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Speaking of Feelings: Affects, Language, and Psychoanalysis Related Papers

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For a surprising number of analysands, many with above-average intelligence and facility with language, words do not adequately capture or convey emotion or symbolize experience. This often subtle difficulty can have a powerful impact on the ability to verbally communicate emotions, process affect, and utilize traditional psychoanalytic interventions. Analysands with these problems therefore often have difficulty using analysis to explore and understand their own experience, yet the reasons for such difficulties are often not recognized by either analyst or analysand. In this article, I suggest that the concept of alexithymia can provide a valuable tool for understanding this gap between affects and language and, in its broadest interpretation, can aid therapists in their pursuit of meaningful approaches to the analytic process. Using the concept as a starting point, I describe and illustrate an approach in which paying attention to apparently insignificant aspects of an analysand's experience gradually helps analysands identify and explore personal symbols and meanings in their lives.

Language tethers us to the world; without it we spin like atoms.

[Penelope Lively, 1987].

When I was in analytic training, I began working with a young woman whom I will call Alicia, who came into therapy because, as she put it, her “life is a mess.” A delicate, fragile-looking law student, she was having difficulty concentrating on her schoolwork. She was bingeing and purging several times a day at a time when anorexia was relatively uncommon and there was no DSM diagnosis for bulimia. She was also drinking heavily and using a variety

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of drugs on a regular basis, and she was both sexually promiscuous and frequently involved in extremely painful sexual and emotional relationships.

A bright, articulate young woman, Alicia quickly developed a positive, thoughtful relationship with both me and the analytic process. She eagerly considered my interpretations that her behavior was a way of punishing herself, and we were soon involved in fascinating discussions of her guilt about being more successful than her mother and an older sister and what she described as a fear of disappearing when she was emotionally separated from her mother. I noticed and began to point out to Alicia that she often resorted to one or more of her addictive behaviors when anyone let her down or disappointed her. She seemed to find my interpretations of possible meanings of her behavior and symptoms extremely helpful and applied them to her behavior in a manner that seemed insightful and appropriate.

However, as the analysis progressed, Alicia's bingeing and purging, use of alcohol and drugs, and general sense of depression increased. Furthermore, both the compulsive and the masochistic components of her sexual behavior intensified alarmingly. For example, during this time, she was dating three men. In one week she had sex with each of them, separately, each day despite the fact that she developed pelvic pain and began bleeding from the repeated, sometimes violent sexual activities. Despite our apparently strong working relationship and a mutual reluctance to stop our work, Alicia and I came to the conclusion that the therapy was not only not helping her but might even be making things worse. We decided that she needed to deal directly with her addictive behaviors, and together we looked for and found a drug and alcohol treatment program in which the staff also had some experience with eating disorders and sexual symptoms like Alicia's. After several months as an inpatient, when her symptoms significantly (although temporarily, as we soon learned) diminished, Alicia resumed therapy with me.

My supervisor suggested that, because an “analytic” approach had apparently stirred up material with which Alicia was not yet equipped to deal, I should work with her in a more “supportive” manner. Utilizing skills I had learned as a therapist on a locked inpatient unit of a psychiatric hospital, I encouraged Alicia to talk to me about concrete, day-to-day experiences, exploring with her how she had handled various incidents in her daily life and discussing in detail what each of these incidents was like for her. Alicia's symptoms recurred shortly

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after we resumed our work together, but, with the slight turn of the analytic prism that we had now instituted, we examined them as simply another facet of her daily experience. We talked about her daily routines: what she ate, what and when she purged, how she decided which clothes to wear, how she woke up and started her day, and how she put herself to sleep at night.

Although I would encourage her to describe her feelings when she could, and images of her family and memories of her past were sometimes the subject of our inquiry, I seldom made either genetic or dynamic interpretations. I did sometimes try to put into words some of the dynamics with which she struggled when they seemed out of the frame of her own articulated experience. For example, at one point the symptoms increased just after a close friend moved out of town. Alicia was troubled and puzzled by the symptoms but had no idea that they might be connected to her feelings about the loss of her friend. I articulated the connection and commented that she seemed to be having difficulty “sitting with” the feelings as well as soothing herself in the face of her loss. I later learned that it was important to acknowledge and accept her difficulty tolerating her emotions; but, at the time, I encouraged her to talk about these feelings as much as possible, to recall other times when she had experienced similar feelings, and to try to think about what made them seem so disturbing to her.

