REIK’S THEORY OF PSYCHOANALYTIC LISTENING

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The present article attempts to systematize Reik’s theory of psychoanalytic listening through a detailed reading of Listening with the Third Ear. Although Reik’s work anticipated current debates on intersubjectivity, countertransference, and hermeneutics, it is rarely cited in contemporary literature. This article begins to lay the foundation for assessing Reik’s contributions to psychoanalysis by clarifying his views. Reik’s theory is organized around an emphasis on sequencing. Psychoanalytic listening has a natural sequence that begins with unconscious conjectures about patient’s dynamics and ends with conscious case formulations. Psychoanalytic conjectures crystallize out of the intersubjective, reciprocal illumination of the therapist’s and patient’s unconscious minds. Psychotherapists understand patients most deeply by becoming conscious of their subjective reactions to patients and rigorously examining these reactions.

Keywords: countertransference, intersubjectivity, listening, formulation

For Theodor Reik, psychoanalysis is a unique discipline. Although it has affinities to both the natural sciences and the humanities, it is distinguished by a special kind of listening: what Reik calls “listening with the third ear.” In his book of the same title, Reik (1948) contrasts conscious comprehension of psychoanalytic data with the clinician’s initial unconscious conjectures that are later elaborated into systematic comprehension. The third ear is the unconscious capacity to decipher the psychological clues that inspire psychoanalytic conjectures. According to Reik, both conjecture and comprehension are crucial. However, the essence of psychoanalytic understanding is the third ear.

Reik’s classic Listening with the Third Ear (1948) is one of the great unexamined psychoanalytic texts. The ideas Reik presents within it intersect considerably with current debates on intersubjectivity, countertransference, and hermeneutics, while also pursuing concerns rarely broached in North American psychoanalytic discourse, such as the role of timing in analytic listening. However, Listening with the Third Ear is rarely cited in the contemporary literature and has largely been forgotten by the psychoanalytic community.
(Chessick, 1992). Furthermore, only a handful of papers on this or any other work by Reik have ever been written (Grotjahn, 1950, 1981; Lothane, 1981; Sherman, 1981; Bromberg, 2000; Covitz, 2004). With the exception of Lothane (1981), none of these includes a detailed exegesis of Reik’s writings, and none systematizes Reik’s thought. Reik’s work, to be sure, is not easy to systematize. He often preferred a digressive stream-of-consciousness writing style intended to illustrate the sort of free associative process he felt to be essential to psychoanalysis. Moreover, Reik frequently comes across as vehemently antisystematic. In one moment of antisystematic fervor, Reik goes so far as to write: “The old German academic proverb still holds good: with a system, incoherent drivel begins” (1948). If so, we might fear that an attempt to systematize Reik’s own thinking could result in little more than “incoherent drivel.”

A closer look at Reik’s writing, however, reveals hints that some forms of systematic comprehension may be distinguished from the particular brand of systematization that he detests. When criticizing systematic thinking, Reik associates it with “incoherent drivel” (1948), “mechanization” (p. 445), a “methodical semblance of accuracy” (p. 442), “rigidity” (p. 448), and “compulsion” (p. 448). He warns that the mechanical application of psychoanalytic knowledge may result in a “card-index science” (p. 430), which performs a “criminal abortion. . .against the embryo of a genuine psychological understanding” (p. 456). The term “abortion” implies that “mechanical” systematization is, for one thing, systematization performed too early. Consistent with this reading, Reik elsewhere stresses the dangers of a “premature” application of “theoretical knowledge” (p. 390) to psychoanalytic data, arguing that “premature employment of consciously logical thought. . .checks the free play of associations and the emergence of fruitful ideas that draw the hidden meaning of the products of the unconscious into. . .consciousness” (p. 392). If we put these unwelcome characteristics of systematization together, we may take Reik to be saying that when systematization is performed mechanically, compulsively and rigidly before the embryo of psychological understanding has time to mature, an abortion occurs and incoherent drivel with a methodical semblance of accuracy emerges rather than true understanding. Systematic thinking is not inherently wrong, but must be applied with flexibility and proper timing. A thoughtful attempt to systematize Reik’s work on psychoanalytic listening ought to begin, then, with his account of timing.

