking for his patient, he disguises his opinion as her opinion, and she may only “get” his idea, accept or reject it: the latter version is much less probable if the analyst is rather authoritative and the transference is full-fledged.

Otto Kernberg (1992) wrote about interpretations that were employed in his work with infantile personalities: all his reconstructive attempts led to total confusion or to his feeling that he was involved in a sterile intellectual exercise. During my therapeutic practice (which is far from being ideal) and supervisions with colleagues I’ve met such “interpretative stalemates” in plenty.

The similar indirect critics of interpretations was expressed by such specialists as Peter Kutter, Dinora Pines and others.

Peter Cutter (1997) mentions the fact that psychoanalyst gives his interpretation in accordance with principles common for all human beings. But we know pretty well that these common principles include lots of individual variations. In the same book he stresses that psychic processes, by which psychoanalyst may reach a correct understanding, haven’t been properly explored.

Dinora Pines (2010) pointed out that we must realize to what degree we project our own contents onto the patient. She adds that despite our sound intention to stay neutral we must admit that it’s just impossible to be completely neutral and we should constantly be aware of the boundary between our patients’ feelings and attitudes and that of our own.

It seems to me that interpretations were vitally important for psychoanalysis on initial stages of its development. But today psychoanalysis has become a part of general culture: even schoolchildren may seriously discuss Oedipal complex, and everybody uses such phrases as “Just sublimate it”, “It’s your projection”, “He is identified with his father”, “You’d rather separated from your mum”, “I won’t repress it”, etc. The situation has dramatically changed, and the classical method of interpretations doesn’t provoke much insight but rather irritates the patient.

It is worth mentioning that Freud, the inventor of interpretative method, also called for the treatment which is not too unpleasant for a patient. He said that analysis (and, I daresay, interpretations) is something like additional upbringing for the patient. However, he stressed that objective value of interpretations can be questioned because of the analyst’s influence on the patient. Freud says that incorrect interpreta-

tions are sorted out in the process of analysis, and they should be rejected and replaced with more adequate ones (Freud, 1996). That is, “trial and error” method is used; but each of these errors can be fatal – for the treatment, at best.

The approach I describe implies total rejection of the “trial and error” method and less influence of analyst on patient, the influence, which may distort objective information. That is, the approach is aimed at patient’s self-understanding and self-upbringing. Such an approach – psychoanalysis without interpretations – helps a beginner to follow the main principle of any treatment, that is, “Do no harm!” to the patient.

Let me stress again that this approach leaves both associations and their interpretations exclusively to the patient. The analyst just explores, not interprets.

After this short, if not convincing, introduction (anyway, the article is not aimed at exhaustive theoretical understanding) I will try to illustrate the abovementioned ideas with an example.

My patient is an attractive well-built brunette, 44 years old, a manager and co-owner of a company. Her stated reason to come to me was the following: she said she had read Erik Bern and something else on psychoanalysis but was not satisfied with that and wanted “to find the truth”. At the first session she mentioned that there were some things she didn’t accept in psychoanalysis, like all this nonsense about sex, oedipal complex, etc. She is married, she has adult children, a son and a daughter, who live separately. She stressed that she had put a lot of effort to arrange separate apartments for them. Her mother is alive, her father died 20 years ago.

During the following sessions I became more aware of the patient’s real problems: she had recurrent depressive states; she had constant fear that people would find some fault with her; fear that all the men around her (her son included) could think that she behaved seductively (although seductive behavior is forbidden for her); dissatisfaction with her marriage and sexual life; difficulties in communication (especially with women); aversion to makeup, jewelry, skirts and other “feminine” things; a feeling that there was “something wrong” inside her, that at the age of 15 she “lost vitality” and her own body became strange to her. Her typical statements: “I must not just pretend that I don’t want to be attractive to men, I must behave in such a manner as not to attract them.” “I cannot say that I feel less feminine in trousers, but a dress just makes one

feminine.” “I am disgusted with the fact that I was born by my mother, I hate myself for sucking her breast.” “I just cannot love.”

During 153 sessions we have had the patient gave me a lot of material, and almost every session she spoke about the idealized image of her father. “He had his own ideas of what is good, and he thought I had to follow them just because I was his daughter, a part of him; he never saw me as a separate personality.” “It was my desire – to die with my dad.” “He was so just and honest and quite unlike me... – And you? – I am dirty, vicious... – Are you? – Yes, you know who I would like to be? – Yes? – A dirty street cat. To find a stinking fish head in the garbage and enjoy chewing on it... To be myself...”