In general, I focused as much as possible on what Alicia could tell me about her own experience rather than on what I could tell her about it. I gradually came to see, however, that it was important that I ask her questions to help her articulate her own thoughts: at times, when she simply could not put her ideas into words, I also offered her what we came to call a “Chinese menu of possibilities.” During the years we worked together in this way, Alicia showed steady, meaningful progress. She became less self-destructive and gradually gained a sense of agency, which had been markedly absent in her experience before our work together. She finished law school, went to work for a small law firm, and developed an increasing capacity to engage in meaningful, satisfying, and far less painful interactions with others.

In the nearly two decades since I began working with Alicia, I have encountered several men and women like her—eager and cooperative analysands, often with above average intelligence and verbal abilities, who turn out to have surprising and subtle deficits in their ability to use words to symbolically communicate, represent, and process their

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emotions. These analysands often suffer from eating disorders; drug, alcohol, and/or sexual addictions; and compulsions and obsessions. They may exhibit impulsive, masochistic, and other “difficult to treat” behavior and symptoms (see Krystal, 1988; McDougall, 1989; Barth, 1994); yet, they may also present with far less serious difficulties. Living in a world in which there is a gap between the feelings they name and the frequently inchoate affects they experience, they can go through long and partially useful analyses without making significant changes in some of their most painful symptoms.

My belief is that these analysands do not need a different kind of therapy but that, as analysts, we need to understand more about the complex relationships between affect and language in order to better tailor our work to their specific issues. Just how analysis can help individuals like Alicia move from the realm of concrete and unsymbolized feelings to symbolically useful, meaningful experience is an extremely complex question that we only begin to examine in this article. Even an initial exploration of the subject, however, becomes complicated by a factor similar to one that often occurs in these analyses: As soon as one begins to try to put unarticulated thoughts and feelings into words, whether in an analytic session or in a written article, one runs the danger of developing an artificial sense of clarity and closure (see Schafer, 1976, 1983; Spence, 1982; D. N. Stern, 1985; Bollas, 1987). As Spence (1982) pointed out, the very nature of thought makes it impossible to avoid some closure in any analytic exploration. Yet, verbalizing experience is crucial to both clinical process and theoretical understanding in psychoanalysis.

As Ogden (1997) suggested, analysis can be seen as an attempt “to capture/create something in language that is significant about the experience of being alive as a human being” (p. 10). For some analysands, however, it is virtually impossible to carry out this task because they cannot use language to process or explore either affective links or symbolic meaning. In this article, I offer my own attempt to explore, in words, some of the struggle experienced by both analyst and analysand in such instances. I describe some factors that can make it difficult to put affective experience into meaningful language, and I propose that some of these elements can be greatly ameliorated as an analysand learns to pay attention to and talk about the small, apparently insignificant details of everyday life.

Although some analysts (e.g., Katan, 1961; Loewald, 1956-1957; Laplanche and Pontalis, 1973) addressed the psychodynamic

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significance of language more than 25 years ago, analytic interest in the subject developed slowly until the past decade, during which there has been an increasing focus on the topic (e.g., Spence, 1982, 1987; Schafer, 1976, 1983; D. B. Stern, 1983; Belenky et al., 1986; Ogden, 1986, 1997; Bollas, 1987; Krystal, 1988; McDougall, 1989; Aron, 1991, 1992; Grotstein, 1991; Benjamin, 1992; Davies and Frawley, 1992; Mann, 1992; Stolorow and Atwood, 1992; Demos, 1993; Mitchell, 1993; Silverman, 1994; Gerhardt and Stinson, 1995; Bromberg, 1996; Gedo, 1996). Almost simultaneously, there has been a great upsurge in psychoanalytic interest in the physiology and psychology of affects. In fact, most of the aforementioned authors have also discussed some of the connections between emotions and language (for a diverse sampling of some of the recent trends in affect theory, see Tomkins, 1981; Ekman and Davidson, 1994; Schore, 1994; Demos, 1995; Lichtenberg, Lachmann, and Fosshage, 1996). Reflecting on this interest in affects, however, Tomkins (1981) was already expressing concern that it could lead to a false sense of knowledge and an unfortunate closing down of potential avenues of inquiry:

[The radical increase in numbers of grant applications, papers, and book manuscripts in affect theory and research I have recently refereed testifies that the next decade or so belongs to affect. Having waited 20 years for this development I am less than euphoric at what I see. It had been my hope that such a development might transform American psychology. Instead the field of affect is, in part, being co-opted by the very fields it should have illuminated [p.40].

