Chapter 5

The interpretive attitude

A dedicated painter paints, it has been said, in order to learn how to paint. Similarly, a serious psychoanalyst analyzes in order to learn how to analyze. However, while painters of widely discrepant schools can for the most part agree as to what is a painting, the same cannot be said for agreement among psychoanalysts as to what is an analysis.

Close consideration of debates about the fine points of psychoanalytic technique suggests that what shapes analytic work are not simply those details of technique but are the attitudes behind them with which the analyst approaches the patient and the work. What is the analyst trying to accomplish? Method matters, but it is the analyst's back-of-the-mind attitude that shapes the effect of any technical system. Technique addresses *how* we get to where we are going, not *where* it is we hope to get. Technique is attitude actualized.

The psychoanalytic attitude is at root one of professional responsibility in the service of another person's mental freeing up and growing. What makes such an attitude specifically psychoanalytic rather than simply therapeutic is the analyst's organizing principle that intrinsic to the patient's personal problems are powerful inner forces of which the patient is unconscious. Deep respect for the personal validity and unique individuality of the patient plus regard for the significance of what is hidden and can only be inferred as seen through derivative effects are both essential to a psychoanalytic attitude.

That psychoanalytic attitude is communicated. Patients have more strengths than merely those caught in their transference conflicts, and they use those strengths to read the analyst's mind as empathically as does the analyst's mind working in the other direction. Behind any manifest statement the analyst makes lie the unspoken messages of what the analyst thinks matters more and what matters less. The patient hears and reads those deeper messages.

Shifting estimations of interpretation

Study of the psychoanalytic process over recent decades has led to remarkable advances in understanding, exposing previously underappreciated aspects of the shared interaction of the two clinical partners. As that understanding has grown,

the entire psychoanalytic enterprise has seemed to shift. Although insight as a principal clinical goal and interpretation as the analyst's primary technique for achieving that goal were the hallmarks of psychoanalysis in its first half century, in much of modern analytic discourse their place has diminished, at times to the point of disappearance. While maintaining respect for the significance of analytic interaction, it is appropriate to reevaluate the dwindling prominence of insight and interpretation.

At the start of our history, Freud moved to extend the radical genius of his self-analysis to a stunning exploration of unconscious forces in patients, thereby defining psychoanalysis as a process dedicated to exploring the meanings and forces behind disorders, to extending consequent insights as deeply as possible. A patient's freedom from symptoms and inhibitions was thought to come from mastery through insight, with the analyst's understanding making possible interpretations that were crucial to the patient's attaining new insights. Early psychoanalytic discoveries were so exciting that enthusiasm for new insights into unconscious activities stimulated a fervor that crossed national and linguistic boundaries.

Unfortunately, although enthusiasm and discipline often flirt, they do not always marry. Fervor for finding ever deeper discoveries too often led to pronouncements based more on an analyst's capacity for imagination than on clinical evidence. The birth of healthy depth analysis was soon followed by the arrival of its deformed sibling, wild analysis. As a consequence, just as in our early history liberation from symptoms and constrictions was the result of successful analyses, so were disappointment, disillusionment, and rage the outcome of wild analyses. (An ironical modern twist in shifting fashions merits notice. In our early days analysts seemed too ready to accept wild analysis as if it were truly deep. Today, many analysts seem just as ready to dismiss deep analysis as if it could only be wild.)

Whether coming from undue optimism, from the limitations of early technique, or from the effect of wild analytic excesses, the unreliability of analytic cures ushered in concern for what it is that actually does account for change when clinical analyses succeed. That question has continued at the forefront of our concerns.

Strachey (1934) addressed the problem when he brought to the fore the patient's experience and internalization of the analyst's nonjudgmental attitude. He stopped short of fully opening either the analyst's emotional engagement or the patient's adopting the analyst's approach of exploratory curiosity. His emphasis on the superego amelioration that resulted from the two-person psychoanalytic interaction maintained its place within the still accepted central importance of interpretation and insight.

Ensuing attention turned increasingly to previously unrecognized noninterpretive factors in effecting change. Analysts' views differed and continue to differ. Politics, by definition, is the combination of conflicts of people and policy; so crucial theoretical dilemmas soon became complicated by political struggles, a turn of events that seems as inevitable as it is regrettable.