Father’s image was obviously connected with incestuous feelings, but during almost two years of treatment the patient didn’t speak about these feelings directly. So I didn’t raise the issue too. She would repeatedly ask me a question: “Why do I visit you?” I re-directed this question to her: “Yes, why?” She would reply: “I don’t know. But I somehow feel I need it.”

In transference I am her father, and she sometimes behaves seductively, but much more often her behavior is tinged with hidden aggression. At the beginning of every session she expresses her wish “not to speak about anything”, and I have to stimulate her verbal activity.

I have worked with her for three years; setting is flexible because of her frequent business trips: from one or two sessions per month to five sessions per week.

I will describe two sessions. The first, number 151, was conducted at unusual time in the afternoon.

P: On my way here I resented the fact that the time’s so inconvenient.

A: Why didn’t you discuss it at the last session?

P: I thought the time was convenient to you.

A: We have an arrangement that we discuss everything...

P: Yes, I remember... Well... So I’ve told you everything for today.

A: We have almost an hour left.

P: ... Why is there a candle on your shelf?

A: It’s a gift.

P: For you not to extinguish?

A: Why such an association?

P: Are there any others?

A: A lot.

P: Oh really? But it's how I feel... Extinguishing, death, fear...

A: Are you afraid of something?

P: To extinguish, to die.

A: Oh, who isn't?

P: I used to think that everybody should, but now I know that it's not true. It depends on envy and generosity. Generous person isn't afraid of death.

A: And you?

P: It's another kind of fear... I used to think about my dad... Now I think about my children, how they would speak about it... Whether they would...

A: Do you have doubts about it?

P: No, they will.

A: What exactly?

P: I don't know... Something has changed. I feel... my dad... differently now. This time is closer to me now, it's my time... I used to think that it had happened to someone else. Now I know that it happened to me. When I look at my child photos, I recognize them... It's a pleasant feeling... Now I have a feeling that you are observing me (*raises on the couch and looks at me*).

A: What for?

P: To take away...

A: To take away – what?

P: Something...

A: Have I done it before?

P: No. But I just feel it.

A: We have already spoken about it: it's not that I observe you, it's rather that we together explore what you say and try to understand it. It's what we do in your interests and to the degree you want it.

P: But I shouldn't trust anybody. Otherwise it can be stolen... There are some valuable things, which are their owner unaware of... You know, like an old lady who sells an old picture dirt cheap, the shop appraiser knows that the painting is expensive but pretends he doesn't, and suddenly the old woman understands it...

A: I can confirm that it is your picture, and it is priceless. All I can do is to shed some light on it, try to understand what it is about, arrest your attention on some of its details that you might not have noticed before.

P: But it is also dangerous.

A: What is dangerous?

P: To speak about myself.

A: Why?

P: Something is opened up, and it can explode...

A: What is this "something"? (*the question was unnecessary, for the patient continued her associations*)

P: ... or it can go away and never come back.

A: Maybe it's possible to set it free? Let it go...

P: Oh, it's impossible... I shouldn't speak about myself.

A: Who we are talking about, then?

P: Oh... well, we do, but in rather a different way...

A: And how should it be?

P: There is nothing inside me... Like in "Red Death Mask". And ebony clock... I am putting it in a wrong way, but... I have a feeling that when I'm somewhere, and a man approaches me, and something is just beginning... And I immediately say "no"!

A: How can it be connected – that there is nothing under the mask and the fact that you say "no" to a man?

P: Yes, there's something in it...

A: Are you in a mask?

P: Certainly!

A: And what if you take it off?

P: Everybody will die.

A: Is there anything horrible under the mask?

P: Yes. Everybody... Everybody will be dead for me, and I shall die for everybody.

A: A man approaches "something" and there's nothing – what can it be?

P: It's a woman, of course.

A: Can he find her?

P: Definitely not. I am surprised he may hope!

A: And what if he finds her?

P: This question is rather... er...

A: Rather what?

P: Rather meaningless. It's like hope to win a lottery. When one thinks: "Oh what if I win?" The probability can be calculated, but it doesn't matter... I am not a gambling type, and I don't believe in the possibility to win...

A: Are we talking about the man?

P: Yes.

A: So in order to win – that is, to find a woman – he should be really lucky? So, there IS a woman, you mean?