Takt and Timing

Timing is key to much of Reik’s work. In a chapter of Listening with the Third Ear entitled “The psychological moment,” Reik addresses the question of timing through a reading of Freud’s dictum that analytic interventions be guided by tact. Reik points out that Freud’s German term Takt (tact) “signifies ‘social feeling,’ but. . .is also synonymous with ‘musical beat, time, measure, bar’” (1948). Here, Reik indicates that when it comes to psychoanalytic listening, social sense and rhythmic sensitivity are inseparable. The doublet comprised by the two “determines the right moment to communicate an interpretation” (p. 317). To say the right thing is largely to say it at the right moment.

Takt, then, is closely related to time. Reik stresses that the sort of time to which the tactful clinician is sensitive is not objective clocktime, but rather psychological time. Objective time, Reik elaborates, is “measurable” while psychological time is “altogether subjective” (p. 319). Like the phenomenological philosophers Husserl (1964) and Heidegger (1927/1996), Reik contends that subjective time is radically different than objective chronological time. From this angle, an adequate psychological theory should be
organized around a distinctively psychological conception of temporality, rather than molded to fit objectified clocktime. When Reik writes that objective time is “measurable,” he likely means that it is capable of being divided into units of objectively equal length. Because all moments are equal in measurable time, there is no such thing as saying something at the right moment. Therefore, Takt is incompatible with an objectively measurable version of time.

Although the psychological time of Takt cannot be measured, it can be “consolidated into units,” these units being equivalent to musical measures or bars (Reik, 1948, p. 323). Music, with its subjectively felt rhythms, is Reik’s model of psychological time. Reik uses sex as an example, describing a temporal unit (bar) beginning with sexual excitement and ending at orgasm. In this temporal unit, excitement slowly builds and crescendos.

Like sex, Takt requires one to synchronize one’s “own vital rhythm” (1948) with the rhythm of another. Reik writes that “…the analyst becomes aware of the rhythm of his patient’s instinctual impulses, and this unconscious knowledge will tell him when to make his communications” (p. 328). To be sure, many psychoanalytic authors have stressed the importance of timing in conveying interpretations. For Reik, however, timing is not only at the heart of how the analyst intervenes, but more significantly, how the analyst listens. It is telling that Reik borrowed the term “the third ear” from a passage in Nietzsche’s Beyond Good and Evil that discusses the ability to appreciate the musicality of language (Nietzsche, 1973/1886, p.246). What the sensitive therapist hears is the musical rhythm of the patient’s discourse.

Conjecture, Comprehension, and the Suspension of Reason

Reik’s clinical emphasis on timing is linked to a conceptual emphasis on sequencing. Good timing depends on proper sequencing: the right moment is located after the moment that is too early and before the moment that is too late. To be sensitive to the right moment, then the psychotherapist must grasp the overall psychological sequence in which that moment occurs. Accordingly, Reik’s account of psychoanalytic listening stresses the fact that psychoanalytic understanding has a natural sequence that should be allowed to unfold in the proper order. A critical feature of that sequence lies in the distinction between conjecture and comprehension. Conjecture refers to an initial, intuitive stage of psychoanalytic understanding. Reik (1948) writes that conjectures are of a “provisional nature. . .inevitably, they allow much more room for uncertainty and doubt” than final interpretations (pp. 222-223). The conjecturing analyst “does not concern himself first and foremost with the logical proof of his idea, and often pursues contradictory trains of thought. He has an open mind and does not shrink from yielding himself, by way of experiment, to a train of thought that seems senseless and absurd” (Reik, 1948, p. 223). According to Reik, the use of logic and reason at this stage of the process functions as resistance to “yielding” oneself to one’s unconscious hunches about the other’s mind as they emerge into consciousness.