Today, almost 20 years after Tomkins made these comments, most of us remain guilty as charged. Although generally moving away from the rigidities of a pure drive/conflict analytic model and recognizing the great complexity of emotions, we often tend to talk and think about both verbalized and unverbalized affects in ways that make it difficult to genuinely explore their intricacies. For example, it is not uncommon in my experience for an analyst to work on the basis of an often unarticulated assumption that “resisted” feelings exist in a recognizable form and with meaning that is clear but simply hidden. Furthermore, the belief goes, after the resistances are removed and the disguised meaning(s) recognized, the pathological difficulties will diminish. Although this is sometimes the case, there are also a variety of other

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possible ways of viewing such material (see, e.g., Stolorow and Atwood, 1992). Furthermore, to push for access to such feelings may ignore the many adaptive functions of keeping them out of awareness—for example, in order not to be overwhelmed by them or to maintain self-preservative boundaries and privacy, even in analysis.

Another unfortunate trend, in my view, has led many analysts to routinely view material that is unavailable to verbal organization as derivative of experiences that occurred during preverbal developmental periods. My own clinical and personal observations have led me to believe that unformulated or unarticulated thoughts, images, and feelings emerge in every developmental phase of life. To attempt to locate a particular difficulty in a specific developmental phase or period in an individual's life can sometimes be useful, but, if taken as a given in all instances, it can significantly restrict exploration of the many different meanings of unverbalized affect. Conversely, when the field is kept open, numerous highly complicated, ongoing connections will emerge between an analysand's use of language, capacity for symbolic thought, and capacity for self-reflection. D. B. Stern (1983), expressing what appears to me to be a similar sentiment, commented that “to view all unformulated experience as … immature, is to ignore the very means by which formulation is accomplished. Formulations derive from the unformulated” (D. B. Stern, 1983, p. 87). In other words, unformulated thought is not simply derivative of early experience but is the initial phase of all thought processes.

Interestingly, an idea that originally evolved from a drive/conflict model can provide a valuable link between affects and language while also allowing us to take a broader analytic perspective on these issues. This is the concept of “alexithymia,” first suggested to the analytic community by Sifneos in his work on psychosomatic disorders (cited in Krystal, 1988). In recent years, alexithymia has been reintroduced to psychoanalysis by authors with a variety of different clinical and theoretical perspectives (e.g., Krystal, 1988; McDougall, 1989; Gedo, 1991, 1996; Grotstein, 1991; Davies and Frawley, 1992; Stolorow and Atwood, 1992; Lichtenberg et al., 1996). Several other writers have simultaneously discussed many of the same issues without specific reference to the term alexithymia (e.g., D. B. Stern, 1983; D. N. Stern, 1985; Ogden, 1986; Bollas, 1987; Taylor, 1987; Ghent, 1989, 1990; Demos, 1993; Bromberg, 1994, 1996; Gerhardt and Stinson, 1995).

Krystal (1988) defined alexithymia as an impaired ability to tolerate or process emotions or to use emotions as signals. A disorder that

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“overlaps diagnostic categories” (Krystal, 1988, p. 242), it often involves difficulties in self-regulation. Grotstein (1991) suggested that, in alexithymia, affect, instead of being translated “into the domain of symbolic meaning and … expressed in terms of feelings, intuition, empathy, etc … persists in a quasi-psychological/quasi-physiological discourse” (p. 2). McDougall (1989) described one end of the continuum of this experience: “Certain people have no words to describe their emotional states, either because they are unaware of them or because they are incapable of distinguishing one emotion from another. They may not distinguish anxiety from depression, or excitement from fatigue, or indeed, anger from hunger” (p. 24).

As Krystal (1988) and McDougall (1989) have both suggested, addictions and a variety of impulsive and other so-called acting-out behaviors, including eating disorders (Barth, 1994), can often be understood as attempts to process those unarticulated, unthinkable, and potentially overwhelming feelings that are symptomatic of alexithymia. Several authors (e.g., Stolorow, 1975; Cooper, 1988; Ghent, 1990; Novick and Novick, 1991; Stolorow and Atwood, 1992) have pointed out that so-called pain-seeking behaviors can serve similar functions. What is often confusing for both analyst and analysand is that extremely articulate, well-functioning individuals with these problems can sound as though they know exactly what they are feeling and therefore seem capable of processing these experiences verbally through traditional analytic exploration.