In such a charged setting and with distressing oversimplification, Freud and Ferenczi have been posited as the leaders and precursors of two supposedly fully separate understandings about clinical change and about what analytic techniques lead to that change. Freud is purported to be the model for the value of pure insight developed through the analyst's remote detachment, and Ferenczi the model for change as deriving from the open and active affective encounter of the clinical partners. While there are genuine and consequential differences between the two, Freud's deep emotional engagement with his patients and Ferenczi's interest in insight are complications often brushed aside by those who prefer the comfort of clear polemical splits to the complexities of diverse factors.

While some continue to see insight as the keystone of psychoanalysis and interpretation as the primary psychoanalytic tool, others disagree. For many, insight is seen in a narrow partial meaning, derided as if it were no more than cognitive intellectualization. For them, the place of insight has shrunk to being merely the result of psychic change, removed of power to allow a person to effect further growth and change. As part of this trend, interpretation has been downgraded from its formerly preeminent position to being at best merely one mutative factor among many.

Indeed, in some contemporary circles interpretation is dealt with as if it were part of the sins of the fathers, an inheritance to be rejected as out of place in our enlightened modernity. Interpretation is judged not only immaterial to bringing about change, it is found even worse, an imposition on the patient that destructively imposes an analyst's authority over that of the patient. Paradoxically, some who hold this view most dearly simultaneously argue against the appropriateness of the analyst's concerns for neutrality!

Another diminution of the classical appreciation of insight to which interpretations aim comes in the argument for the irrelevance of genetic reconstruction or the recovery of repressed memories. Fonagy (1999, p. 215), for instance, states, "Some still appear to believe that the recovery of memory is part of the therapeutic action of the treatment. There is no evidence for this and in my view to cling to this idea is damaging to the field."

With current unconscious processes attributed to very early preverbal memories, memories seen as procedural and pre-discursive, there is said to be no point in trying to lift repression. It is as if exposure of consciously discrete memories with specific images were the sole function of interpretation. Indeed, searching for very early roots is called "damaging." In contrast, I wish to argue that appreciation of such very early phenomena calls for an expansion of the concept of interpretation, not its elimination. Increased conscious clarity of the experience of early feeling states is as valid and useful a form of memory recovery as is the derepression of later events.

Certainly, the recovery of discrete memories is, more often than not, replaced by reconstruction of the past based on experiences within the immediacy of the emotional present. The past is more often recognized by reconstruction from immediate emotional experiences than by dramatic derepressions. Correcting

prior magical valuation of manifest interpretations does not require and should not lead to repudiating the interpretive attitude.

Although by its very nature insight is always partial and incomplete, introspection toward emotionally rich self-knowledge is intrinsic to the entire psychoanalytic endeavor. Our concern here is to focus more specifically on the analyst's role in the development of psychic change and in particular on the place of interpretation within that role.

Without providing an exhaustive list, let us first acknowledge some of the significant psychoanalytic operations that have been teased out as essential parts in the mixture of functions of an analyst at work. In helping to structure a psychoanalytic situation, the analyst provides a holding environment, an empathic ambiance, and a capacity to contain the anxieties and conflicts taken in from a patient's emotional projections.

The analyst respects, listens, hears, regards, and witnesses. The analyst stands as guardian of the analytic work and protector of the patient's interests while the patient sets aside some normal waking executive mental functions. The analyst, with the assistance of private self-analysis, acts to be available to the patient as a new object for both continued and new mental development. (All of these functions overlap, yet they are not the same.)

The analyst tries to help the patient overhear himself, the analyst doing what Bloom (1994, p. 70) noted that Shakespeare was the first to have his characters do. This metaphor from literary criticism comes close to traditional views of interpretation, but it does not extend to the analyst's telling the patient previously unrecognized messages heard in associations or understood from transferential evocations. While it need not include the analyst's bringing forth possible linkages not previously recognized, this concern for one's overhearing oneself implies the analyst's helping a patient learn to attend to the patient's own associative and emotional patterns.

This brief list is certainly not comprehensive. Yet vital as all of these functions are, interpretation is not evident among them. As we study the dyadic engagement of patient and analyst and explore the emotional interactions, we have tended to leave behind what earlier was central. Interpretation has often been left aside as if it were antique and arcane, irrelevant, harmful, and imperialistic. Along with the devaluation of specific interpretations, the analyst's maintaining a background investigative and interpretive attitude also at times is lost.

