

the Languages of

# PSYCHOANALYSIS



JOHN E. GEDO

# The Languages of Psychoanalysis



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*John E. Gedo*



1996

THE ANALYTIC PRESS

Hillsdale, NJ

London

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Published by The Analytic Press, Inc.

Editorial Offices: 101 West Street, Hillsdale, NJ 07642

Typeset by Innovative Systems, West Long Branch, New Jersey

**Library of Congress Cataloging-in-Publication Data**

Gedo, John E.

The languages of psychoanalysis / John E. Gedo

p. cm.

Includes bibliographical references and index.

ISBN 0-88163-186-8

1. Psychoanalysis--Semiotics. 2. Psychotherapist and patient.

3. Interpersonal communication. I. Title.

RC489.S435G43 1996

616.89'17--dc20

96-12827

CIP

Printed in the United States of America

10 9 8 7 6 5 4 3 2 1

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## Acknowledgments

Although the contents of this book have, from the first, been conceived as parts of one monograph, versions of some of the material in this volume have appeared elsewhere. I am indebted to the publishers of the following books and journals for their agreement to allow publication of those items in a new context: a German version of chapter 8 appeared in *Psyche* (Gedo, 1993b); the English original appeared in *The Spectrum of Psychoanalysis*, edited by Arlene and Arnold Richards, and is reprinted here, in modified form, by permission of International Universities Press. Most of chapter 9 appeared in *The Psychoanalytic Review* (Gedo, 1993c) and is reprinted by permission of the publisher, the National Psychological Association for Psychoanalysis, Inc. An earlier version of chapter 13 was published in *The Journal of the American Psychoanalytic Association* (Gedo, 1995a); it is reprinted by permission of International Universities Press. Earlier versions of other portions of this book were published by The Analytic Press: most of chapter 7 and the Epilogue, in *Psychoanalytic Inquiry* (Gedo, 1995c,d) and of chapter 10, in *The Annual of Psychoanalysis* (Gedo, 1995e); chapter 14 appeared in *Self Analysis*, edited by James Barron (Gedo, 1993a).

I was enabled to tighten my presentation of most of this subject matter by trying out preliminary versions at various psychoanalytic venues, notably at a plenary session of the American Psychoanalytic Association (chapter 13), a Weigert Lecture of the Washington School of Psychiatry (chapter 2), the Freud Conference of Deakin University, Melbourne (chapter 5), Ferenczi Conferences in Budapest (chapter 9) and São Paulo (chapter 11), a Tufts University Symposium honoring Paul Myerson (chapter 5), the Chicago Psychoanalytic Society (chapter 1), and Institutes in Stuttgart, Ulm, Munich, and Düsseldorf (chapter 14).

In addition, I owe a great debt to Eva Sandberg for her invaluable assistance in manuscript preparation and to the entire staff of The Analytic Press for efficient and expeditious production.



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## Introduction

About 15 years ago, the Chicago Institute for Psychoanalysis organized a Supervisors' Seminar to discuss the difficulties of teaching psychoanalytic praxis. For this exercise, I volunteered to present my work with a candidate who greatly puzzled me: the supervisee was, by all the usual criteria, singularly inept, but his analysand had done extremely well—the analysis was satisfactorily concluded when the patient married and went abroad as a Fulbright scholar. The candidate's other supervisors were in complete agreement about his deficiencies, particularly the difficulty he had in communicating with teachers and patients alike. I had hoped to raise questions about our customary methods of student evaluation, but my initiative only succeeded in convincing everyone that our reliability as evaluators justified the conclusion that this student was unfit to become a psychoanalyst.

In 1980, I did not yet have the confidence to battle against such a consensus; ever since, I have been chagrined about my diffidence because we have seen our failed candidate go from success to success in the psychotherapy community. It was true that, in his mouth, even the best thought-out supervisory suggestions were transmuted into nonsense—but neither his analysand nor I ever held this against him. He was a person of charismatic *goodness*, a worthy son of fundamentalist missionaries. It was only at the Supervisors' Seminar that I learned additional relevant facts about his background: I knew that he had been the only Caucasian child at the mission and that he had spent almost all his time with people who spoke no English; I now learned that the tribal culture that became his true semiotic matrix is known for taciturnity and for the value it places on silent communion.