This was true for Mary, a professional woman in her early 30s, who binged and purged daily, sometimes several times a day. She came to see me after a seven-year analysis that had been, as she put it, “pretty helpful.” However, although she could explain to me in great (and apparently valid) detail just how her difficulties in life originated in specific parenting failures of her “narcissistic father” and “depressed mother,” she remained severely bulimic. Mary seemed quite tuned into her own experience as she spoke eloquently of the differences between “mouth” hunger and “stomach” hunger and talked of using bingeing and purging to avoid feelings of anger. Over time, however, I began to comprehend that Mary called almost every strong emotion “anger.” It gradually became clear that her binges could be triggered by the slightest sign of nearly any feeling—not simply anger, but sadness, loneliness, helplessness, emptiness, even happiness and pleasure. Furthermore, despite her conceptualization of different kinds of hunger, I ultimately realized that Mary saw all desire for food as an attempt to

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avoid her feelings. When I asked if she was allowed to eat when she was hungry, she looked at me in astonishment. “But I never feel hungry,” she said.

This was the beginning of some fascinating and powerful work. As Mary and I explored how it could be that she never felt hungry, we discovered, among other things, that she had no awareness of those sensations, images, and thoughts that might be initial indications of hunger. We gradually expanded our inquiry into other feelings, both physical and emotional. As we did so, we discovered that she had limited capacity to conceptualize, and therefore no way to observe, early indicators of most of her emotions. “I only know I feel something when it hits me over the head,” was how she put it one day far into our explorations. The image of eating something “before you reach a point of starvation” became a metaphor for looking for early signals of a variety of affects and of beginning to cope with them in small, tolerable doses.

Such a lack of awareness of emotions in their “signal” or early stages is a common though frequently unrecognized experience for many of the analysands I am describing (see Krystal, 1988, for a discussion of the absence of signal affects in alexithymia). It is, I believe, a major factor in both the lack of sense of agency described by Ogden (1986) and Demos (1993) and the related sensation that one's feelings have been put inside one by some outside source. The absence of signal affect can also be part of a subtle yet extremely significant communication gap that can occur between analysand and analyst. While both partners in the analytic dyad generally take it for granted that they are speaking the same language, this is not always the case. Perhaps far more often than is generally realized, words and feelings that sound the same have very different meanings for each member of the analytic pair.

Extremely subtle linguistic discord can also arise because an analysand has what one therapist aptly called “a paradoxical relationship to language.” Although using symbolic language, speaking eloquently and even artistically, and at times even working successfully in professions in which language and words are key, these analysands may blur abstract and concrete meanings (see Searles, 1958, for a fascinating discussion of this element). Like both Mary and Alicia, they may seem knowledgeable about their own emotions and dynamics, but, over time, the analyst will discover odd or puzzling gaps in this apparent understanding. Detailed exploration reveals a lack of

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recognition or confusion of different affects. Words may be used idiosyncratically, with specific personal and often literal meanings. At one point in our work, for example, Mary repeatedly argued with my one-time use of the word authentic, a term I seldom use and that I later realized I had said at least partially out of frustration with what I experienced as a stalemate in the therapy (I talk more about some of the complex and often confusing responses an analyst may have to analysands with alexithymia later in this article). Although I variously attempted to find out what the word meant to her and what it meant that I had used it, to explain how I had meant it, and to apologize for seeming to imply something that had felt hurtful and wrong to her, Mary simply could not imagine that I had meant anything but the very specific, concrete, and idiosyncratic meaning that she attributed to the word.

Although this experience at least alerted us to the possibility that we were using the same words in different ways, it did not always help us to immediately recognize when we were doing so. With other analysands, there is not even such overt discord to highlight this dimension of the analysis. An analyst needs, therefore, to be alert to other signals of these issues. One common but again often overlooked clue occurs when words themselves are experienced as concrete substances. Once spoken, they feel to the analysand as though they are fact, what is—not what might be or what it might mean. For these individuals, the analytic hour does not function as a transitional space (Ogden, 1986). There is no “what if” or “as if.” Instead, there is often what Ogden (1986) has described as a narrowing of the space between symbol and symbolized, so that actions and images of actions are experienced as the same thing. Exploration of feeling becomes concretization of that feeling.

This was how it was with David, who told me almost frantically, “Everything is falling apart around me.” His wife had suddenly left him, packing up their two children and moving home to her mother in the Midwest. His boss was threatening to fire him. He was depressed, anxious, and frightened. But, instead of feeling soothed by discussing either his difficulties or his feelings, David felt overwhelmed each time we talked about them. “I don't want to talk about these things. I want to know what to do to make them better,” he told me. He brought up and rejected the idea of medication. “I don't want some foreign substance in my body.” David's capacity to soothe himself was limited to compulsive masturbation, cigarettes, and marijuana, but he saw no

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contradiction in his comment that he did not want to ingest a “foreign substance.” David was extremely bright and verbal, but trying to understand what was happening and why it was happening did nothing for him. Because language was less than useless as a means of processing his feelings, my attempts to help him verbalize his emotions felt overstimulating. For him, affects were like concrete, literal substances that he needed to excrete from his physical and conscious experience. Not surprisingly, his preferred image of psychoanalysis was a cathartic process: “I just want to get these feelings out,” he said frequently.

