

Case report

***“Spirits from the underworld” and “cunning spells” in psychoanalytic psychotherapy:  
transference interpretation\****

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\* “Spirits from the underworld” and “cunning spells” were terms employed by Freud in his text *Observations on transference love* (1915).

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## INTRODUCTION: SOME WORDS ABOUT THE CONCEPT OF TRANSFERENCE

Today, it is almost inconceivable that a text about the psychoanalytical technique does not take into account the concept of transference, which is fundamental even when one wants to describe the psychoanalytical process. The elaboration of the transference theory by Freud was one of his major findings, and it is for the technique as the concept of unconscious is for the theory.

It should be noticed, however, that the concept of transference has not always been so well-established. In the beginning of psychoanalysis, Freud detected the phenomenon, but the metaphors he used denounced the huge difficulty he had to deal with it. The transference was the “enemy”, “the explosive power”, the “spirit from the underworld”, something scaring that should be overcome, once it was an obstacle to the psychoanalytical work.

Before realizing the communicative dimension of transference, Freud saw it solely as an expression of resistance, a tendency of people to repeat patterns of relationships in the therapeutic environment, with the goal of hindering the access to deeply repressed content.

When Freud discovered, in a genial reversal of logic, that the point where difficulties remained was also the point where major possibilities were, he understood the unconscious more comprehensively. He could see that illnesses were not resulting from events that took place in a buried past, but that these past events are brought into the therapeutic field with a strong power, as if they were real and contemporaneous.<sup>1</sup> Freud discovered that patients act out content that has been forgotten or repressed, and as they can not recollect, end up repeating it, unconsciously of why they are performing some actions.<sup>2</sup>

The natural unfolding of these observations was the elaboration of the transference concept, whose solution Freud considered as one of the major goals of a psychoanalytical treatment.<sup>3</sup> Moreover, Freud discovered that, although the phenomenon is seen in all human relations, the nature of transference in psychoanalysis has not a parallel with any other situation:

*“In the analytical work, the patient's craving for love can be neither suppressed nor gratified. The analyst course of action should be none of those, and there is no model for it in real*

life.”<sup>4</sup> It means that transference is the product of a compulsion to repetition and can be manifested in any relation. What makes the difference in psychoanalysis is the psychoanalyst’s positioning in those situations. The psychoanalytic technique makes the transference relation something unique, which has no asymmetry with other relations.

Currently, transference is not considered to hinder the psychoanalytical treatment, but psychoanalysts still admit, in the best cases, that it is feared. Although it is in the center of the therapeutic work, transference, admittedly or not, continues to be a “spirit from the underworld” in the therapist-patient relationship.

Leon Grinberg explains that this is because the adequate approach to transference requires that the therapist allow himself to be invaded by the patient’s projections, not only to store them, but to remove their pathogenic elements and timely give a return to the patient by means of adequate interpretations.<sup>5</sup>

#### *Transference-based interpretation in psychoanalytically-oriented psychotherapy*

As pointed by Freud, creating an entire situation that propitiates the establishment of transference and letting it aside is the same as evoking spirits from the underworld, which are surrounded by cunning spells, and send them back without asking them anything. The transference triggers an entire network of other phenomena that can guide therapists in their work, but they must be aware of it, both as a result of their personal treatment and of theoretical and technical knowledge they acquire, among which, interpretation lies as the major tool they can count on.

Interpretation is the psychotherapist’s most important technical resource. Many authors consider that all other forms of intervention are subordinated to interpretation. James Strachey<sup>6</sup> considers the interpretation of transference as the only one capable of producing psychic changes. Mutative interpretations are, therefore, those concerned to material related to transference.

The same way as interpretations can promote changes if the therapist feels that the contents brought up by the patient are dangerous, it is in interpretations that the therapist anxieties are

revealed. According to Grinberg,<sup>5</sup> the therapist's psychopathology may lead him to make premature interpretations in order to protect himself from the patient's painful contents. An immediate interpretation of transference may reveal lack of continence. In this situation or when it is never interpreted, the interpretation can reveal "lack of availability to penetrate the deepest and most regressive levels of transference" (p.20). The interpretation of transference can be twofold: it allows the patient to emerge from his/her psychopathology, but, if not adequately used, it harasses the patient with the therapist's psychopathology.