I recount this story not to claim that a person as inarticulate as the candidate in question would make a good *psychoanalyst*. The point I wish to make is that we have probably given undue emphasis to performing "talking cures" and have overestimated the value of verbal intelligence (as opposed to other components of the cognitive repertory). I was enormously impressed by the fact that the candidate's painful clumsiness with words (and ideas expressed in words) had hardly interfered with the progress of a very difficult patient. Moreover, I am confident that my supervision had little to do

with the good result, for the candidate seldom seemed to grasp what I was attempting to teach him.

Neither do I wish to imply that my dissent from the faculty consensus about one student had an important role in persuading me that the psychoanalytic insistence on the therapeutic power of the “voice of the intellect” (Freud, 1927b) is overly one-sided. On the contrary, my experience with this supervisee merely served to crystallize my growing conviction about this issue. Starting in the late 1960s, I focused my scientific work on the elucidation of derivatives in adult life of preoedipal developmental vicissitudes, efforts that led to the formulation of a hierarchical model of psychic functioning (Gedo and Goldberg, 1973; Gedo, 1979). As a result of this conceptual framework, I began to pay more and more attention to analysands’ deficits in essential psychological skills—apraxias that needed correction before other remedial measures could become effective. Among these missing functions, skills in human communication were the most significant because of their potentially deleterious effects on analytic efforts.

Over the years, I have communicated the results of my clinical observations about the rhetorical dimensions of psychoanalysis in scattered publications, including chapters in several books (Gedo, 1981a, chapter 11; 1984, chapters 8 and 9; 1986, chapters 12 and 13; 1988, chapters 6, 7, and 13), but these reports did not add up to a systematic treatment of the subject. As my thinking about the hierarchy of mental functions was gradually clarified, however, I became more and more convinced of the central importance for psychoanalytic theory and therapeutics of the communication of information.

The hierarchical model I originally formulated with Arnold Goldberg (Gedo and Goldberg, 1973) was based on correlating the developmental lines (Ferenczi, 1913; A. Freud, 1965) most frequently used in psychoanalytic discourse so as to form an ontogenetic map. I was surprised to find that the points of transition from one phase to the one succeeding it on each of the developmental lines previously elaborated by psychoanalytic theorists seemed to be temporally linked at certain nodal points in general psychological development. (This unexpected conclusion made it possible to delineate a sequence of five phases of development through childhood, each of which gives rise to a different mode of psychic functioning in adult life, albeit all five modes remain simultaneously available for the entire life span.) Because each of the developmental lines we took into account is almost entirely unaffected by the fate

of the others, I eventually realized that they must enter succeeding phases in this linked manner as a result of some underlying process of biological maturation.

The foregoing insight pointed to the centrality of the maturation of neural control for a valid psychoanalytic theory of development. Another way to state this point is to acknowledge that our developmental propositions cannot be scientifically validated on the basis of psychoanalytic clinical observations alone—they must be buttressed by evidence from cognate fields, principally from brain science. Fortunately, a number of important efforts to bring the relevant data to the attention of the psychoanalytic community have become available; the one most influential for my subsequent work was Levin's (1991) *Mapping the Mind*, for which I also provided a foreword (reprinted as chapter 1 in Gedo, 1991a).

Although, at this writing, we have less evidence about the maturation of neural control through infancy than we require, the burgeoning field of infant observation is gradually demonstrating how crucial behavioral correlates of that maturation develop under various environmental conditions. The most important of these developments are those of cognition and of the infant's communicative repertory. In other words, for the time being, we have to center our developmental hypotheses on the maturational sequence of these functional capacities, which generally develop free of conflict. (To illustrate: it cannot be legitimate to postulate fantasy activity in neonates, as did Melanie Klein, 1984, because symbolic capacities do not come "on line" until later in infancy.) One prerequisite of the necessary conceptual evolution in psychoanalysis is the collection of semiotic data within the psychoanalytic situation—the recording of the continued use of relatively archaic modes of communication in adult life.

