Language and affects in the analytic practice

LAURA ETCHEGOYEN, Reporter
6 Sandwell Cres, London, NW6 1PB, UK — letcheogye@aol.com

JACQUELINE AMATI MEHLER, Moderator
Via Lucrezio Caro, I-00193 Roma, Italy — jacqueline.mehler@tin.it

Opening the panel, Jacqueline Amati Mehler pointed out that language lies at the heart of human psychic development, and she referred to the ‘psycho-archeology’ of language as it is embedded in early affects and psychosensory experiences related to the world of primary object relationships and primary process. The acquisition and development of language implies the development of the symbolic function and the transition from bodily to mental. She mentioned that the possibility of translation, transcription and signification or resignification of lost or hidden meanings through free association constitute the main challenge to our ‘talking cure’. There seems to be an essential difference between what words can express and what they do not express because it is not in their domain. In this respect, she pointed out the importance of making the distinction—evident, but often overlooked—between pre-verbal and non-verbal.

All three panellists presented papers about the centrality of language and affects in the psychoanalytic endeavour.

Ana-Maria Rizzuto’s paper, ‘Language and affects in the analytic practice’, continues from her research on speech, language and clinical practice, dating back over the last ten years. Rizzuto reiterated that the transformation of the analysand effected by analysis is mediated by verbal exchanges between the two participants. The transformative power of words is not limited to their cognitive or semantic meaning. Spoken words are always embedded in the affective matrix of the self. Drawing support from well-known studies on the foetal and baby early recognition and relating to the prosodic (i.e. intonation, melody and rhythm) components of the maternal voice, Rizzuto suggests that the mother’s voice mirroring of the infant’s internal state should be considered as important as Winnicott’s favoured mirroring of the face.

The prosodic contour—a pattern of successive levels of pitch—of adults’ speech towards babies always conveys a communicative intent in the speaker, in response to the infant’s affective state. Rizzuto reminds us that prosodic engagement precedes semantic understanding in language development and that the analyst relies on his and the patient’s prosody for revealing communicative intent (or lack of it).

From a technical point of view, Rizzuto notices that the ever-present difficulties in free associating that patients may have might be compounded not only by

Panel held at the 43rd Congress of the International Psychoanalytical Association, New Orleans, USA, 11 March 2004. Panellists: Ana-Maria Rizzuto (Brookline, MA), Riccardo Steiner (London), Beatriz de León de Bernardi (Montevideo).
neurotic conflict in its wider sense, but also by difficulties that the patient might have encountered early in his life, while developing language. The analysand needs to experience a sense of conviction that the analyst wants to listen and is interested in establishing verbal and emotional contact. It is often the case that the manner of speaking of the patient or the dialogue between patient and analyst changes and becomes enriched as the analysis progresses. This author warns us that paying attention to the affect that the analyst’s voice might convey is at times paramount, particularly in the beginning phases of an analysis where the analyst’s voice might convey empathic understanding of the suffering child. Likewise, later, or in the termination phase of an analysis, a firm parental voice that knows the child can now speak and can do it well acts as an encouragement for the future, as the parents once expected the child to speak well and be in charge of their language.

The second paper, ‘Affects and words in interpretative modes of transference’, was presented by Beatriz de Leon de Bernardi. The author sustains the view that different theoretical models which might privilege either affects or words would result in different modes of interpreting the transference. Bernardi discussed clinical material of the treatment of a patient who started therapy on a twice-weekly, face-to-face frequency and then moved on to an increased number of sessions (presumably three times a week) and the use of the couch. In the initial phase of the therapy, the analyst was mainly concerned in trying to follow the transference and countertransference developments in the sessions. Transference interpretations (both negative and positive) were used frequently and explicitly. This style of transference interpretation Bernardi links with the influence of Klein’s ideas in the River Plate area. The transference interpretation is frequent, often expressed in an assertive way and, in general, includes a direct reference to the analyst. In the second phase of the treatment, when it became more established, the change in the analytic frame allowed for an easier analytic dialogue. The analysand developed a more fluent communication with her internal objects (as represented in a dream where the patient is talking freely to her mother and the analyst is further away, as a third party, mostly listening). In this phase of the treatment, the author felt it more pertinent to use a Lacanian model of transference interpretation which would involve a different interpretive style: interventions would be punctual, allusive or interrogative. The analyst felt more involved in following the verbal signifiers of the patient’s discourse, and left aside the affective lead as central data in the analytic situation. In this second stage of the treatment, the retrospective elaboration of scenes and memories of the patient’s childhood acquire more relevance.

The subsequent erudite paper presented by Riccardo Steiner entitled ‘Plausible or implausible conjectures? Some notes on the role played by intonation and other aspects of non-verbal communication in the emergence of preverbal unconscious memories and experiences in the form of affects during the psychoanalytic process’ was a summary of a longer version circulated to the panellists.

Steiner presented detailed clinical vignettes paying special attention to the intonation patterns of his patients’ communications and his responses in the analytic situation, stressing the role of verbal and non-verbal levels as well as some aspects of his own body language in perceiving their communications. All of the vignettes he
referred to seemed to show to him the important role played by the above-mentioned factors (besides the verbal aspects of transference and countertransference) in allowing the emergence of early pre-verbal traumatic events in the lives of the patients.