In fact, nothing I did seemed to help him process the traumatic emotions he was currently bearing. He often told me that he didn't feel bad until I asked him to talk. He felt that I forced him to think about the painful experiences in his life. Although my own experience was that he rushed into my office and immediately began telling me about the events of the days since our last meeting, I soon learned that whether I reflected back what I thought I had heard him say or asked a clarifying question, David experienced my input as concretizing and increasing his pain. Therapy, he often told me, made him feel worse, not better.

For David, as for a surprising number of analysands, language simply cannot adequately capture or convey emotion or experience. This phenomenon is related not only to an inability to process feelings but also to the sense that, as one analysand put it, the words themselves are fraudulent. Whether speaking or listening, these analysands frequently feel that they have not genuinely or accurately communicated their feelings or thoughts to someone else, a failure that in turn interferes with their ability to fully experience those feelings or thoughts themselves (see Benjamin, 1992, for an important discussion of this issue, although not in relation to language per se). It follows that interpretations of the symbolic meaning and/or genetic predeterminants of behaviors, symptoms, or feelings (no matter how accurate the interpretations may be) can have little impact on either the symptoms themselves, their supposed “underlying” causes, or even the exploration of the analytic relationship itself. Because words may only connect to other words and not to the nonverbalizable experience manifest in the behaviors, even the analyst's most adept statements about the dynamics of a given situation, whether related to the past or the present, to factors going on inside or outside the analysis, and often no matter what the state of the analytic relationship, run the danger of falling on symbolically “deaf ears.”

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Although these issues probably explain at least some of the reasons that analysts have recently begun to eschew interpretations as the so-called curative interventions of psychoanalysis, it would be dangerous to conclude that these analysands need to work at a so-called nonverbal level. Both language and nonverbal imagery are crucial modes of perceiving, organizing, and communicating experience, and both can be developed in varying degrees of complexity. However, as Stern (1992) has commented, in psychoanalysis, “what we and our patients are trying to do is to bring into language experience that existed before in a less articulated form…. If a meaning cannot yet be spoken, it does not exist in a form in which we can cognize it; and if it is not within the capacity of language to represent it, it can never become reflective meaning at all” (p. 343).

Language provides structure and form, and, while it can alter, damage, and distort experience, it can also “tether us to the world,” as Penelope Lively eloquently suggested in her book, Moon Tiger. This need for accurate and meaningful words to organize and connect us to others, to ourselves, and to a wide realm of experience is evident in the eagerness with which some analysands embrace their analyst's interpretive comments, even when the “insights” rendered turn out not to be particularly meaningful to them. Given the number of articles on the issue of analytic interpretation, I touch on only some of the issues that affect the work with analysands struggling to make sense of unsymbolized and/or unarticulated experience. For some analysands, interpretations can give meaning and structure to unarticulated, often intolerable feelings, yet it is also not uncommon for a therapist to learn days, weeks, and even years later that the received message was significantly different from the intended idea. In some cases, as Kohut (1984) noted, the fact that the analyst is trying to understand counts for far more than the words themselves. Both Benjamin (1992) and D. N. Stern (1985) have further suggested that sometimes the analysand's feeling that “this other person, who isn't me, is interested in what I think and feel, has a sense of what those thoughts and feelings might be about, and might have felt something similar at some point, even if she or he isn't feeling it right now” can be particularly growth enhancing. Many other factors may also contribute to the effectiveness of those interpretations that do seem to work. For example, that the analyst does not seem to feel that the analysand is bad or evil for these feelings, is not “blown away” by them (as one analysand put it), and can even think and feel and remain

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interested in the analysand is, of course, also a crucial (though not simple) factor (see Winnicott, 1969; Aron, 1992, 1996; Benjamin, 1992; Stolorow and Atwood, 1992).