The present volume is a summary of my own clinical observations in this realm. I have organized it into four sections, although the subject matter of these often overlaps. Part One, "Psychoanalysis and Semiotics," is an effort to survey those modes of communication encountered in the psychoanalytic situation that go beyond the lexical meaning of the verbal dialogue that is the ostensible text the participants endeavor to understand. In chapter 1, I consider semiotic codes that may serve as alternatives to the verbal one, such as the music of speech or the production of wordless music—channels of communication that broaden and enrich an adult's linguistic repertory. Chapter 2 is devoted to the complementary issue of the persistence into adult life of protolinguistic phenomena—remnants

from the preverbal period the communicative significance of which is no longer understood by the person who produces them. Chapter 3 takes up one category of these archaic modes of discourse, that of the "language of the body," exemplified by phenomena such as tics, hypochondriasis, or the somatic concomitants of the affects. In chapter 4, I consider the misuse of adequate verbal resources for manipulative ends. Chapter 5 is a preliminary attempt to discuss the relation of consciousness itself to the communicative function.

In Part Two, the foregoing issues are reconsidered from the vantage point of psychoanalytic technique. Chapter 6, a revised version of material that was included in my out-of-print book, *Psychoanalysis and its Discontents* (Gedo, 1984), stresses the need to attain a "shared language" between analyst and patient as the crucial prerequisite for a holding environment. In chapter 7, I survey the consequences of the customary "psychoanalytic setting," that is, the use of a couch with the analyst sitting out of sight, for the manner in which analysands are likely to encode their communications. Chapter 8 considers the converse of this issue: the consequences of the form in which the analyst chooses to make particular interventions, including both verbal and nonverbal aspects. In chapter 9, I attempt to deal with the issue of empathy, its expectable effects on therapeutic transactions and the limits of its curative influence. Chapter 10 takes up the closely related technical problem of the analyst's affectivity and the degree and manner of its communication in the treatment situation. Finally, in chapter 11, I discuss the phenomena of countertransference and projective identification from a semiotic point of view.

Part Three turns from the problems of interpersonal communication within the therapeutic dyad to those of intrapsychic communication. In chapter 12, I consider the ways in which distinct functional clusters, such as those usually called a true self and a false self, may coexist without materially influencing each other; this discussion is then extended to the closely related problem of the persistence of a "psychotic core." Chapter 13 is an effort to translate the metaphor of "working through," which refers to the elimination of isolated automatisms of the kind dealt with in the previous chapter, into operational terms, as matters of improved cognition. In chapter 14, the foregoing process is taken up in the context of self-analysis. In conclusion, an Epilogue provides a theoretical framework for the entire volume: it adheres to the characterization of psychoanalysis as a psychology of motivations, and attempts to show that the gamut of human motives can be encompassed only by a hierarchical model of

psychic life based on the progressive maturation and hierarchical organization of the central nervous system. Thus, the communicative repertory of humans is a manifestation of this functional hierarchy.

I believe it is essential to provide such a biological framework for the discussion of communication in psychoanalysis. Lacking such an anchor, any emphasis on the semiotics that constitute psychoanalytic operations in their entirety is bound to give the impression that a linguistic theory, in contrast to the metapsychology proposed by Freud, can satisfy our requirements without considering our somatic substrate. I intend, instead, to stress that the function of communication, including the most sophisticated manipulations of symbols, is absolutely dependent on somatic events within the central nervous system. In other words, the appropriate study of psychoanalytic discourse does not constitute the abandonment of our biological matrix—on the contrary, it amounts to sharpening the focus of our inquiries on the biological subsystem of greatest relevance for our scientific domain.