P: Now I feel a bit confused... As if you infringe upon ...

A: Do I infringe upon the woman – or the idea that she's absent?

P: Both. And we are in competition, you and me.

A: What is the prize?

P: Something important for both of us. But it's only one thing. It's impossible to share it.

A: If you tell me what we are competing for, I shall leave it to you. All of it.

P: I don't know what it is... But... you won't leave it to me.

A: But what can it be – could you describe it somehow?

P: It's connected with... connected with... superiority².

A: Superiority.. But there is something else, why is it so painful? Why don't you want to give it to anybody?

P: Pain...pain... Oh, you're speaking in such a strange way. I don't know... don't know...it's like...like... when somebody approaches me – it's like an infringe upon my pain...

A: I don't want to make it painful for you... We can change the subject...

P: There's something humiliating in it... He infringes without seeing this pain...

A: Who is he?

P: ... (*no answer*).

A: We began to discuss a man who's trying to flirt with you, and we've come to the fact that he infringes upon your pain... Is your sexuality, your femininity something painful?

² My French colleague Alexander Nepomnyaschi who supervised this case told me that I avoided the discussion of penis envy. He was right, within his approach. But I have repeatedly seen that such "straightforward" classical interpretation is quite unsuitable for Russian patients. Despite the fact that many Russians widely use obscene words with genital connotations they can be rather shy in discussing these topics in treatment, and psychotherapist should be very tactful while dealing with these issues. So I would stick to my own opinion, and the reader will see that "metaphoric" and "real" meanings became integrated in the patient's insight.

P: Yes... And it's quite a secret... Like in a story – do you remember it – when a boy invites a girl to ride a bike, and she cannot ride it but she says she doesn't want to. ... Why should we speak about it?

A: Do you mean that a woman who has been married for more than 20 years and whose marriage has been blessed with two children cannot...er... 'ride a bike'?

P: Er...

A: What is it that you cannot do?

P: Well... if... I don't know... I would never have sexual relations with the man I like...

A: Where does this prohibition come from?

P: I don't know... I am believed to be a loyal wife who loves her husband. But he does not attract me. If a man is attractive, it's just impossible...

A: It's impossible...

P: I've just thought – who am I talking about? There is no particular man in my mind.

A: Really, who are you talking about?

P: I don't know. I am approaching the impossible...

A: It's an interesting expression – “to approach the impossible”...

P: Yes.. hypothetically... if only...no, it's impossible... I've thought about my father, but it isn't my father... I was in rivalry with my mum for his love, but not physical love...

A: For some reason your phrase about a bike has just flashed in my mind...

P: Is it about sex?

A: It may be.

P: Then yes, you're right.

A: You mean...?

P: I'm a sort of forbidding myself...

A: Forbidding what?

P: To get pleasure from sex.

A: Why?

P: As soon as a man begins to court me, I feel horribly bored... I've just remembered how I used to go to football matches with my dad. He was a passionate football fan. Football itself is so boring. But I would always join him. Mum wouldn't go.

A: Only you and him?

P: Yes... I understand... But I don't agree with the idea that sex and boredom are somehow connected.

A: Have I said they are?

P: No, you haven't, but it's kind of... implied...

A: Yes, there is a certain similitude here: your feelings at the football match resemble your attitude to sex - your father is a passionate fan, but you're bored, and the same with men...

P: Yes. Passion is not the same as love. Love is something different... It is possible to live without sex...

A: It is.

P: Although there's something in that. And love is just a calm and quiet conversation.

A: Then we are true lovers, you and me.

P: Yes (*laughs*). Although... no! Love has something to do with offense.

A: Love is offense. Passion is boredom... It's so unusual.

P: ... (*sighs*).

A: I've suddenly felt very angry with you³. Anger is a bad counselor, and at the moment I cannot explain its reasons. But you did something...

P: I deprived my husband of something...

A: What can it be?

P: ... And I deprived myself. I've been so naughty, ever since my childhood. I will hurt myself...

A: In order to...?

P: To let them know it!

A: What is it that they should know?

P: That they are bad, they should be punished.

A: Who should be punished?

P: Everybody. If I feel bad, they should feel bad too.

A: Even strangers in the street?

P: No, not them.

A: Then who?

P: Those who are beside me...

A: I don't understand: do you hurt yourself in order to inflict pain on those who love you?