Nevertheless, the dividing line between conjecture and comprehension is not a sharp one. As a psychoanalytic formulation develops, conjecture gradually takes second place to comprehension. In “the final phase [of psychoanalytic understanding] that precedes comprehension,” Reik says, “the foremost place falls. . .to the processes of rational thought” (1948-255). Comprehension in psychoanalysis, Reik claims, is essentially the same as comprehension in other sciences. All sciences involve conscious reasoning. However, psychoanalytic conjecture is unique and therefore more interesting. Before the
clinician begins to use reason to comprehend the patient, she must “face the case spontaneously and without preconceived ideas” (p. 116). Reik does not mean to imply that the clinician can ever be fully objective and unbiased. He is not saying that clinicians should attempt to purge themselves of all subjectivity. Rather, he is urging clinicians to resist the temptation to prematurely apply the systematic, jargon-laden concepts (“preconceived ideas”) to be found in psychoanalytic theory as a system. There is a time for systematic concepts, but they must be avoided in the early stages of psychoanalytic understanding. If they are applied too early, the resulting clinical formulations will comprise rote repetitions of what has already been written in the psychoanalytic literature, rather than surprising revelations of the patient’s unique psychodynamics. The clinician who performs “psychoanalysis by rote” is invulnerable to surprise, as possible revelations are either ignored or assimilated to preconceived theories (pp. 428–438). When the therapist lets go of preconceived, systematic ideas, on the other hand, the “emotional undertones” of the patient’s associations “become clearly audible and distinct as if amplified by a microphone” (p. 116) and the patient’s singular personality emerges.

Three Phases of Conjecture

Phase 1: Detection

Although Reik stresses that psychoanalytic conjecture is a holistic process, he writes that it is convenient to divide it into three temporal phases: the detection of psychodynamic meanings, the assimilation of these meanings by the therapist’s unconscious, and the emergence of the assimilated meanings into the therapist’s consciousness (p. 132, cf. Lothane, 1981). The first phase, detection, includes conscious, preconscious, and unconscious observations of the patient (Reik, 1948, p. 471). Reik writes that the clinician may notice, for example, that “the [patient] speaks or is silent, and accompanies his speech or silence with ‘speaking’ gestures. We see the play of his features, the variety of his movements” (p. 132). It is worth noting that these examples accent stylistic, process aspects of how the patient’s discourse unfolds over time. As the therapist follows the temporal unfolding of the patient’s associations, she begins to detect their emotional undertones. Most of this observation occurs preconsciously and unconsciously, as our consciousness’s ability to perceive the patient’s affective “signals” is severely restricted (p. 137). Conscious perceptions have, at best, “only the function that relays have in telegraphy” (p. 144), that is, to convey messages that are themselves not conscious.

The Structure of the Clue

Reik calls the unconscious “signals” the clinician observes clues. He contrasts clues with facts: “Facts are data that are known and fully acknowledged as to their significance for the origin and motivation of the emotional process under observation. Clues are material of a special kind, whose importance has not yet been examined and whose significance is not immediately clear. . . .” (p. 197). Although clues are of vital significance, they initially seem both unclear and unimportant in comparison with the rest of a patient’s discourse. One might say that a clue is obscure, in both senses of the term. As such, the Reikian clue resembles the deconstructionist notion of the marginal (Culler, 1982), and recalls Freud’s (1920/1966, p. 31) emphasis on the importance of examining the dregs of phenomena.
Both of these terms allude to the idea that what is often most telling about a phenomenon or discourse is what has been excluded or minimized.  

Reik’s writings suggest two reasons for the clue’s obscurity, both related to the clue’s connection with the unconscious. The clue is, first of all, linked to unpleasant psychodynamic material that has been repressed and thereby placed in what Reik (1948, p. 123) calls “a zone of silence” in the dynamic unconscious. Being silent, dynamically unconscious material is “concealed” by the patient’s speech, but “revealed” by her silences. We do not easily register a clue because we are not meant to.