Another fact that requires attention in the psychoanalytically-oriented psychotherapy is that it has different goals from those of psychoanalysis.<sup>7</sup> For Mabilde, psychoanalysis aims at elaborating primitive childhood conflicts by establishing the transference neurosis through the systematic interpretation of transference. The psychoanalytical psychotherapy does not try to change the patient's character structure, but aims at treating a conflict in the present. Technical adjustments made in the psychoanalytical references, which are the theoretical basis of psychoanalytical psychotherapy, are directly felt in transference. According to Mabilde, in the development of transference in psychoanalysis, the primary process is predominant. The level of regression is, therefore, much smaller than in psychotherapy, in which the secondary process is predominant.

Nevertheless, today the transference interpretation is more comfortably used, and it is one of the psychoanalytically-oriented psychotherapy resources, although the goals of psychoanalytical therapy are more modest than those of psychoanalysis.<sup>8</sup> According to Mabilde, there are situations in which the only suitable and effective intervention is the transference interpretation. They are:

- In the beginning of the treatment, when the patient is invaded by an intense paranoid anxiety, and at the end of treatment, when there is an increment of depressive anxieties.
- When transference undertakes an aspect of resistance, causing an interruption in the associative flow.
- As a resource to try to solve therapeutic impasses.

- When resistance is a form of attacking the therapeutic contract.
- When situations of the psychotherapist's real-life invade the therapeutic environment so that the patient realizes and knows them.
- As a resource to enhance the patient's level of insight.

## CASE REPORT

The excerpt of the session reported as follows illustrates a situation where the transference interpretation was used in order to bring to light an issue that was sterilizing the therapeutic situation: the patient denied she had ambivalent feelings with relation to the therapy.

Female patient, 56 years-old, divorced, mother of seven adult kids with whom she had a troubled relationship. The youngest children did not frequent her house and accused her of preferring the oldest son, with whom they did not have a good relationship. Laura was victimized by chronic pains due to many health problems, which limited her and, associated to family dismantling and advanced age, caused successive depressive episodes.

The treatment goal was to improve her life quality and her relationship with her sons and daughters, especially the oldest, with whom she had a relation of control and mutual dependence, permeated with many discussions.

At the occasion of the session reported here, she was presenting a better status. She was not conscious about her ambivalent feelings regarding the therapy and owed some sessions, although she never talked about that. Once she announced she had the money to pay the sessions, but that she would not pay because she would pay some debts. Another time she said she went to the bank to withdraw money, but forgot the password. She was prolix during sessions and did not go straight to the important points. At the end of the session, she used to remain at the door, trying to extend her time. She alleged she had recollected important things she had not mentioned, and accepted unwillingly the time limits imposed to her. At the next session, she would forget everything and had a sterile discourse again.

*First example*

In the following excerpt, she mentions the issue of money, because she would receive her Christmas bonus, and I inquired her about financial matters.

*P: I owe you but I have no other debts.*

*Me: Aren't you going to get your Christmas bonus?*

*P: The company is facing some financial problems, they do not have enough money to buy printer cartridges and oil for the machines. People go to work only to fill in the time and look at each other's face, because, with no gas, there's nothing to do.*

*Me: Do you think these matters of money can somehow affect our work here?*

*P: I was about to pay you. I would withdraw money before coming, but I didn't because I didn't want to walk around with a lot of money. I asked my goddaughter to do so, but I made a mistake and gave her the wrong PIN, then she tried many times and my card was blocked.*

*Me: I am telling you this because in many different situations you were about to pay me and did not, as it happened that day with your nephew and the other, when you said you would pay your taxes. I am thinking if in the meantime you're are not creating a situation where we come here to fill in time and "look at each other's face" and the therapy gets "blocked", because you cannot say what you want, and when you stand at the door you remember many things you would like to have said and you haven't.*

*P: Yeah. You're right.*

*Second example*

The fragment reported below happened when discharge was under discussion. This session was after an episode where the patient acted out to avoid facing the painful feelings of separation. The goal of transference interpretations here was to bring back to the setting the issue and to avoid

the repetition of the patient's behavior in situations of separation, which had a pattern of sudden and maniac ruptures.

