

**SOME REMARKS ON THE ROLE OF SPEECH IN PSYCHO-ANALYTIC TECHNIQUE [1]
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The discovery of the dynamic character of the unconscious, and the realization that most of the psychic processes usually observed in consciousness could be found also to exist preconsciously, led Freud to rely but little upon the presence or absence of conscious awareness in mental phenomena. Indeed, the factor of consciousness or its absence is elusive and deceptive, and the delimitation of the System Cs from the System Pcs cannot always be carried out unambiguously. Thus a conception of the psychic apparatus devised so as to include consciousness among its essential elements could not prove entirely satisfactory.

To these difficulties one might perhaps attribute the fact that Freud, as Ernest Jones reports in the second volume of his biography (19), destroyed his manuscripts devoted to problems of consciousness. At any event, Freud cut through these complications by his fundamental change of the framework on which he proceeded to base the functioning of the mental apparatus. We know that the introduction of the structural approach to psychic phenomena became tremendously fruitful for the development of psychoanalysis. We also know that it permitted an understanding and a description of our technical procedure which before would have been impossible. The concept of the ego, in particular, had the advantage of encompassing conscious as well as preconscious and unconscious phenomena, and of uniting them within a common functional organization. However, it did not dispose of the existence of conscious as opposed to preconscious and unconscious processes, and of problems related to the functional differences between them.

Freud never thought that conscious mental processes should be considered mere epiphenomena of unconscious and preconscious ones (12), and he never relinquished his interest in problems connected with them. In his posthumous Outline of Psychoanalysis (16) he wrote: 'Conscious processes on the (perceptual) periphery of the ego [2] and everything else in the ego unconscious—such would be the simplest state of affairs that we might picture. And such may in fact be the conditions prevailing in animals. But in man there is an added complication owing to which internal processes in the ego may also acquire the quality of consciousness. This complication is produced by the function of speech, which brings the material in the ego into a firm connexion with the memory-traces of visual and more particularly of auditory perceptions. Henceforth the perceptual periphery of the cortex of the ego can be stimulated to a much greater extent from inside as well; internal events such as consequences of ideas and intellectual processes can become conscious; and a special apparatus becomes necessary in order to distinguish between the two possibilities—that is, what is known as reality-testing.' [3]

Although less acute, the problem of the curative effect on neuroses being achieved by bringing unconscious phenomena to consciousness still remains. I shall try to contribute to its understanding by approaching it from a limited viewpoint; namely, that of the role of verbalization in the analytic procedure. But first I should like to make a few preliminary remarks about the term 'bringing to consciousness'.

Freud's original formulation of the aim of psycho-analytic therapy—to lift amnesias—was sufficient as long as only the undoing of the effects of repression was considered. But since

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²Poetzl's work and the recent experimental studies by Charles Fisher (8), (9) indicate the existence of perception without consciousness.

³Freud had discussed these problems previously in *The Interpretation of Dreams* (12), *'The Unconscious'* (13) and *Moses and Monotheism* (15).

psycho-analysis came to consider the results of other defensive mechanisms as well, the need has also arisen to encompass such processes as the re-establishment of connexions, for instance, and the correction of distortions produced by various mechanisms of defence. We refer here to the important role of the synthetic and organizing function in the therapeutic process. Under these circumstances we are justified, I believe, in supplementing the term 'bringing to consciousness' by the more comprehensive one 'gaining of insight' when we wish to designate the results of changes in the ego which make warded-off mental functions available to the conflictless sphere of the ego. This term comprises both the bringing to consciousness and the re-establishment of connexion (Bibring, 3) ; (Fenichel, 7) ; (Nunberg, 25) ; (Kris, 20) ; (Loewenstein, 23).

It is true that the term 'gaining insight' has been submitted to critical scrutiny, and the objection advanced that it is used also in other contexts and thus might lead to confusion or misunderstandings. We know how frequently patients nowadays use a so-called 'insight' to form resistances by intellectualization (A. Freud, 11) ; (Kris, 22). But we also know that a wallowing in emotions may likewise, and at least as frequently, be used as resistance; yet this fact does not lead us to deny the importance of affects in psycho-analytic therapy. Therefore I believe that for lack of a better expression we are entitled to continue our use of the term 'analytic insight' to designate, not only the increase in awareness, but also the dynamic changes encompassed by it. For we know that such insight is gained only after certain dynamic changes have occurred, and that gaining of insight, in its turn, leads to other dynamic changes (Kris, 20) ; (Loewenstein, 23).