The second reason for the obscurity of the clue is more abstract. For Reik, an adherent of Freud’s topographical model of the mind, the unconscious includes not only repressed material but also its own nonrational style of mental processing. Freud termed this the *primary process*, in contrast to the more rational *secondary process* of consciousness. Although the secondary process is structured by the rules of reason and logic, the primary process is organized by condensation and displacement. The primary process has, one might say, a dramatically different grammar than conscious reason. It is, as Reik (p. 479) puts it, “a subterranean, secret language, softer yet wiser than conscious understanding.” Accordingly, translation from the unconscious to consciousness is difficult (p. 187).

The clue’s meaning is obscure because it is both defensively hidden and foreign to conscious modes of mentation.

**Markers of the Clue**

Given that the clue is obscure, how is it possible to detect it at all? Reik describes several markers that therapists use, mostly preconsciously and unconsciously, to determine whether a clinical observation should be taken as a clue to the patient’s psychodynamics. In most of the examples Reik gives, these markers overlap substantially, suggesting that they should be taken as aspects of an organic whole rather than discrete criteria to be mechanically checked off as one listens to a patient. For different patients, presumably, different aspects of their presentation will be the most telling. Reik stresses five markers that are often indicative of clues: *first impressions, absence, tone and style, the impact of the patient’s behavior on others, and repetition.*

**First impressions.** Reik stresses the importance of clinicians’ first impressions of patients. He (p. 152) gives as an example a female patient who, after the first interview, left him with a puzzling feeling of annoyance. Reik was unable to detect what had annoyed him until he remembered that she had teasingly raised the possibility that perhaps she should go to another, more famous analyst. Reik came to learn that this was one instance of the patient’s characterological tendency toward teasing, masochistic provocation of others.

**Absence.** Reik (pp. 148–149) notes that the presence of a clue is often suggested by the absence of a piece of material that the therapist expects to show up. Absence can take the form of “a usual bit of behavior” being either flatly nonexistent or else “not present where we expect it...in its usual place and order” (p. 399). Reik describes a female patient who beat her children brutally but showed no sense of guilt or penitence. After beating her children, this patient often hit herself in the head with hard objects. The absence of manifest guilt clued Reik in to the possibility that the patient’s self-injury might be a defense against unconscious guilt feelings. Jorge Luis Borges once wrote that in con-

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1 In the case of Reik’s own work, what is often marginal is systematic thinking, which is one reason why performing a systematic reading of Reik is vital if we are to fully appreciate his work.
structuring a riddle whose answer is *chess*, the only word that may not be used is “chess.” Likewise, Reik argues that clues to the riddle of the patient’s psychodynamics often lie precisely in what is left out.

*Tone and style.* Reik tells us that “it is not the words spoken by the voice that are of importance, but what it tells us of the speaker. Its tone comes to be more important than what it says” (p. 136). How the patient speaks, Reik claims, is far more important than what the patient says. The medium is the message. Reik (p. 150) mentions a young male patient who began his treatment speaking in a low voice. Struck by the patient’s almost inaudible speech, Reik asked the patient what he knew about his tendency to speak softly. As Reik and his patient explored this tendency further, they came to understand that the patient’s personality was organized around a reaction-formation to his loud, excitable parents.

*The impact of the patient’s behavior on others.* Reik (pp. 486–488) claims that a therapist can infer a patient’s unconscious motivations from her effects on other people, even when the patient consciously opposes these effects. To illustrate this point, Reik describes the case of a young woman who consciously wanted to be married but was constantly dumped by her boyfriends. Reik found that she pushed these men away by speaking rudely to them while consciously believing that they would be charmed by her honesty. The patient was unconsciously hostile to men and expressed it through her rude remarks. Without knowing it, she wanted to push men away and avoid marriage.

*Repetition.* When clues are initially detected, Reik writes, the therapist is able to “isolate them from the total pattern of the [patient’s] behavior” (p. 149). After the clues are isolated, the clinician’s “impression” of their structure “becomes clearer and stronger through repetition.” After repetition, nuances that were not initially striking become salient. A male patient of Reik’s often was compelled to spy on women through their windows. He often stopped in front of a mirror in Reik’s office and spent some time smoothing his hair. As this behavior repeated itself, Reik came to realize that the patient had exhibitionistic tendencies and was unconscious identifying with the women whom he spied upon (p. 149).