Declarative interpretations and the interpretive attitude

The loss of appreciation for interpretation is surprising in a field conceived by discovery of the power of the latent forces hidden behind the manifest. Decreasing attention to *explicit* interpretations has brought with it a devaluing of an approach interpretive in nature, the unspoken but communicated basic attitude that privileges searching for unknown and as yet undiscovered meanings. This *interpretive*

attitude is one that not only searches for new levels of meanings but, crucially, profoundly values that search.

An interpretation enriches on two levels. One is the manifest content that opens the possibility of new understandings. The other is that of the new experiential moment, adding its own value of the search for new growth through continued introspection. The shared dyadic introspection increases the possibilities of the patient's increasing self-analytic skills.

"While there is no such thing as *full* understanding, whatever the levels attained, essential to the idea of meaning is the implication of connection, of linkage between separate levels, both those within a person and those between persons" (Poland 1996, p. 267). The content of an interpretation and the process of the enacted and experienced analytic attitude resonate, reinforcing each other. Indeed, considering the inevitable tentativeness of any particular interpretation, it is likely that it is the attitude of exploring for new understandings that itself becomes the most important factor for opening future growth.

The word "interpretation" has lately seemed to lose its specificity. It is used at times to describe an analyst's statements that more precisely could be called clarifications or confrontations or even descriptions. These valuable interventions do make something explicit, but they do so without extending into new linkages. An example, for instance, might be an analyst's commenting that a patient is avoiding an obvious topic. Although that is loosely called an interpretation of resistance, it is descriptive, falling short of being interpretive by failing to link the observation to any new aspect. That is less so, however, if the interpretive attitude is also present, the attitude emphasizing that there is more to be searched for. Then, the resistance interpretation communicates respectful curiosity for the reasons necessitating the avoidance. Even a seeming non-interpretation can have interpretive value in communicating an interpretive attitude.

Let us call the specific statement of a manifest extension of linkages a *declarative interpretation*. For an analyst's statement to merit being called a declarative interpretation, it must tell the patient something not already consciously known even if that new knowledge is chiefly one of bringing together differing aspects of meanings in a connection not previously recognized by the patient.

Individual interpretations are inevitably partial, addressing only a narrow aspect of what potentially could be elaborated, yet they can be powerful in their cumulative effect. Despite the tentative and fragmentary nature of any specific interpretation, we can conceive of a more total overarching model. It would be one that links the dynamics of the dyadic engagement ("Why now?") with the genetics of their development ("How come?").

Debate over manifest interpretations has obscured the importance of the interpretive attitude: one naturally is taken by the foreground before being able to observe what lies in the background. Perhaps it is inevitable that renewed appreciation of an analyst's interpretive attitude now arises in part as a reaction to recent emphasis on non-interpretive functions, for the very attitude of caring curiosity may well be what gives most depth to the other functions.

Interpretation implies exploration as well as explanation, interpretations containing questions as well as answers. Declarative interpretations and the interpretive attitude both work to extend the attitude of exploring for understanding from the interactive level of the clinical partnership to the patient's own inner mental functioning. It is so that "the analyst's contribution is more crucially one of exploration than of revelation" (Poland 1996, p. 81). Yet it is simultaneously so that the analyst's organizing attitude of holding exploration of unconscious forces dear can itself be taken in by the patient. "Being at-one-with in authentic understanding – while two are engaged together in ruthlessly honest searching – can be internalized as a model for valuing introspection and insight as important parts of the ego ideal" (*ibid.*, p. 80).

The first of these quotations emphasizes the value of the exploratory process over explanations revealed as if from on high. The second suggests that both the value of insight plus the introspective techniques for achieving that insight can be learned from the shared analytic investigative experience. The exploratory rather than revelatory approach succeeds only if it derives from the premise that there is more to be learned, that there are deeper connections and meanings to be found. Psychoanalysis is a form of inquiry, not indoctrination (Reed 1987); and that approach of inquiry is what is vitally present in the analyst's interpretive attitude.