This terminological digression will, I hope, prove useful for our discussion of verbalization. Psycho-analysis is both an investigative and a therapeutic procedure, a long-drawn-out experiment and process taking place entirely in the realm of speech. It is an exchange of particular communications between two people, a kind of dialogue, very different from all other dialogues. The analytic set-up, the fundamental rule and the role of the analyst make it unique. The patient is expected in fact to relinquish, to some extent, the exercise of an essential function of conscious phenomena: the aim-directed character of conscious thinking; the ability of the System Cs to select deliberately, from among all preconscious memories, only those which at the moment suit its aim. In exchange, this controlled regression of the ego (Kris, 20) ultimately brings to the System Cs elements from the preconscious which otherwise would have remained outside the sphere of consciousness. These latter processes are facilitated, to a certain extent, by the protective role of the analyst and also by the fact that in the transference he happens to draw certain affects of the patient on to himself; but mainly by the role he plays in lending the help of his own ego functions to the weakened and restricted autonomous ego of the patient. He supplies the knowledge of mental phenomena, the understanding and objectivity which help the patient to face them.

In this peculiar dialogue the analyst is supposed to devote his entire attention to the mental phenomena of his patient, limiting his thoughts and words exclusively to the understanding of his interlocutor. One can say that in the person of the analyst the patient acquires an additional autonomous ego tending to enlarge the area of his System Cs over his unconscious.

Before going further into some details of the analytic procedure, let us dwell for a moment on the various functions of language.

Ferdinand de Saussure (30) advanced the basic distinction between the two aspects which he designated, in French, by the terms *langue* and *parole*. Translated into English this is the differentiation between 'language', defined as a system of distinctive signs corresponding to distinct ideas, on the one hand, and 'speech', referring to utterances or spoken language, on the other. These two aspects of language are inseparable from one another, each being impossible without the other.

Following de Saussure's formulations, the Viennese psychologist Karl Buehler (4) devised a general classification of the various functions of speech. According to him, speech encompasses three functions between addressor and addressee: they may speak of objects and their relationships; or the addressor may express (i.e. communicate) what is in himself; or he may appeal to the addressee. The act of speech therefore comprises: (1) what Buehler called the *Darstellungsfunktion*, which could be translated as function of representation or, according to Roman Jakobson (18) as cognitive function, since it refers to the knowledge and description

of things or objects and the connexions between them; (2) the function of expression, by which the speaker expresses something about himself; (3) the function of appeal, encompassing all those speech acts which appeal to the addressee to do something or to respond in some way; e.g. imploring, commanding, forbidding, seducing, etc.

In the analytic situation we might expect the patient's speech to be mainly confined to the expressive function and to that facet of the function of representation which deals mostly with the description of events. But experience shows that very soon the patient's thoughts lead him to exercise the third function, too, when his interest begins to centre on the analyst. The latter, in accordance with the rules of analytic technique, has two tasks. He refrains from responding to the appeal function which manifests itself as transference reactions. Furthermore, he aims at transforming the appeal function of the patient's speech into the expressive function by showing him, through interpretations, how he expresses or describes something about himself when he speaks of persons or things outside himself. In his own speech the analyst will exclude both the function of appeal and the expressive function, limiting himself specifically to the cognitive function in relation to facts concerning his present addressee: the patient. He will thus, in turn, promote the expressive function of the latter, since the interpretation will communicate to the patient knowledge about himself that will favour his recall and expression of hitherto unavailable facts about himself.

But at the same time the patient's knowledge about himself will enhance that aspect of the cognitive function to which we wish to ascribe a particular importance in the curative effect of analysis, the one on which working through is based and which leads to insight.

Indeed, there may exist a difference between the cognitive function in its application to the non-self and to the self. In the latter case, the cognitive and expressive functions might be intertwined in a very significant way.

These three main functions of speech, then, encompass its various secondary ones as they are known to analysts.

The concept of catharsis was based upon the idea that by recounting some hitherto uncommunicated events of one's past one, as it were, gets rid of them. The phrase 'to let off steam' is a colloquial expression of the same idea. In this connexion, the various modalities in which a given patient utters or withholds information might be influenced by trends from the anal and urethral functions, leading to the retention or expulsion of words as though they were matter. A patient's way of talking may reveal that at times he uses speech for either seduction or aggression towards the analyst (Abraham, 1) ; (Fliess, 10) ; (Sharpe, 31).