³ But the tone of my voice isn't angry at all while I am saying it.

P: They don't really love me! They don't understand me, don't appreciate me, they should appreciate...

A: How could you know that?

P: If I hurt myself, they will feel it and understand that they love me. It's primitive but it works.

A: It's like you take a revenge on them?

P: Well, yes! For instance, I know what is better for me, and the other person gives me a wrong advice, but I would follow the advice even if I know that it's wrong...

A: Why?

P: It's important that the person should see that he wasn't right. It is connected with superiority. It should be removed. To let the other person see that he is just nothing.

A: So you would prove it to him... what then?

P: They don't love me anyway... I mean, my parents... So I take a revenge!

A: Do you think it is possible to do it, for instance, upon your father?

P: ... (*silence*).

A: Unfortunately, our time is over.

P (*very quickly*): After your phrase I felt I should prove that it's possible!

A: If you had to bring your revenge upon a number of people and it was to take a couple of years, I would say: well, get on, hurry up. But this feeling is endless, and your father is gone...

P: So what?

A: I don't know.

P: Does this mean that I should just forget it?

A: If it was possible, I would have no clients.

P: So what is left for me?

A: I don't know.

P: No, you do! You wanted to tell me that I should forgive!

A: That's unlikely.

P: Yes, true... Now I have a feeling as if I was talking to my dad when my mother died ... (*I knew that the patient's mother was alive and her father died, but I deliberately didn't draw her attention to this slip of the tongue which would reveal itself before long.*)

A: So?

P: I'm trying to recollect... But how is it connected? ... I don't think I was sorry for my grandmother...

A: Are you talking about your father's mother?

P: Yes, right.

A: But what you said was "when my mother died..."

P: Did I? Oh, yes, I did.

A: Did you want her dead?

P: Now I think that I didn't. Although I used to think I did.

A: Let's continue next time.

Session number 152 (*it's quite short, for the patient was late, and then we discussed the fact; the discussion can be omitted here as it wasn't relevant to the material in question*).

P: What beautiful weather! Rain and snow, both at a time. I like it... When I come to you, I don't want to speak about what I had in mind...

A: Why does it happen?

P: When you anticipate telling something, it's ... umm... unpleasant. You want it to have been already said.

A: What did you anticipate telling me?

P: When yesterday I told you that the mother died... (*the patient raised herself on the couch, turned to me and added in a very expressive voice*)... FATHER'S mother, I mean... my father's mother... (*she lay down again and made a pause, then continued*)... I remember my mother that day. I wanted desperately my grandmother to recover. For my dad. For him to feel better.. You know, our family... it's awful... My mother didn't visit granny at hospital. Only father and I did. We bought everything she needed, my father and I...

A: Did you?

P: I know that a woman can dislike her mother-in-law. But death is much more important... dad came and said that granny had passed... It was summer... Mother was in a sundress of such a pattern (*in a very contemptuous voice*)...

A: Why did you remember it?

P: There was something disgusting in her...

A: What exactly?

P: Something very natural ... and disgusting...

A: In what way was it connected with that sundress?

P: It was such a disgusting low-necked sundress... I looked at it... I looked at her. Usually I didn't like to look at her, I avoided it... Surely, she was glad to hear about this death... Maybe I wanted her dead too...⁴ It's as if I always compare something, do I?

A: Compare what?

P: Her and me... But this sundress... so low-necked... And the fact that she wanted her mother-in-law dead... And this sundress... She didn't need to cover her death wish⁵... She didn't need even to hide her joy in father's presence...

A: What does it mean?

P: She didn't hide it, for she knew that HE is definitely hers! ... The queen died, and then – power struggle, a period of confusion, like it was The Time of Trouble in history... And here it is a troubled feeling...

A: A troubled feeling...

P: Tension between different forces, struggle⁶, a kind of re-structuring... I felt disgust towards her. Anguish. Anger... I didn't wish her dead then but now... And this sundress... She's quite short and plump, with big breast... I was thinking: why this low-necked dress? ... I was looking at my dad all the time. And he didn't look at me... And I remember, when she⁷ was buried, after the funeral feast dad asked to go for a walk. Mother said: "But it's inappropriate". Dad replied: "Nonsense!". So we went for a walk. Without mother... But he had never told me about his mother. That was not by chance...

A: What was not by chance?

P: He didn't want to. Maybe the topic was painful for him... When he told me that I resembled his mother, I was much surprised... I was surprised with the fact he said that...