As the analytic process unfolds, the analyst at times hears meanings before the patient can, notices patterns before the patient sees them. Abstinence from undue transference gratification does not call for withholding what could contribute to the shared task, including deep connections as they come clear from clinical emotional immediacy. When an analyst knows something a patient can use, it is appropriate to tell the patient so.

Several factors matter in what the analyst tells the patient. One is that such statements ring true as they arise from the affective experience of the clinical moment (accounting for the possibilities of deep interpretation) rather than as they come from an analyst's preferred theory or view of life (accounting for wild analysis).

Another essential is the analyst's modest appreciation that any interpretation is a trial interpretation. No matter how close an interpretive comment comes to the mark, it must always be translated by the patient into the patient's own inner language and modified by the patient to accord with the patient's own inner experience. Modestly and respectfully handled, declarative interpretations are necessary and valuable means by which an analyst contributes to a patient's analytic work. An interpretation can speak *about* a pre-discursive part of the patient while speaking *to* the adult part. The analyst listens to the archaic, but speaks to the mature.

The background *interpretive attitude* lends richness not only to declarative interpretations but to all other analytic functions by setting those functions within an ever open-minded exploratory context. Although unspoken, this attitude is communicated to the patient. Unconscious communication, to which we have been so attentive in our studies of empathy, travels in both directions. Just as we value the analyst's understanding as it comes from experiencing a

patient's transferential evocations, so is it proper to respect the patient's taking in the powerful transmission of the analyst's interpretive attitude that lies behind the analyst's explicit statements.

Procedural and declarative memories

At first glance, this pairing of functions of declarative interpretations and interpretive attitude seems strikingly similar to another pair of functions now widely studied, the division of memory into declarative and procedural memories. However, so direct a matching would be misleading.

The burgeoning study of differing forms of memory has grown significantly within clinical analysis itself from thinking offered by the Sandlers (Sandler & Sandler 1984, 1987), in which they distinguished the past (infantile) unconscious from the present unconscious. The past unconscious is said to include those very early experiences that color the life of an individual but that have their impact before the mind supposedly has developed a capacity for symbolic representation. The present unconscious, in contrast, is said to include those aspects that have mental representation and can be worked with explicitly from within the transference.

These distinct areas of mental functioning come close to the two primary categories defined by recent studies of memory, those of procedural and declarative memory. In reference to the former the Sandlers state, "To the inner world which we attribute to the past unconscious we have to allocate highly developed interactions with the internal representatives of childhood figures" (Sandler & Sandler 1987, p. 334). If early experiences are pre-symbolic, then they seem to be part of procedural memory and untouchable by declarative interpretations.

However, the fact that an area developed "pre-symbolically" and "pre-verbally" does not mean that such early functions cannot later be brought under consideration by symbolic and verbal functions. Earliest experiences leave their record in attitudes, emotional postures, the ways one approaches, shapes, and sees the world. A psychoanalysis can work toward defining a pattern of character functioning and can help a person master previously constricted patterns by reconstructing the circumstances under which they grew. If the earliest memories are registered in ways not symbolic, are their reconstructions then any less valid in being confirmed by their leading to emotional procedural shifts rather than the appearance of verbal tales of specific memories?

Any transference exploration and resolution is possible because the mature strengths of the analyzing partners can be brought to bear on the experiences that had originally developed when the analysand was less mature and had developmentally early mental powers. There must be a difference between putting into words what occurred when words were not available and putting into words what occurred when speech was present. But that does not imply the irrelevance of using words for what originally seemed amorphous and undefinable.

Every verbal understanding and interpretation is a translation of an inner emotional experience, and to translate is always in part to betray. Yet despite those

limitations, being able to put experiences and feelings into words, having the words to say it by, powerfully strengthens one. Rather than being damaging, the search for memories is a great source of analytic strength, even when that search is carried out significantly by examination of what unfolds within the dyadic interchange.

Indeed, even the distinction between past unconscious and present unconscious and that between procedural and declarative memories may not be as simple as such a comfortable dichotomy suggests. Not only can the past unconscious and procedural memories both be brought under study, but also even the most supposedly mature present unconscious and declarative memories have their own powerful connections to and roots in forces from before verbal levels. Of the two types of memories, it is likely that you can't ever have one without the other. The mind does not exist and work in theoretical boxes.