**Phase 2: Assimilation**

After a clue is identified by markers such as those described above, it is *assimilated* by the unconscious mind. Reik characterizes assimilation as the most interesting and least accessible of the phases of psychodynamic conjecture. The clinician “meets the unconscious mind” of the patient with “his own unconscious as the instrument” of understanding, Reik says (p. 132). Reik is speaking here of Freud’s topographical unconscious, the unconscious as a system in the mind. He is arguing that the unconscious mind not only functions in terms of nonrational primary process mentation, it is also the only part of the mind that can decode the meaning of clues on a primary-process level. As the topographical unconscious speaks the language of the primary process, it is also capable of grasping the meaning of that language. Essentially, Reik is claiming that the unconscious has a built-in system designed to intuit the other’s unconscious by decoding interpersonal signals. It is this system which Reik calls *the third ear.*

**Recurrent Reflection**

Reik claims that the third ear decodes clues through an indirect process of understanding necessitated by the fact that we cannot directly know ourselves or others. Our own minds, Reik contends, are elusive to us because we lack distance from them (pp. 421–422). We
are too much in the thick of our own mental processes to see them directly. The minds of others are also hard to grasp. We may be able to readily understand the “uppermost and conscious planes” of the other’s mind, but “the unconscious planes are not grasped directly” (p. 464). Presumably, this problem can be accounted for by the same factors responsible for the obscurity of the clue. The other’s unconscious cannot be known directly because it is defensively concealed and speaks the hard-to-translate language of the primary process.

The impossibility of direct knowledge of our own minds and those of others leads to one of the more difficult and original points of Reik’s theory. In a postmodern vein, he argues that because neither my mind nor the other’s is directly knowable, I can only know them by means of their reflections in each other. I can only know myself as I experience myself vicariously through another (real or imagined), and can only know the other as I experience her in myself: “We can only see ourselves in a mirror or in the eyes of another person.” (p. 369) My mind and the other’s mind are like two mirrors facing each other. We see each through its reflection in the other. Not only that, but each reflection is a reflection of a reflection of a reflection, ad infinitum. I see the other in her reflections in me, but my view of myself is based partly on how I am reflected in her. The best we can do is to catch a few glimmers of insight reflected through a hall of mirrors. Borrowing a concept from Goethe’s theory of optics, Reik calls this process recurrent reflection. Goethe used the term to refer to optical phenomena “which do not pale as they pass from mirror to mirror, but are actually kindled by it” (Goethe, cited in Reik, 1948, p. 421). Similarly, my understanding of another is made possible by the reciprocal illumination of my mental life and the other’s. Lothane (1981, p.490) stresses the fact that “Reik. . .approached the psychoanalytic conversation as a shared activity between the two interlocutors” of therapist and patient.

Here one may recognize parallels to contemporary concepts of intersubjectivity (Aron, 1996). Like intersubjective theorists, Reik stresses the reciprocal process of coming to know the other through one’s own subjectivity and coming to know the self through the subjectivity of the other. Unlike most current intersubjective theorists, however, Reik locates intersubjectivity in Freud’s topographical unconscious, the site of nonrational primary-process fantasy. Whereas current intersubjectivity theories tend to accent the interaction between my consciousness and that of the other, Reik’s theory of recurrent reflection emphasizes the interface between my unconscious fantasies and those of the other. Reik’s intersubjectivity is a primal intersubjectivity, a dark dreamlife of interacting fantasies that rarely emerge into the light of consciousness.