As Renik (1993) has pointed out, however, crisply clear and so-called complete interpretations actually model the antithesis of the kind of thought processes that lead to self-awareness and the capacity for self-analysis. To my mind, one of the factors that makes analytic work valuable and unique is that it involves a collaborative effort to elaborate the specific experience of one individual in the presence of and in relation to another. When the analyst is placed in the position of authority about the analysand's experience, the analysand's sense of agency is in danger of being severely undermined. Yet, when an analysand has difficulty finding words to capture or express an experience, the analyst's attempts to help create those words are a crucial part of the work. A therapist's bumbling efforts to find words and images that will come close to representing in language something like the experience under consideration can be an extremely meaningful demonstration of a thoughtful struggle to put unclear and confusing ideas and affects into words. Renik (1993), like Bollas (1987), has suggested that interpretations that are phrased in terms of an analyst's subjective experience (e.g., “This might seem crazy to you …,” “I was just thinking, …” or “I don't know, but maybe …”) are similarly useful in modeling an analytic thinking process (see also Demos, 1993, for further discussion of the significance of articulating affect in the development of a sense of agency). This is also one of the times that thoughtful, limited self-disclosure can be extremely helpful (for related thoughts on this subject, see Renik, 1993; Goldstein, 1994; Aron, 1997).

Such metaphor and imagery can be extremely useful as tools for “filling the narrative envelope” (Lichtenberg et al., 1996) rather than for elaborating unconscious dynamics or retrieving repressed memories. Perhaps most important in this process is the examination of the so-called mundane particulars of an individual's daily experience. By paying attention to apparently insignificant details, analyst and analysand can together build a sense of that experience. They can fill in the colors, complete the outlines, and gradually determine the contexts in which these experiences arise. Simultaneously, they are building the analysand's capacity to look at and talk about herself or himself, an ability that will gradually lead to a capacity to tolerate and process difficult emotions. (Elsewhere [Barth, 1994, 1997], I have

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compared this process to the swimming lessons and gradual development of physical strength that make it possible to play in the ocean and “ride the waves” in a sensible and pleasurable manner.)

Looking back today on the work that I did with Alicia, I believe that a crucial factor in her gradual improvement was my interest in her moment-to-moment experience. This attention to what she did and thought during any given day—the tiny facts of her existence, which she called “idle cocktail party chatter” seemed nonsensical to her at first. Gradually, however, as she became convinced that these data really were interesting and important to me, she became interested, too; as we outlined and articulated these simple details, we found form emerging from those inchoate and unformulated experiences that motivated her symptoms and most of her other actions. Alicia, like many other analysands with whom I have worked this way, gradually learned, sometimes with great resistance and concomitant antagonism toward me, to use language to “sit with” emotions that at one time had to be escaped or ejected in whatever ways possible.

Over the years, I have learned to narrow and expand the focus of my inquiry depending on what is most important to each analysand at any specific time. Rabinor (1991) has described something similar in her work with an anorexic, who she engaged in analysis by being interested in the small, apparently insignificant details of just how she decided to cut her food, eat a given amount, chew a certain number of times—the issues that were of most importance to that young woman at that time. I have also learned that it is sometimes helpful to ask analysands who are in the throes of a painful emotion what they think they should be feeling. Often I discover that, even if they can articulate the emotion, they think there is something wrong with them for feeling overwhelmed, anxious, frightened, sad, angry, or whatever the affect with which they are struggling. Their wish not to feel the emotions is strengthened by a belief that it is a sign of weakness and/or psychological inadequacy to be affected by strong or difficult emotions.

As analysands begin to talk about their feelings, I focus with some of the same attention to detail that I have used on other aspects of their day-to-day lives. I tend to ask for information about physical sensations, colors, sounds, and smells that would communicate to me just what they are feeling. I sometimes suggest that they try to talk to me as though I were a creature from outer space, someone who has never experienced human emotion. I do, however, offer a Chinese

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menu of options when an analysand simply cannot come up with the words. For example, I will say, “Are your hands sweaty? Does your head hurt? Is it a throbbing pain or a dull one? Where does it hurt?” Or I will say, “Some people might feel their heart beating hard, others might feel a tightness in their chests. Where do you notice your [pain, sadness, anger, or whatever emotion they are saying they feel]?” Although analysands frequently react as though they are humoring me by talking about something they feel sure I know, we quickly begin to learn important facts about both the words they use for emotions and the sensations they do and do not allow themselves to think about when they experience (or do not feel) those emotions.

I am not suggesting that it is never useful to try to explore symbolic meaning or that an analyst should mercilessly or tactlessly pursue specific questions at all times in every session. There are times when it is necessary to listen quietly, simply be present, or even actively engage in soothing. There are also times when the least symbolically oriented individual can make excellent use of an examination of the symbolic meaning of behavior and experiences. How does an analyst decide when to pursue symbolic meaning, when to verbally articulate what they believe to be the function of certain symptoms, when to ask questions, when to talk, and when to quietly listen?