# I --- Psychoanalysis and Semiotics





# 1

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## Psychoanalysis and Nonverbal Communication

### NONVERBAL MESSAGES

Psychoanalysts agree on the necessity of articulating psychoanalytic insights in the language of secondary process (Freud, 1911), which has the greatest likelihood of being consensually meaningful. Until recently, this consensus led most commentators on treatment technique to assume that analytic patients must be encouraged, in their turn, to *associate* in this same language. Patients' ubiquitous failure to live up to these standards of discourse was generally seen as one aspect of the resistance (Freud, 1895b, p. 269; 1916-17, Lecture XIX) that is the unavoidable concomitant of setting a psychoanalytic process in motion. Such views were so widespread that when Kohut (1957; see also Kohut and Levarie, 1959) published the now almost self-evident assertion that music is as much a secondary-process activity as is the verbal expression of rationality, this contribution had the force of true novelty. Perhaps it was the more systematic work of Noy (1968, 1969, 1972) that tipped the psychoanalytic consensus in favor of the view that nonverbal productions are not necessarily confined to using the primary process.

Four decades ago, when I was a candidate, it was not unusual to accuse patients of evasiveness if, for instance, they reported on the visual imagery that might occur to them in the psychoanalytic setting (see Warren, 1961). The first break in this solid front of misunderstanding was Hannett's (1964) fascinating report that, when her analysands became preoccupied with snatches of popular songs, it was very fruitful to ask them to reproduce these musical bits because the *lyrics* generally proved to be highly revealing about the patients' focal mental state. I was particularly impressed by this communication because, at a certain point in my own analysis with Hannett's husband, Maxwell Gitelson, I had been haunted by a currently popular melody from the Broadway hit *Pajama Game*—something about a "Hernando's Hideaway," where one could discreetly rendezvous with one's "Uncle Max." Olé!

Such a tune may come to mind as a wordless melody, so that some persistence may be required to make explicit the significance of the attached lyrics. In most instances (at least in the case of successful songs), however, the words and the music are truly congruent. Thus the melody of "Hernando's Hideaway" does, by itself, convey a triumphant aura of illicit sexuality—although it must be admitted that this is decisively underscored by the "Olé!" in which the refrain ends. Hannett did not spell out the point that her finding might be just as valid for instrumental as for vocal music, but if one kept in mind the fact that, in many instances, the words merely confirm a conclusion one can reach from the music alone, her contribution actually opened the way for the clinical exploitation of all forms of nonverbal association.

As I gradually relinquished treating such associations as "resistances," more and more of my analysands found the courage to value these productions as the equal of verbal associations—clearly, these changes were promoted by the interest I showed in these previously unwelcome channels of communication. It was not at all surprising that specific modes of communication were more frequently used by individuals who had practiced them in some other context. For example, practitioners of the visual arts tend to experience visions—a point beautifully illustrated by Gardner (1983), who happens to be an accomplished watercolorist. Similarly, musical associations are most likely to occur to trained musicians, and gestural communications are most prevalent with persons who have had training in dancing. In my experience, these correlations with specialized experience are much more significant than considerations of diagnosis, personality structure, or the nature of the prevailing transference, although (as I shall later try to show) they are not the sole determinants of such occurrences.

The analysand from whom I learned the most about this issue was not an active musician, but he was as sophisticated about music as a mere consumer is ever likely to become. He was a college professor who gave general courses in the humanities, including music history and "appreciation," but his main field of expertise was in a branch of philosophy. (I previously reported on this case in Gedo, 1981a, pp. 289–296.) Nonetheless, he often reported that particular musical passages occurred to him as part of his stream of associations, although he did so in a professorial manner: he might say, "I have just thought of the second theme of the opening movement of the Sibelius 3rd symphony." Needless to say, such statements were beyond my comprehension, and usually I remained

clueless even if he agreed to hum such a theme for me. He was sometimes able, however, to give verbal associations that could illuminate the meaning of the musical one.