A particular risk of theories, invaluable as they are, is their effect of turning attention toward important areas at the price of turning it away from other important areas. Turning an analyst's mind away from the curiosity of a search for formative experiences is an unfortunate misuse of a theory about memory. Indeed, a great value of studies both from direct child observation and from neuroscientific studies of procedural memory is specifically the contrary, their enriching an analyst's capacity for grasping the possibilities of early experiences, even when those experiences had arisen during what appears to be pre-symbolic periods of life.

We cannot say that the fact that an experience occurred at the earliest time of life meant that it had not had a mental representation. In our inadequacies, we tend to apply distorting adultomorphic words and concepts to those early experiences. Yet it may be better to use our insufficient words and concepts, trying ever to improve them, than to say that it is damaging even to try to recover early experiences.

Even in areas of the highest levels of functioning, patients have to translate back into their own inner universe of meanings whatever it is that the analyst says. Clinical experience suggests that they can do so even on more archaic levels when the analyst succeeds in approaching those deepest inner experiences.

The need for an analyst to have judicious modesty using declarative interpretations does not suggest the interpretive attitude ought to be abandoned. *The analyst's attitude of working with analytic curiosity towards understanding and insight is the essential factor that shapes the psychoanalytic situation and makes possible the psychoanalytic value both of non-interpretive non-insight-oriented activities and of formal declarative interpretations.*

Why not simply call this the psychoanalytic attitude? While that name would fit, it would obscure something important. What distinguishes psychoanalytic from other helpful emotional, educational, or therapeutic endeavors is concern for hidden inner meanings and forces, bringing the detoxification that can come from their exposure.

Freud's motto for his technique may have been, as he said it was, "More darkness," but its aim was always to carry more light to those areas of darkness. The primary clinical goal may be helping a patient's life to be better and helping a patient feel better, but clinical psychoanalysis works by inquiry toward that goal.

One can only explore if one believes there is something of value yet to be found, that there is more that profitably can yet be learned. The analyst's interpretive attitude provides the ambiance that shapes the clinical work in that direction, implying the constant presence of newly open possibilities of understanding and growth no matter the forces of the patient's mind that are at hand.

Clinical illustration

The power of the analyst's interpretive attitude to help open constrictions and the benefits of reconstructing early experiences are both long familiar to most practitioners. Here, I shall offer a brief vignette, for which I am grateful to Katherine Burton, merely as a suggestive illustration of some of the experiences I have in mind.

My intent with the first is to demonstrate that both analyst and patient can emerge from a protracted enactment with more knowledge of themselves and with changed behavior, with this coming less from specific interpretations than from the freedom to engage afresh after the enactment is placed under the aegis of a renewed interpretive attitude.

Despite being modestly successful in his profession, Mr. L. sought treatment because he felt he never achieved the true success his talents deserved. Although married, he held himself remote from his wife both emotionally and sexually, obtaining his greatest sense of personal and sexual fulfillment from engagement with dominatrices hired anonymously via the internet. Feeling unfulfilled, he approached his work with his gifted woman analyst with the same air of cynicism that he had about his career and his marriage.

During the early months of the analysis Mr. L. talked about his life and his analysis in tones of detached disdain. Gradually he structured an analytic relationship in which he felt a constant struggle (initially more implicit than explicit) over power and domination. The more he became engaged with analysis and analyst, the more he warded off anything the analyst said. The alternative was his feeling belittled and undone by this newest aggressive woman who he felt held true power.

As the work progressed, Mr. L. at first continued to meet with female dominatrices. However, as the two clinical partners identified the unfolding pattern of engagement, Mr. L. began homosexual cruising, something he had never before done. The routine was consistent: the search for a man who seemed strong, one whom he could fellate and then flee.

The analyst accepted this behavior as expressive of unfolding feelings and fantasies rather than as misbehavior, yet also questioning the relationship of this behavior to the patient's growing intimacy with the analyst. Conflicts over gender and sexuality came more clearly to the fore and were explored. The flurry of cruising then faded and disappeared, replaced by increased turmoil within the analysis itself.

Mr. L. became ever more contentious. Nothing that the analyst said was right to Mr. L. From time to time he hinted at his improved relationship with his wife and his career, but he would deny these if the analyst included them in focus. It was as if change had to be denied to their shared notice as Mr. L. intensified his repudiation of the analyst.