It is a slow and often arduous task to help an analysand move from what Ogden (1986)1 has called “prereflective” thought to the capacity to use words symbolically that is both tool and consequence of psychoanalysis. Some analysts, like Krystal (1988) and McDougall (1989), suggest that the unverbalized and frightening affects must be named, as in interpretations, so that the analysand can gradually learn to tolerate and process them in words. Others, like Stolorow and Atwood (1992), Lichtenberg et al. (1996), and Cooper (1988), advocate staying within the analysand's subjective perspective, which is often translated to mean articulating only that of which the analysand is consciously aware. They believe that growth will occur as the analysand learns that the analyst will accept and tolerate “unacceptable” emotions and

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1 The term prereflective, like preverbal, unfortunately seems to connote a developmental line and therefore to tie this stance to a specific developmental period of the individual's life; however, because the term also refers to a form of thinking that can gradually unfold, I occasionally use it, with the caveat that, as I am using it, the existence of prereflective thinking is not necessarily indicative of trauma at a given time in an individual's life.

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thoughts that she has previously rejected. In either case, the task is to help these individuals develop the capacity to manage, process, and modulate potentially overwhelming affects that have remained out of the realm of verbal symbolization.

My own sense is that the answer to the question of the best stance for the analyst to take is not “either/or” but is instead “either/and.” While monitoring the ebbs and flows of the analytic relationship, an analyst will continually make choices about which way to respond to an analysand's material, sometimes attempting to interpret or explore symbolic meaning, sometimes struggling to understand the adaptive functions of behavior and fantasy, and sometimes simply listening, providing a “holding environment” (Winnicott, 1969) or one of the variety of selfobject functions described by Kohut (1984). Benjamin (1992) has suggested that a stance that takes into account both analyst's and analysand's subjectivity allows for this sort of fluctuation in the analyst's position in the room. This is, however, no simple task (see Slochower, 1996; Bass, 1996, for a beautiful discussion of just how difficult it is to find this balance).

To a great extent, an analyst is dependent on her or his own reactions to each analysand to provide information about what the analysand needs at any given time. However, although all analytic relationships are complex, the relationship between an analyst and an analysand who cannot always talk or even think about what it is like to be in her or his body can be particularly complicated and confusing and, precisely because of the language difficulty, far more difficult to explore than many other analytic relationships. Confusing and complicated responses to an analysand make it difficult if not impossible for an analyst to know what that analysand needs at a particular time. These often overwhelmingly powerful reactions can also interfere with our ability to behave as we would wish or as we know the analysand needs. For example, an analyst may feel simultaneously protective of and irritated by an analysand and at the same time be unable to explore any of the issues that might be evoking these responses. Feelings that the analysand is “not trying” or “could really do it” are common (and often reflective of the analysand's experience in life outside the therapy as well). The terrible pain suffered by many of these analysands may evoke an analyst's need to rescue, relieve, change, and even punish the analysand. Identification with the analysand's suffering may lead the analyst to feel and express rage at significant people in the analysand's life, which can sometimes be useful and sometimes lead to

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the negative ramifications described by Schafer (1983). The analyst may also agree, with or without conscious recognition, with an analysand's destructive self-criticism, which can have obvious repercussions in the analytic work. Similarly, an analyst's unrecognized or unarticulated identification with an analysand's sense of helpless passivity can have significant effects on the work.

An analyst's own ability with language may undergo fascinating and confusing shifts in response to an analysand's difficulty in articulating experience. It is not unusual for an analyst to lose a sense of her or his own identity, to become tongue-tied or inarticulate about feelings and thoughts that are usually fairly accessible to him or her. On the other hand, an analyst can suddenly develop a new and rewarding facility for framing interventions in elegant and meaningful metaphor in response to an analysand's difficulties in this area. Unarticulated and unarticulable interactions and affects that emerge in the analytic relationship may feel “too hot to handle,” out of control, unbearable. Feelings of both power and helplessness may lead an analyst to withdraw either physically or literally. Interpretation, explanation, and/or parent blaming can be an attempt to stop the action, to take the heat off, and, in essence, to avoid the here-and-now heat of the therapeutic relationship and current work (for interesting discussions of this idea from differing theoretical perspectives, see Bollas, 1987; Mitchell, 1988).