Reik also differs from many other intersubjective theorists in that he specifies the mechanism by which intersubjectivity operates. Most current intersubjective theories tend to either rely on unclear explanatory constructs such as projective identification (Stolorow, Orange, & Atwood, 1998) or simply take for granted that intersubjective relatedness is possible (Reis, 1999). Reik, on the other hand, offers a clear description of the psychic process that makes human beings capable of intersubjectivity. Breaking the concept of recurrent reflection down, Reik (1948, pp. 356-370) explains how it is possible that we are able to get to know others’ minds despite the fact that their experiences are often quite different than our own. He claims that in addition to our memories of actual experiences, we all carry within us innumerable potential experiences. The range of these latent or virtual experiences is diverse enough to intersect at multiple points with the experiences of another, even if the other’s actual life history diverges dramatically from our own. Accordingly, it is possible for an impulse arising in the patient to elicit the same general impulse in the therapist “experimentally” (p. 366) at an “initial stage” (p. 468). When
clues are assimilated, then, “their first effect will...be to rouse in [the analyst]...impulses and ideas with a like tendency” (p. 357). Clues unconsciously induce in the clinician virtual, provisional versions of the patient’s “fears, doubts griefs” “as well as “wishes and desires” (p. 358). Thus, as the patient speaks, her “unconscious feelings” will be “tentatively felt” by the listening therapist (p. 358).

Reik compares the induction of such virtual experiences with hearing the opening bars of a familiar melody. Even if only a few bars are played, the memory of the entire melody “will occur spontaneously to the listener” (p. 166). Similarly, even a handful of clues to the patient’s psychodynamics will allow the therapist’s unconscious to intuit the overall pattern of these dynamics by drawing upon the myriad possible experiences of which the therapist is capable. Thus, “The road to the conjecture of the unconscious part in another’s mental processes leads through the inner perception of...possibilities in the ego” (p. 397).

Oddly enough, then, understanding the other does not require us to “feel our way into his mind but to feel him unconsciously in the ego” (p. 464). Reik is stressing that we do not come to know others through an active, conscious process of putting ourselves into their shoes. Rather, our minds are always unconsciously crammed full of reflections of the minds of others. Others always get across to us, whether we like it or not.² Moreover, Reik warns that if therapists make a conscious attempt to empathize with patients at this juncture, they may derail the unconscious process of assimilation that he describes.

The Analytic Response

Because we can only know others by their reflections in us, Reik considered the therapist’s reactions to the patient to be vital in psychoanalytic listening. Reik (p. 269) calls the “emotional and intellectual” reaction of the therapist to the “speech, behavior, and appearance” of the patient the analytic response. According to Reik, everything the therapist says to the patient is determined largely by the analytic response. For Reik, the therapist’s subjectivity is therefore not so much an impediment to listening as it is the “root” of psychoanalytic listening itself (p. 270). If we had no subjective responses to patients, we should be unable to catch the reflections cast upon us by their minds and consequently, we should be unable to know them by these reflections. Reik offers many examples in which the therapist’s insight into a patient was unconsciously facilitated by elements of the therapist’s own life history, inner conflicts, and knowledge of culture. However, the analytic response can also hinder the therapist’s understanding, for “the same unconscious forces that [make] us deceive ourselves about our own character and misinterpret our own actions” are operative in the analysis of others (p. 363). Reik even goes so far as to argue that the therapist’s misunderstanding of the patient can nearly always be attributed to her own self-deception. Because we can only grasp the patient as we find her reflected in our own ego, our ability to know our own ego limits our ability to know the patient. The impact of the therapist’s own self-deception on her capacity to understand the patient becomes particularly important during the phase of emergence, during which the therapist brings her insights about the patient to consciousness.

² In an important alternative reading, Lothane (1981) portrays Reik’s ideas of recurrent reflection and reciprocal illumination as elements of a psychoanalytic methodology paralleling Isakower’s concept of the analyzing instrument. To optimally integrate Reik’s work with that of Isakower, Lothane emphasizes aspects of Reik’s work that could be elaborated into a procedural methodology. In the present article, more stress is placed on the anti-methodological currents in Reik.
Phase 3: Emergence