Nunberg (24) has pointed at two important functions of speech in analysis. First, the magic one (which, by the way, to a certain extent enters into the cathartic function of speech). He stresses that, with words, human beings try to influence the fate of others: they bless or curse them; some try to cling to other persons by means of speech. 'Thus,' he states, 'under the influence of libido, speech is used to perform positive as well as negative magic.' We may say that there is actually no more powerful magic than that of words. This is perhaps the one realm where so-called magic is really operative. The communication of guilty acts or thoughts, confession, has a real psychological effect. It frequently makes an accomplice of the listener, thus determining his future behaviour in an important way.[4] From the consequences of so much knowledge about the hidden wishes and acts of others, from this role of an accomplice, perhaps only confessors and analysts can remain immune.

The second point emphasized by Nunberg is that speech is a substitute for action. Indeed, speaking involves motor discharge by means of the vocal organs and in this respect plays a role in the therapeutic action of psycho-analysis. Even if one stresses the discharge value of affects in analysis, they have this property only while the memory-contents are remembered, and this only inasmuch as they are being told to the analyst. Super-ego, id and ego do not equally partake of the action of speech. As far as the super-ego is concerned, the confession of guilty acts or intentions may lead to actual change in the person. The sharing of experience and feelings, which is achieved through communication,

⁴This is one of the most striking examples showing that it is human language, the communicability of human experience and its psychological consequences for the speaker and the listener, which makes it even more difficult to create a scientific psychology based exclusively on concepts used by the learning theory which describes man in terms of drive—stimulus—response.

might be in the service of the id. Although speech is but a poor substitute for sexual gratification, it plays an important role in the expression of love and in the conquest of a love object. It is most powerful, however, in the service of aggression. Here, words are not merely a substitute for action. Insults and expressions of irony or contempt are often more adequate than deeds, and sometimes hurt more than physical blows. But it is in its function for the ego, which mainly concerns us here, that speech seems to play the most interesting and significant role.

In psycho-analytic practice, we often encounter considerable resistances in our patients to verbalizing certain thoughts and emotions of which they have always been perfectly aware. Some of them, we find, delay for a long time before telling the analyst about some conscious thought or memory, and at times will experience highly painful physical sensations when they finally do so. We all know that this resistance against reporting things which are entirely conscious reappears, time and again, throughout the analytic treatment. Thus we must conclude that a barrier exists not only between the unconscious and preconscious and between the latter and the conscious, but also between conscious thoughts or emotions and their verbalization.

Every analyst knows that this resistance to verbalizing conscious phenomena manifests itself in all kinds of areas. Some patients are reluctant to reveal specific facts of their lives; others, to divulge certain details of their past or present sex life; still others are ashamed of their emotions.[5] For most of them the telling of their daydreams is a particularly difficult task, and we all know how strong is the resistance in patients to expressing their conscious feelings and thoughts about the analyst. Undoubtedly one reason for the existence of this barrier between conscious experiences and their verbalization is the fear of letting another know one's most intimate secrets, the fear of loss of love and esteem from the analyst, fear of punishment in its various forms.[6] Indeed, the analyst is a kind of super-ego to the patient. But he is also a witness. He is like an additional memory acting to remind the patient of certain facts when he may want, in periods of increased resistance, to forger or disregard what he had revealed before. At such moments a reluctant patient can sometimes be heard to say: 'I know I told it to you, so it must be true.' This role of a witness and a memory is, in fact, a part of the analyst's functions which we defined as being the patient's additional autonomous ego. But this very fact leads us to consider the resistance against verbalization from yet another point of view. It is not uncommon in analysis that, after reluctantly talking about certain consciously remembered events of his life, the patient will add that now, since he has told them, these events have become more real.

I should like to add here that often the mere fact of communicating such conscious thoughts or memories to the analyst makes hitherto hidden material (or important missing details of other material) easily available to the analysand, so that the latter either reaches some additional insight by himself or becomes ripe to grasp an interpretation.

What makes a memory more real when it is recounted than while it was kept secret? We might think of several explanations. That speech is a substitute for action has already been mentioned; this substitute action may render an experience more real, when it is verbalized, than one that is merely remembered. Another explanation is that the inner experience may, while being told, acquire an additional reality value through its auditive perception.