Given analysand's degree of pain and their lack of conscious awareness of their own participation in the creation of this pain, it is not surprising that their analysts want to “help” them make changes in their ways of interacting with others and thinking about themselves. Yet, focusing on what needs to change is not always the best way to help. As Levenson (1996) recently noted, analysts (and, I would add, analysands) suffer from the “ubiquitous problem of therapeutic ambitiousness—the need to cure the patient” (p. 646). I do not mean to suggest that any analyst should or could be all-accepting in some sort of unrealistic, artifical way; but rather, our task is to struggle to find ways to help our analysands find form and sense in unsymbolized experience so that they can process it, think about it, and understand it. In order to do this, we must focus first on who the analysand is rather than on who we—or they—think they should be.

My experience has been that, as analysands learn to pay attention to and talk about those small, apparently concrete details that make up their daily life, they often gradually become capable of meaningful symbolic exploration. As these capacities increase, they also become

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more capable of talking and thinking about their affective experiences and the contexts in which their feelings arise, and they become more tolerant of and capable of processing (often with words) previously intolerable emotions. The shifts that occur may be so subtle that they go unnoticed by both analyst and analysand for some time; but, perhaps for this reason, they are often well integrated into the analysand's dynamics before they are articulated.

This was true of Abbie, a bright, personable woman in her late 30s who came into therapy because she was “stuck” in a miserable marriage. A successful, high-level executive, Abbie had a history of self-destructive behavior. As she described herself to me, I had the sense that she had spent much of her life struggling with a potentially overwhelming depression. Abbie longed to have a baby, but Mark, her husband, refused, saying that they had too many problems to bring a child into their relationship. The interactions between them were volatile and stormy. Abbie felt that Mark was unreliable, yet she was terrified of leaving him. She was afraid of both overwhelming loneliness and her inability to know “what to do or how to do it.” As I pursued my inquiry into the tiny details of Abbie's life, I learned that she spoke with her husband numerous times during the course of any day. Along with vituperative arguments, he also told her how to cope with situations that arose at work. She told me that she generally ignored his advice and that she could not understand why she needed to talk to him so often. However, as we continued to tease out the small points of these interactions, we began to see that she used his ideas to bounce off of. She needed her husband's comments to help her formulate her own thoughts.

Abbie often complained that the therapy was not getting her anywhere. “I'm afraid that I'll still be here in five years, still complaining about things and not doing anything about it.” She was frustrated, suspicious, and unhappy that I would neither tell her what to do nor explain why she was doing what she was doing. She complained that my questions about the details of her experience were fueled by a combination of perverse curiosity and incompetence. “You're a therapist. You should understand what I mean when I tell you that I'm angry,” she would complain when I asked her to try to describe that feeling. My sense was, however, that my interest in the details of her experience helped her feel more connected to her own affects. One day, in the beginning of our third year together, she told me in a puzzled voice, “I called a real estate agent today. I'm going to look at apartments. I've been thinking about asking Mark for a trial

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separation.” She spoke of her fear of leaving him, her anxiety about not having him to depend on. In fact, it took another year before she actually made a break from Mark, but, during that time, Abbie became more and more adept at articulating her experience and beginning the process of understanding the meanings of both her inability to act and her variety of impulsive actions that frequently got her into difficulties.

Levenson (1996) recently noted that it is difficult to know what leads to therapeutic change, but he hypothesized that “possibly awareness is in itself mutative; more likely, awareness stimulates small incremental shifts in participation, so much so that the therapist may get the feeling of riding a process, being carried along by some flow. Small inputs may indeed cause large shifts [pp. 645-646].

When an analyst can understand that even the most painful symptoms are often (paradoxically) adaptive, that they are frequently attempts to maintain both a connection to others and a sense of aliveness and continuity of self, and that they are used to cope with emotions that have never been represented symbolically (despite the multiple symbolic meanings that can be attributed to the symptoms themselves), the need to help the analysand “get rid of” or “overcome” the difficulties represented by the symptoms often diminishes. Further, the idea that the words that both analyst and analysand use are often experienced as concrete and literal, rather than abstract or symbolic, reduces a great deal of the iatrogenic frustration of the analytic process for both participants. But, none of this can magically untangle the complicated knot of factors that go into the analytic process, which is by definition (and contrary to the wishes of many analysands and analysts) frequently confusing, ambiguous, disorganized, vague, and obscure. Psychoanalysts have just begun to explore the powerful and complicated links between language and affect. As we go further into this area, I believe we will discover different perspectives on symptoms and behaviors that are generally painful to both analysand and analyst. As we turn the analytic prism, we will also find several of those small but significant alterations in the unfolding interactions between analysts and analysands that indeed do lead to therapeutic change.

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