After clues are deciphered by the unconscious mind, they and their meanings may be accessed by consciousness, albeit with some difficulty. For their emergence is hampered by repression (p. 137). Clues are linked to material that is repressed because it is threatening to the patient. Reik believed that such material tends to be equally threatening to the clinician, because we all tend to repress similar unacceptable impulses. Moreover, because the unconscious is structured in terms of the nonrational primary process, its content seems shockingly “absurd” and “odd” (p. 499). Therefore, rational consciousness tends to resist recognizing unconscious material. For both of these reasons, material which is dynamically unconscious for the patient tends to remain dynamically unconscious for the therapist in whom it is reflected. Consequently, the clinician must rely heavily on her self-analytic skill to unearth her unconscious intuitions about patients. This skill requires that the clinician be ready to “trust tiny stimuli and register tiny impressions” that may be “hardly noticeable” (p. 141). Lothane (1981, p. 490) shows that for Reik, this means that the therapist “not only hears what is said, but is also enjoined to heed the spontaneous thoughts, images, feelings, and memories evoked in him.” Self-analysis also calls for “moral courage” on the part of the therapist, the courage that “enables the psychoanalyst to face in others as well as in himself unpleasant and repressed thoughts and tendencies” (p. 28). As the clinician’s repressed intuitions are brought into consciousness, he or she may experience a “sense of alienation...a kind of foggy sensation” made up of a compromise between emerging insight and unconscious resistance to that insight (p. 192).

Surprise

When dynamically unconscious material becomes conscious within the therapeutic dyad, its emergence tends to be jarring. Reik (1948) views this jarring sensation as surprise, which he defines as “the expression of our opposition to the demand that we recognize something long known to us of which we have become unconscious.” It is important to recall Reik’s claim that the therapist can only know the patient’s mind as it is reflected in her own potential experiences. If so, the psychodynamic insights that emerge into the therapist’s consciousness during this phase are “long known” to the therapist insofar as they involve provisional realizations of her own potential impulses. They involve possibilities that had always been with the therapist but had not been consciously actualized, largely because they are unacceptable to the conscious mind. When these possibilities are brought to consciousness, therefore, the therapist experiences both their unsettling alienness and the sense that they had been there all along.

This paradoxical experience carries with it a strong defensive response. “Surprise,” Reik (1948, p. 236) writes, “is a defensive reaction against the suggestion that we turn away from what is familiar and recover in what is new something ancient that we no longer know.” Because dynamically unconscious material is uncomfortable to therapist and patient, both parties initially react to its emergence defensively. They forcefully repudiate the emerging material, and this forceful repudiation is experienced as surprise. Surprise, to Reik, is somewhat like a brief but intense pseudo-imbecility in the face of what is almost unthinkably unacceptable. However, surprise includes a “peculiar clarity” along with the sense that the analytic insight “emerges unprepared” (p. 389). Because the insight that emerges into consciousness during surprise had already been partly formulated in the unconscious mind, its clarity feels abrupt and startling.
Conjecture, Timing, and Time

A critical point about the overall sequence of conjecture must be stressed. One could get the impression from the foregoing discussion that Reik is claiming that good psychoanalytic conjecture requires the clinician to wait for extended periods of time while intuitions gestate in her unconscious mind. From this perspective, the therapist who comes to a conscious, conceptual case formulation in an initial interview might be seen as jumping the gun. It could even be assumed that the therapist should somehow suspend all conscious formulation for months while waiting for her unconscious intuitions to gel. That is not what Reik is saying at all. For he tells us that the entire sequence of conjecture he describes might take “only a fraction of a second” (p. 472). Psychoanalytic listening is not so much a long, drawn-out process of waiting for unconscious insight as it is a continuous “oscillation between the conscious and unconscious labors of the intellect and imagination” (p. 389). The decisive issue is not how long the therapist waits to make a conscious formulation, but whether the therapist makes it at the right moment in the sequence. Hypothetically, Reik’s theory allows for the possibility that a therapist might detect, assimilate, and become conscious of a psychodynamic pattern in the first second of the first meeting with a patient. Although his clinical examples indicate that the process usually takes longer, Reik cannot be read as offering a rigid timeline for psychoanalytic understanding. Good timing, for Reik, does not imply any particular length of time.