The first vignette he titled ‘This rigid corset’. In this case, the hesitating, low tone of voice, followed by whispering or the emission of a few sounds or silences, resulted in an experience of a suffocating sensation in the analyst together with an itching sensation on the back of his hand. Following interpretive work the patient said that she had always suffered from eczema and that at age 2 she developed severe asthma, two facts that she had never mentioned before. Steiner insisted that revelations of such events were not to be regarded as cathartic communications, but were the result of careful working through and integrative processes.

A further vignette was about a more disturbed patient who spoke in a brisk tone, explosively. Steiner showed the enormous difficulty he had in dealing with a communication of this very disturbed and at times borderline psychotic patient who used intonation in a violent projective way in order to evacuate anger and affects regarding her disturbed mother. She had a dream in which a mad woman appeared, and the patient ‘knew’ the mad woman had to be the analyst. Steiner thinks that this type of borderline patient has difficulty in symbolising and their language (and particularly the intonation of the personal pronoun) is highly impregnated, using Peirce’s model, by ‘index-iconic’ elements. This type of communication would belong to an intermediate stage between what Segal called ‘symbolic equation’ (1957), and ‘symbol’ proper.

Steiner also pointed out that the way patients might pronounce words, and specifically vocals, might give rise to synaesthesic reactions in the analyst, in this case, the colour of the vocal ‘u’ which was felt to be dark and full of despair. The clinical vignettes seem to indicate that there might be early pre-verbal traumatic situations in the life of patients that might be recovered in the course of an analysis. However, Steiner warns us not to idealise the existence of pre-verbal trauma as the sole explanation of all our own—and our patients’—problems in an analysis. Intonation is of prime importance in the analytic session, as it is the most important vehicle through which affects can be expressed and understood.

The proverbial issue of whether early (pre-verbal) normal or traumatic events can be reached through memory has a long history in psychoanalysis. Steiner counts himself among those psychoanalysts who believe that those early events can emerge in the analysis of adults through what Klein (1957) called ‘memories in the form of feelings’ or, as he prefers to put it, as ‘memories in the form of affects and feelings’. He also reminds us in his careful investigation of the Controversial Discussions of 1941–5 of Susan Isaacs’s (1943) notion of genetic continuity and ‘implicit’ memory. He mentions J. Sandler’s contention that early, ‘procedural memory’ cannot be retrieved as such but becomes ‘a set of programs for future functioning’ (personal communication to Steiner, 1998).

According to this author, normal and traumatic experiences in which the ‘body ego’ plays a fundamental role can be brought back and made alive through the intonational patterns of the analytical exchange. In this connection, Mehler et
Laura Etcheogoyen’s (1978) psycholinguistic research gives intonation a proto-cognitive and proto-linguistic role in the development of the baby and infant ‘motherese’ (the specific baby-directed language of the mother with its particular intonation patterns).

Following Amati Mehler et al.’s (1990) differentiation between non-verbal, pre-verbal and verbal codes of communication, the author considers intonation as a modality of verbal communication that has its roots in what Freud (1923) called ‘the body ego’.

Steiner stated that, following Austin’s (1962) differentiation between the cognitive and performative aspects of language, intonation plays a fundamental role in the latter. He then describes his concept of ‘the soma-psychic transference and countertransference’ where intonation in the patient’s communication and in the analyst’s responses play a central role. The author believes that there is always a complex mutual resonance between the soma (body) and the psyche of both participants in the analytic encounter, and that this is not necessarily restricted to psychosomatic disturbances but is a part of every analytic process. He also describes a particular function of the voice (initially of the mother) which can act as a sort of osmotic membrane through which very primitive projective and introjective processes occur.

Steiner goes on to make a link between the psychoanalytical meaning of intonation and R. Jacobson’s (1979) linguistic research about the ‘pathic’ and ‘emotive’ (or affective) functions of language. The pathic function is related to the ties or union between the sender and the receiver of a message and is usually carried out by means of small questions, vocal intonated noises or interjections that have the purpose of establishing and maintaining contact between the speakers. The emotive function is concerned with a tendency to produce a certain emotion and express the speaker’s attitude towards what he is talking about. In the author’s opinion, this differentiation is not so clear cut, as the strictly ‘pathic’ function can be understood as a communication in itself which is imbued with meaning due to the intonative aspects of the speech. The ‘pathic communion’ (following Malinowski, 1946) between mother and baby is characterised by specific intonation patterns that are intuitively recognised by both of them.

In the case of more disturbed patients, the pathic and emotive functions of language can be attacked or interfered with so that the communicative aspect of primitive projective identification cannot take place or is severely disrupted.

In the ensuing discussion, the contributions of the Latin American schools of psychoanalysis were often mentioned, for example the work of D. Liberman on communicative styles and linguistics, and L. Alvarez de Toledo’s work on the analysis of associating, interpreting and words. To that effect, the importance of free association and pre-verbal and para-linguistic expressions were emphasised as crucial issues to allow for primitive areas to emerge, and in this respect Amati Mehler mentioned how these reflections should be present when discussing technology and psychoanalysis. The issue of splitting mechanisms between content and form of the interpretation, where patients can accept the ‘correct’ content but reject the interpretation due to the ‘wrong’ tone in the voice of the analyst (or vice versa), stressed by Steiner, were mentioned. The conscious effort that sometimes analysts
make in trying to use a particular tone of voice to convey feeling (e.g. empathy, calm, firmness) was questioned as possibly being dependent on countertransference variables in the analytic situation. All the clinical material presented by the three contributors was very well received and generated a great deal of interest.

References