The clearest instance of such a sequence I can recall was the preoccupation of another patient with the slow movement of Beethoven's 7th symphony, the mood of which reminded him of his current feeling of hopelessness. Of course, there are countless musical themes with this flavor, so we looked into the meaning of his choice of the Beethoven. He was able spontaneously to come up with the interpretation that he wished he could resolve his problems as the composer concluded his symphony: the slow movement is followed by the manic joy of the most triumphant final movement in Beethoven's work.

As treatment with the first analysand proceeded, we gradually realized that our cooperative investigation of these musical meanings had significance per se as a transference enactment. The patient's mother had been a professional musician, although she had failed in her career and, starting with my analysand's preschool years, played the piano only for her private pleasure. She was young, beautiful, and overtly seductive; he was then her only child, and she was his only surviving parent. Although both mother and child were very troubled people, the most harmonious times they had together were the sessions when he sat at her knee while she played the piano. Her verbal communications were highly unreliable, for her attitude to life was that of a Pollyanna, but the child could generally gauge her true feelings by her choice of music to perform. In the analytic situation, the roles were reversed—it was the patient's inner state that had to be inferred from his choice of music.

This was not the first childhood history of this kind I had encountered. Some years previously, I had conducted an analysis for a woman whose mother had been a successful pianist who had gradually lost her hearing. The mother did not master lip-reading or learn sign language, so that one had to communicate with her mostly in writing, a procedure her daughter was too young to follow. Instead, this child also learned to read her mother's inner states from the music the latter chose to play—and even from the artist's choice of interpretation of a familiar piece. (Incidentally, this scenario is used in a surrealistic version in the recently popular motion picture *The Piano*—surreal because in the film the mother supposedly is not deaf but deliberately chooses to use only sign language—and music.) My patient was extremely alert to the nonverbal clues I gave her about my private feelings; this was an important aspect of the mother

transference. In this case, however, either transference roles were seldom reversed or I was insufficiently attentive to the analysand's attempts to reenact the childhood transactions in an active mode. (Later in this chapter, I shall, however, describe one transaction in which such a reversal took place.)

Late in the analysis of the male patient, when he was reliving the frustration of his erotic longings for his mother and I felt confident that I was in touch with his emotions, I found myself conveying to him my understanding of this transaction by encoding my interpretation as wordless music. (I should mention that I feel most comfortable quoting music through whistling, and this was the medium of communication I used. Had I had a piano in my consulting room, it would have served my aim better. Recently, a senior colleague told me about a similar transaction in which he was able to use an appropriate segment of a compact disk recording to the same ends [Gunther, personal communication, 1994].) At any rate, some 25 years ago, I whistled the music he had mentioned as his mother's favorite when she was at her most seductive, the "Aragonaise" from Massenet's opera, *Le Cid*. His affective response was dramatic, and he was then able to put the whole matter into secondary-process language without further intervention on my part.

Emboldened by the success of this experiment, I began to use with a number of patients bits of musical communication, almost always widely familiar pieces and, whenever possible, passages with lyrics I could quote. I gained the impression that the affective impact of such messages was greater than that of my parallel efforts to use verbal means alone. (If I may use the analogy of opera versus drama, it is relatively easier to put on a moving performance of Verdi's *Otello* than of Shakespeare's original. Or, as R. Strauss and Hoffmansthal put it, "*Die Musik ist eine heilger Kunst*.")<sup>1</sup> These experiments convinced me that the then prevailing consensus that psychoanalytic "neutrality" requires that the analyst eschew dramatic behaviors was misguided.

I never tire of recounting that, about 20 years ago, in a discussion group with that great authority on analytic technique, Rudolph Loewenstein, I initiated a debate about the appropriateness of making interpretations in the medium of music (see Gedo, 1979, p. 32). Loewenstein was utterly scandalized, but (with the help of Robert Gardner) I persevered through a colloquium that lasted many hours.

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<sup>1</sup> Music is a sacred art (Ariadne auf Naxos).