Increasingly depreciated, the analyst underwent a gradual shift in a way likely known by all practitioners. Whatever she said or did not say was wrong to Mr. L. As evidenced by the life changes reported, even though disavowed, this was not a negative therapeutic reaction. The more Mr. L. improved in important aspects of his life, the more he devalued his analyst.

The analyst approached the defensive nature of what was happening; she addressed the immediacy of the transference engagement; she ventured to make helpful remarks about possible origins of this process. Whatever she said had the same result: she was said to be self-interested and impotent. She tried to connect Mr. L's responses to feelings he had about her, to feelings he had about himself, to actualities about herself that he had validly picked up, to the ghosts within him, to what was developing between them. Mr. L. was unrelentingly dismissive.

Feeling ever more uncertain about herself and becoming desperate about the analysis, the analyst gradually pulled back emotionally. She turned to self-analysis to help resolve the impasse; but regardless of the efforts she made, the pattern persisted.

At some point, however, without fully withdrawing, the analyst stepped back from the engagement in a way that was different from before. At that moment she discovered a newly gained or newly regained (she couldn't be certain which) sense of not having her integrity at stake within the engagement. She still cared greatly about the work and about the meanings of the emotional interchange, but now without the prior push for self-justification.

During the period of this impasse, the analyst's words had come less and less to inform the patient and more and more to pressure him. The parallel with the patient's dominatrices seemed clear as the analyst retrieved herself from the sway of this shared engagement, but similar formulations had remained useless until something had changed in her and the time was ripe. Only then was she able to reclaim her interpretive posture that had diminished before the growing power of the strong domination–submission conflicts alive in the encounter. That posture could be regained because of the persistence of her interpretive attitude. The interpretive attitude had kept its power even when both spoken dyadic and private self-analytic declarative interpretations were undone.

In short, as Mr. L. had become more negative, the analyst had reacted with increasing force. Then her messages were heard not as useful defense interpretations about the patient's avoiding open intimacy but as pressure that the patient *should* be intimate. Slowly, declarative interpretations degenerated into enactments in the guise of interpretation, with the process salvaged and utilized analytically only when the analyst's interpretive attitude could again hold sway.

What is most important to glean from this garden variety vignette is the connection between active interpretations and the interpretive attitude. Declarative interpretations are shaped and driven by the power of the analyst's underlying

interpretive attitude. While both declarative and non-declarative aspects are vulnerable in the intense heat of an actual analysis, it is the analyst's commitment to the basic interpretive attitude that allows progress to proceed.

The place of interpretation and the past

It is unquestionable that there are qualitative differences between the internalization of experiences that occur while a developing child is extremely immature and those that take place when the mind has grown, when there is the power of object constancy and when symbolic representation can come under the influence of verbal skills. The child *is* father of the man, but both child parts and adult parts are present and active during a clinical analysis. Different aspects predominate at different moments, so the concept of transference regression lives on despite its diminution in current analytic theoretical fashions. While the analyst comes to experience the entire range, the analyst, as already noted, also knows the wisdom of speaking *of* the archaic but *to* the mature.

Fonagy is in at least partial agreement, feeling that since relevant early experiences will have occurred too early in a patient's life to be consciously remembered, "the only way we can know what goes on in our patient's mind, what might have happened to them, is how they are with us in the transference" (1999, p. 217). Such forces are suitable not only for hearing but also for telling. They are as helpful for the patient's learning to overhear the patient's self as are autobiographical tales. *Valid regard for the patient's ways of relating as manifesting what we may interpret as evidence of procedural memories offers us the possibility of examining those processes for their informative value, approaching them with the same interpretive attitude that we carry to the content of more mature associations.*

Indeed, Fonagy cites Betty Joseph to the effect that interpretations dealing only with associations would touch only the adult part of the personality. In doing so, Joseph implies the breadth needed for a true interpretive attitude. Fonagy also describes a preference for understanding "in terms of the total interpersonal situation the patient creates in the transference with the analyst" (Fonagy 1999, p. 217). To do this fully would be to subsume procedural memories under the same interpretive attitude as later transferences. Understanding of a situation cannot be "total" if it removes aspects of the patient's experienced past from the analyst's curiosity and active seeking, removing them from observation, from exploration, and from readiness to discuss.