She had called me at 5 p.m. the day before our session saying: "R., I made something I shouldn't. I made an appointment with my doctor at the same time as ours." Soon after she proposed to come in the evening, at 5:30 p.m. at the same day "if it will not cause problems to you", she said on the phone.

During session:

*P: (asks immediately after sitting) What happened to you, R.? You are different. Are you ill? You seem ill. I think it's the cold.*

*Me: It is you that have been to the doctor today.*

*P: Yeah, I had to hand out some lab tests.*

*Me: But what you said is very interesting. Why would I be ill?*

*P: Don't know, it seemed to me.*

*Me: Do you think this is somehow related to the fact that you missed our session this morning?*

*P: (She smiles and shows doubt)*

*Me: a sensation of having caused me some kind of injury?*

*P: (When I mentioned this she looked at me as a mischievous girl and laughed) I don't think so. (Pause) I would visit my mother too, because the doctor is four squares from her house.*

*Me: What made you change your mind?*

*P: M. (youngest son, who is in the process of separating from his wife and is the pretext for bringing the topic of anxiety with separation) took me to the doctor. If I had gone to mom's house, I could not have come back with him, because it would take some time and my daughter-in-law would need the car. (Pause) I think they will not come to terms anymore. But I don't know. Sunday, C. (daughter) had lunch at our home with her boyfriend, and M. was with K. (M.'s wife) and the baby. C. acted as if K. was not there. They had a quarrel last year, and at J.'s birthday (grandson, son of*

*the separating couple), K. said C. not to go. And she didn't. This year K. invited C., if she wanted to go. C. told me she wanted to go, but in the end she bought a present and wrote something that M. should read to J. and save for the time he is able to read. C. said: "K. will not do with me what she does with my brother, she orders him and he obeys as a little dog." At lunch, on Sunday, there was a moment when the environment was heavy; we had nothing to talk about. C. was quiet, cold.*

*Me: I think you are also telling me that you feel I am a little cold with you, you are worried with what I am thinking about you because you were "tricky" today.*

*P: (Laughing.) Maybe. (Pause) I don't know what time I called you yesterday. I could not get to sleep at night.*

*Me: Why?*

*P: I don't know, I simply lied awake. Then I turned on the TV, and there was a program about the military coup of 1964, about people who had been arrested, talking about imprisonments. Then I slept. But I woke up again and couldn't get to sleep. I thought about turning on the TV again, but I didn't. (Pause) M. received a complaint from the kindergarten because J. is playing tricks. So far, he seemed to like sleeping once a week at the father's home and the rest of the week in his mother's home. But things are not like this. How come would we know what goes in a 3-year-old mind?*

*Me: You're talking about a child that is suffering with separation and reacting "playing tricks." We have been talking about discharge and here it comes Ms. L. "playing tricks." You called me saying: "R., I did something I shouldn't."*

*P: (Hides her face and laugh.) Yeap. (Pause) But I am worried because Marcelo does not want to work. I have been praying for him to come back to work, because this would help him. That job that S. (other son) indicated I discovered that he went there only much later, because he thought it was only for a minimum wage. But, you know, in these foreign companies you have the possibility to raise. He felt tempted and went there, but he was late, there were three before him. (short pause) He told me he wanted more milk. Yesterday he drank the baby's milk. I said: "M., aren't you*



*ashamed!" And he said that he could stay there for three years more, because he left when he was 16 and should have left only when he was 19*

*Me: He feels he was weaned too early. I think you also feel that I am weaning you too early, that you should stay at least 3 years more in the therapy.*

*P: (Laughing.) No, don't dare saying that. But, who knows I am afraid of needing this time? (Laughing.) You know, sometimes M. irritates me. He wants to handle my things, make things his way. Yesterday he raised his voice when talking to me and I said: "Calm down, you're in my house, things will not be as you want, but as I want." "He will not make everything as he wants."*