Comprehension

When insights emerge into the therapist’s consciousness, they cannot simply be blurted out to the patient. First, they must be clarified, placed in context, and tested against the available evidence. Reik compares the passage from conjecture to comprehension with the “change from early dawn, which only shows things in vague outline, to the morning, in which they appear sharply delineated” (p. 231). During the phase of comprehension, the therapist works to further clarify a formulation, bringing it into sharp relief. Reik suggests that therapists begin the process of clarification by internally putting their insights into words so that the “inner connection between our consciousness and language” will allow these insights to “resist the suppressing and repressing forces” that might drive them back into the unconscious (p. 208). As a formulation becomes clear, it can be strictly “tested and criticized” (p. 226) in the light of rational thought. Reik states that psychoanalysis, like many other sciences, is empirical (p. 230) and supports its claims with objective evidence (p. 229). Nevertheless, because the unconscious is not directly observable, the truth of a psychoanalytic formulation can never be demonstrated beyond all doubt. Moreover, psychoanalytic formulations require us to accept the principle of psychic determinism and to assume the existence of the unconscious (p. 229). Yet it can be shown that a good formulation is not arbitrary, as it is always supported by a large number of “weighty factors” (p. 227). Each piece of evidence must be linked to the overall formulation in a logically consistent manner, much in the way that the reconstruction of a crime should be based on a thorough and coherent interpretation of the available evidence (p. 222). If the formulation is to be comprehensive, it must specify the mental conditions allowing for the dynamics at issue, the aims of these dynamics, their causes, and their effects (p. 393). As the clinician clarifies and interrelates her insights, reason may also enable her to correct and supplement them (p. 395). For although intuition has the “first word” in psychodynamic understanding, it is reason that has the “last word” (p. 393).
In this respect, Reik calls into question the dichotomy often found in the literature between case formulation as rational science vs. case formulation as intuitive art. To Reik, this dichotomy is a facile one, for every good case formulation begins as an intuitive conjecture that is later scientifically systematized. Art and science are two stages of the same process.

Learning to Listen

Because Reik claims that so much of psychoanalytic listening is unconscious, one may wonder what Reik or anyone else has to teach us about it. Indeed, Reik states that the ability to listen with the third ear “is not teachable” (p. 145). From this perspective, either you’ve got it or you don’t. However, one must assume that Reik felt he had something to convey to clinicians. Otherwise, Listening with the Third Ear should be exclusively of scientific interest and have no practical relevance. It seems unlikely that Reik intended to write a clinically irrelevant work, given the fact that the book is filled with examples from his clinical practice and advice to practicing analysts, and also given that Reik (p. xi) states explicitly that “The way we conjecture unconscious processes...is of the utmost educational importance from the point of view of the training of analysts.” It must be asked, therefore, what Reik expected clinicians to learn from his book, if not how to listen with the third ear?

It is worth noting that the explicit advice offered to clinicians in Listening with the Third Ear is predominantly negative. Reik more often tells clinicians what not to do than what to do. Clinicians should avoid interfering with the natural unfolding of the sequence of conjecture that flows from the detection of clues to their unconscious assimilation and the emergence of insight into consciousness. For the third ear to function smoothly, rational thought must be suspended until the right moment.

Furthermore, we may surmise that an understanding of the workings of the third ear is crucial during the phase of comprehension. If the therapist is to rationally evaluate her clinical intuitions, she must trace them back to their origins in the clinical data and her unconscious responses to those data. Without an awareness of where her intuitions came from, the therapist cannot verify her intuitions by examining the evidence on which they are based. The clinician who lacks a conceptual grasp of her own listening process runs the risk of being left with a collection of unanchored insights that cannot be critically tested and verified.

Finally, a respect for the wisdom of the third ear may help therapists resist the temptation to suppress the odd, often absurd associations that are the beginnings of conscious insight. If therapists are to facilitate the emergence of insight into consciousness, they must be open to the irrational. Perhaps Reik’s most vital lesson, then, is that we can only bring our patients’ psychodynamics within the sphere of rational comprehension by learning to appreciate the ineluctable irrationality within ourselves.

References

REIK’S THEORY OF PSYCHOANALYTIC LISTENING