The view that the "recovery of memory is an inappropriate goal" (*ibid.*, p. 220) at worst or an "epiphenomenon" (p. 218) at best would turn analysts' minds away from that most psychoanalytic of implicit questions, the time-honored question about what unfolds in either the words or the music, the question "How come?" "How did it come to be that ...?" implies both past and interpretive possibilities. Without such critical questions, psychoanalysis would be desperately diminished.

Childhood diaries and letters can be of historical importance, but taken as such they exist outside the experience of the transferential engagement, outside the analyst's and patient's psychic processes. In contrast, the patient's enacted procedural memories emerge within the analytic situation and thus are "grist for the mill." Here, Fonagy agrees, saying "Therapeutic work needs to focus on helping the individual identify regular patterns of behaviour and phantasy based on childhood fantasy and experience, for which autobiographical memory can provide no explanation" (*ibid.*, p. 220). We are in accord that rich interpretive possibilities extend beyond accessible cognitive memories. Recovery of affective memories from earliest periods can be experienced on emotional levels even as later language is applied to give the patients the words to say it by. All memories can be spoken of no matter their original representation and respectful of their developmental vicissitudes.

Speaking to the mature part of a patient's mind does not exclude the power of those communications to resonate on all levels. It is so that the words with which an analyst tries to approach a patient's feelings and thoughts or fantasies and experiences can only be "approximate objectifications" of their nature (Arlow 1979, p. 381). Experience teaches us that the unconscious power of "procedural" forces can be tamed by the new-grown strength of a patient's personal insights.

Fonagy states that "modern emphasis on the therapeutic relationship as the primary motor of therapeutic reaction, for which we are indebted to Winnicott (1956) and Loewald (1960)" has not "succeeded in eliminating the emphasis on the recovery of childhood experiences" (Fonagy 1999, p. 215). Close attention shows that despite his reference to Loewald, Loewald's concern for dyadic interactions did not extend to wanting to eliminate what came before. Loewald wrote that

> the analyst, through the objective interpretation of transference distortions, increasingly becomes available to the patient as a new object. And this is not primarily in the sense of an object not previously met, but the newness consists in the patient's rediscovery of the early paths of the development of object-relations.
>
> (Loewald 1980, pp. 228–229)

To speak of "the patient's rediscovery of the early paths" rejects the artificiality of positing a dichotomy between exploration of the past and the significance of the object-related present.

The interpretive attitude is central to the analytic process, of which it is part, while any declarative interpretation is a specific product of that process. That process of an interpretive attitude is at first carried out by the analyst for the patient, but ultimately it is taken over by the patient. This is probably why, when asked after their analyses, patients so rarely can say what they learned but definitely feel they have changed, usually citing what we call "self-analytic" functions, developed for themselves functions we provided originally.

In closing

Clinical experience has clearly revealed that the evolving clinical engagement is the primary field for carrying out analytic inquiry and is a primary source for developing new understandings. Working within this context, the analyst's interpretive attitude is not an intellectualized detective search to uncover and unlock archaic historical events whose dramatic recovery will then magically lead to freedom from conflict. It is, rather, an approach of open-minded curiosity (Chodorow 2000) based on the certainty that unseen implications, hidden meanings, lie behind manifest symptoms. It is the attitude that exploration based on respectful but unconstrained inquiry has the power of enriching and freeing the patient.

Through the ongoing work based on such an attitude, analyst and patient are partners in a joint endeavor. The analyst works to facilitate the greatest possible expression and opening of the patient's private ways of relating, what in earlier days was spoken of as facilitating the regression. Technical skill and art are demanded for the analyst to draw attention to the patient's patterns in a manner that identifies them without implying that they are unreal and without aborting their further opening.

The analyst's freedom to speak of what occurs is put to its greatest use in declarative interpretations. Behind those interpretations and making them possible lies the analyst's basic stance, one that responds to the patient's evocations and provocations with respectful curiosity rather than with conventional reactions.

In a successful analysis, the patient increasingly identifies with the analyst's attitude of psychoanalytic curiosity, of freedom to search for whatever hidden meanings can throw new light on present emotions and experiences. That curiosity about as yet unknown deeper explanations is what places the unrestricted interpretive attitude at the heart of the psychoanalytic approach.

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