⁴ I didn't draw her attention to this equivocal phrase in order not to interrupt the patient's spontaneous verbalization.

⁵ Here again it was possible to stick to the fact that the patient, in contrast to her mother, had to hide her wish of mother's death, but such remark would have interrupted the patient's associations or even stopped them.

⁶ From classical psychoanalytical point of view, it is an ideal situation to interpret "power struggle" for father after decrease in number of competitors, but we allow the patient herself to make these interpretations.

⁷ The patient often omits the word "grandmother" or replaces it with the pronoun "she" – in her monologue about her mother it sounds as if she speaks about mother, not grandmother; it reflects the patient's unconscious wish for her mother to be buried.

A: Why is it a surprise? – a granddaughter looks like her grandmother.

P: The very fact that he said that.

A: What did it mean?

P: It meant he loved me. And he loved his mother.

A: And your mother?

P: She isn't in the picture! She isn't here! That's good... We settled without her...

A: How?

P: Just like that! We did it. It's comfortable for us. For three of us... At least, granny didn't wear such sundresses...

A: You said "three of us", but your grandmother wasn't with you then...

P: I wanted to say something different: but for my mum... It kind of covers my idea that my dad would have felt better... better...

A: With you?

P: Yes.

A: Is it possible?

P: No, it's definitely impossible.

A: It seems to me you still cannot accept the fact that it is impossible.

P: Yes, it is still here – just as an idea... I don't want to accept that it is impossible...

A: I can understand how valuable this feeling and this dream is to you, but it's impossible...

P: It is connected with... with...

A: What is it connected with?

P: The fear of change...

A: Change – or unfaithfulness?

P: To my father? ... Yes.

A: I'm sorry, our time is over.

Let me stop here. I think that any psychodynamically oriented specialist could understand the Oedipal nature of the patient's conflict from the material of preliminary interview. But I would have achieved poor results if I had interpreted it during first two years of analysis, not to say in the first sessions.

I would like to conclude with a few remarks. According to my observations, the patient was fixed on her infantile wish to be seduced by her father, while the latter didn't let her clearly understand that this was impossible; just the opposite, he behaved in almost openly seductive manner. It is a common mistake made by some fathers with their daughters, and the patient's father could have corrected it afterwards if he hadn't died. The patient's transference on me and her disguised attempts to seduce me have been repeatedly discussed in the most tactful way during three years of treatment. We have always accepted it as a topic for our discussion, but at the same time there is much clarity about the fact that in reality it is not possible. It's typical that the first two years of discussion were tinged with the patient's intense guilt in connection with this topic and her fear of rejection in analytic situation. Now these feelings are still here, but they are less intense.

It seems to me that this unconscious guilt is also the root of the patient's sadomasochistic self-damaging stereotypes of her relationships with men (and with women as well). It also led to her Oedipal fear, her attempts to keep distance with her own children, especially her son, as she put it at the preliminary interview, "in order not to cause harm on him", and her general inability to have reliable relationships. Acting out of Oedipal guilt still goes on, but it is tinged slightly differently, it can be discussed, sometimes even with the touch of humor. It can be said that we have entered the period of working-through of the Oedipal conflict and the patient's ambivalence towards her both parents. The best achievement and the best reward for me in this three-year period has been the patient's recently made statement "It's as if I feel happier, I don't know why". I have some ideas, why it has happened. But I will wait until she tells me about it herself. And I think her story will be different from what I imagined and projected upon her.

This approach doesn't exclude possibility and even necessity of timely made interpretations. But their role and meaning in contemporary psychoanalytic practice require critical re-consideration.

In conclusion I would like to express my gratitude to the patient who kindly gave me her permission to publish her material. She expressed it in the following form: "If it may be helpful to someone..." I hope it may.

References

- Kernberg, O. (1992). *Agression in Personality Disorders and Perversions*. New Haven, CT: Yale University Press.
- Kutter, P. (1997) *Sovremennyj psikhoanaliz* [Modern Psychoanalysis]. St.Petersburg: B.S.K.
- Pines, D. (2010). *A Woman's Unconscious Use of Her Body*. London, Routledge.
- Thomae, H., & Kaechele H. (1996). *Sovremennyj psikhoanaliz* [Modern Psychoanalysis]. Moscow: Progress.
- Freud, S. (1996). *A general introduction to Psychoanalysis*. Pocket.