Loewenstein graciously ended the weekend by conceding the point. As he put it, "Jewish jokes are [permitted], but whistling is out!" In other words, skillful analysts have always tried to raise the emotional temperature of their interventions through various ingenious rhetorical devices.

In the intervening years, I have had the privilege of analyzing people skillful in various modes of nonverbal communication: artists who brought in paintings or drawings they spread on the floor and dealt with as analytic data equivalent to dreams; musicians who consciously specified how they felt by producing passages of music; often instrumental music, and even a dancer whose most revealing communications were probably postural and gestural and, alas, almost always beyond my ken. These virtuosi of the nonverbal have gradually trained me to be less reliant on words alone than publications on psychoanalytic technique recommend. From time to time, I have received support from unexpected sources; in the memoirs of one of Freud's patients, I found the following: "The professor interrupted rarely; when he did so, he mostly used metaphors and allegories. Once . . . Freud leaned over the couch to sing one or two stanzas to me from Mozart's *Don Giovanni*" (Dorsey, in Grotjahn, 1979). I have also found the partnership of Mozart and da Ponte to have much to say that an analyst may quote to patients with profit.

### COMMUNICATIVE DEFICITS

Although I have invariably found it fruitful to explore the meanings of analysands' nonverbal associations—and worse than useless to label their occurrence as a "resistance"—I do think it is indispensable to assist patients to encode in words everything discovered through analysis. To put this in another way: as a symbolic system, consensual language has superior potential to correlate what needs to be symbolized (the "signified") in the broadest variety of permutations, making possible the most flexible and comprehensive employment of the information concerned. With special training, it is possible to use nonverbal symbolic systems in the same manner—witness the cognitive adequacy of the sign language of the deaf, even without translation into a text written in one of the languages of those who can hear. At any rate, spoken languages enable their users to manipulate symbols adequately, without special training, simply as a result of their acquisition. In other words, all analytic patients can be expected to master what they need to learn if they manage to encode it in words.

The other side of the same coin is that the acquisition of a consensually meaningful and syntactically correct spoken language so revolutionizes mental functioning—and, at a more fundamental level, even the functional organization of the central nervous system (Levin, 1991)—that it creates a severe disjunction between the new mode of functioning it makes hierarchically dominant (mode III in my schemata of mind, reviewed in the Epilogue, [see also Gedo, 1979, 1988]) and the more archaic modes (modes I and II) that precede it. Such a disjunction will manifest itself as an inability to correlate the experiences of the preverbal era with the verbal system.<sup>2</sup> This may produce one of two symptomatic clusters: either an apparent loss of early experience, with isolation of affect or alexithymia, or the periodic emergence of primitive mental states the person is unable to communicate in comprehensible words. In the unsatisfactory vocabulary we have inherited from psychiatry, we label these syndromes as “obsessional” and “borderline,” respectively. It is not irrelevant to this discussion that the obsessional syndrome is distressingly prevalent among psychoanalysts; this is probably one reason for our collective refusal, for the better part of a century, to process the nonverbal material produced by our patients.

One of the reasons for the effectiveness of music in bringing to life the emotional world of the preverbal era is that it tends to bridge the verbal-nonverbal gap. Obviously, this is particularly true of vocal music, which is a veritable Rosetta Stone by virtue of the double registration of its message. Levin (1980) has made a similar point about the analyst's need to rely on metaphoric communications. When we are dealing with individuals who suffer from a major split in the mind between the verbal and nonverbal realms, however, we are likely to find that they cannot comprehend the metaphorical use either of music or of words. If you have to explain to an analysand that you are about to start whistling *Là ci darem la mano*<sup>3</sup> to provide an associative connection between the past and the present and not as an effort literally to seduce him or her, producing the melody is not going to have much of an affective impact. In general, patients who are severely regressed (or have suffered early arrests in development in major sectors of their personality) are very likely to

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<sup>2</sup> I owe this idea to David Freedman (1982 personal communication).

<sup>3</sup> Don Giovanni's aria in Act II, in the scene of his attempt to seduce Zerlina. Literally, “There we shall give each other our hand.”