*Me: This can explain your absence this morning. I have been talking about things that you don't like, and your way of telling me this was: "R. doesn't dare she will make things her way."*

*L.: (Laugh.) You see, as the saying: An orange tree produces only oranges and no other fruit. He takes after his mother.*

## DISCUSSION AND FINAL CONCLUSIONS

The goal of the treatment reported here was to enhance the quality of the patient's relationships, especially with her family, because allied to other unfavorable factors, they were a source of pain for her. Naturally, the patient's character contributed to the establishment of situations that caused suffering, but it was not the goal of the treatment to analyze character traits deeply rooted in a 59-year-old person, who could come to therapy only once a week. The transference interpretations did not reported to those traits nor to the primitive relations, but, in the first case, intended to widen the capacity of insight in a moment in which transference was offering resistance, leading the therapy to an impasse, and, in the second case, to approach the depressive anxiety triggered by the proximity of the treatment's end, avoiding the patient's customary pattern of behavior in situations that involve separation. All of her previous experiences with separation, from the divorce to the son's and daughter's change of home were marked by sudden ruptures. Her solutions had a trait of mania, and she tried to soothe depressive anxieties triggered by the

proximity of dissolution or modification in the nature of the bond. The interpretation of transference allowed her to elaborate those feelings instead of acting them.

Psychotherapy has limits, and for ethical reasons the therapist must know them. When the psychotherapist has contact with the concept and experience of transference, it is almost as if a new world appeared before him. It is in this moment that the asymmetry of the therapeutic setting is more present, because when a patient speaks, he is not aware of the unconscious dimension of what he is saying; a dimension that is always in the order of truth, even though the patient may think he is lying. The therapist task is to listen to this truth. This is, at the same time, fascinating for the richness it reveals, and scary for the responsibility it implies, and, yet, tempting for the implicit notion of power it contains. All criteria and care should be taken in order to avoid that this asymmetry becomes something perverse.

#### *Acknowledgments*

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## REFERENCES

1. Freud S. Recordar, repetir e elaborar (1914). In: Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud. Rio de Janeiro: Imago; 1988. Vol. XII, p. 198.
2. Freud S. Recordar, repetir e elaborar (1914). In: Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud. Rio de Janeiro: Imago; 1988. Vol. XII, p. 196.
3. Freud S. Recomendações aos médicos que exerçam a psicanálise (1912). In: Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud. Rio de Janeiro: Imago; 1988. Vol. XII, p. 149-63.
4. Freud S. Observações sobre o amor transferencial (1915). In: Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud. Rio de Janeiro: Imago; 1988. Vol. XII, p. 126.
5. Grinberg L. A transferência é temida pelo psicanalista? In: Livro Anual de Psicanálise XIII. São Paulo: Escuta; 1997. p. 20.
6. Strachey J. Naturaleza de la acción terapéutica de psicoanálisis. Rev Psicoanálisis. 1947;5:951-83.
7. Mabilde LC. Convergências e divergências entre psicoterapia de orientação psicanalítica e psicanálise: a questão das divergências. Rev Bras Psicoterapia. 2001;3(2):20.
8. Mabilde LC. Ação e indicadores da interpretação transferencial em psicoterapia. In: Eizirik C, Aguiar R, Schestatsky S (orgs.). Psicoterapia de orientação analítica. Porto Alegre: Artes Médicas; 1989. p. 164-9.

## ABSTRACT

*The present article focuses on transference interpretation in the context of psychoanalytic psychotherapy. The first part of this work describes the evolution of the concept of transference until it reaches a central position in the therapeutic work. The second part deals with the concept of transference interpretation, considering it as a widely used technical resource in psychoanalytic*

*psychotherapy, and focuses on the criteria and inconveniences of its use. Finally, two clinical examples are presented to illustrate the theme.*

*Keywords: Psychoanalytic psychotherapy, psychoanalysis, transference interpretation, transference.*

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