Furthermore, spoken words are products of the speech act. The function of objectivation, which Cassirer (5), (6) stressed in language, plays an important part in the analytic process itself, in the assimilation by the ego of hitherto warded-off elements, as pointed out by Bibring (3) and Hartmann (17). But this is not all. It is true that 'unspoken words are our slaves, and spoken ones enslave us'. The mere conscious awareness of psychological realities still keeps them in the realm of privacy; communicated, they become an objective and social reality.

A particular problem in analytic therapy centres around the verbalization of emotions and affects in the transference situation. Warded-off affects may emerge spontaneously

5In some emotionally charged states, such as grief, awe, or communion with a love object, talking is experienced as a desecration. The same may be true of the reluctance to reveal highly valued beliefs or ideals: a refusal 'to cast pearls before swine'.

6The role of warded-off exhibitionistic tendencies in these resistances is obvious.

in the transference or as a result of previous interpretation. But the mere experiencing of affects in analysis must be followed by their verbal expression. Moreover, although in the analytic process such verbal expression may be a necessary step, this process is not completed until the connexions of the affects with specific contents have been re-established. Only thus can the affects be re-integrated as a part of defences as well as of instinctual drives; in other words, in their place within the structural framework of id, ego, and super-ego. The establishment of these connexions is likewise achieved with the help of verbalization. (The difficulty of dealing analytically with the impact of experiences stemming from preverbal stages in the patient's life is well known.)^[7] Affects expressed in words are henceforth external as well as internal realities. The words denoting these affects are now being perceived by both patient and analyst; they have become realities of the outside world in a factual and in a social sense.

Moreover, by analyzing the patient's transference phenomena or acting out, we endeavour to transform his repetitive behaviour in the transference into thinking, into the achievement of insight into his intentions and motivations through their verbalization. This may lead the patient ultimately to remember the conflicts, situations, and traumatic events of his past, which thus far he had been unconsciously repeating.

Resistance against the analysis of the transference situation may manifest itself at each of the points just mentioned. Moreover, resistance against the verbalization of affect can be traced to two types of motivation. One is based on the fear of being carried away too far by such expression of emotions, a fear that the affect might thus reach too much intensity and also have an effect on the analyst. The other motive seems to be of an opposite kind; some patients can indulge in their emotional states as long as they do not talk about them, but to put these emotions into words interrupts their silent gratification; it 'breaks the spell', one might say. To the discharge function through verbalization we must therefore add another, equally important one: the binding, as it were, of affects by speech. To a purely expressive function a reflective, cognitive function is added which may have an inhibiting influence on the discharge of affects. Both the discharge function and the binding function^[8] of verbalization underlie the curative effect of insight in psycho-analysis. In turn both may at times be used by the forces of resistance for defensive purposes.

Summarizing our remarks about resistance to verbalization, we can say that at the point of verbal expression a last struggle is put up by the ego's defences against bringing the unconscious to consciousness. We must conclude that in the formation of analytic insight, verbalization is an essential step.

Man has the ability, either by concealment or lies or by communicating the truth, to influence or to create social realities through the spoken word. Language plays a decisive role in the formation and the development of thought processes (Sapir, 28), (29). The thought processes that particularly interest us here are those which deal with understanding or knowing oneself. Every analyst has had occasion to observe that a patient may express some idea or affect and then suddenly realize that such thought or feeling was hitherto completely unknown to him. The fact of having expressed it in words makes him recognize its existence. Let me give a recent example of such an incident. One of my patients, a man in his forties, conspicuously presented the consequences of the mechanisms of isolation and repression of affect. It was not until the beginning of his analysis, for instance, that he became aware of ever in his life having been jealous. He was equally unaware that he might ever have wanted to be loved by his mother. All his life he lived, to use his own words, in the illusion of being the preferred child of his parents. When once, in a situation where he imagined that I might take sides with an adversary of his, he brought up the 'illusion of communion' with the analyst and hesitantly spoke of feelings of jealousy, I remarked that his sentence was not complete. Reluctantly, and with a disbelieving chuckle, he finished the sentence which expressed that he wanted to be loved by his analyst. This wish had never occurred to him before uttering these words. (Needless to add that when the patient was

⁷Human beings learn to speak from their mothers. In the transference, the analytic situation with all its emotional over- and undertones might well at times reawaken this remote period of a patient's life.

⁸This binding of the affect by words may be a factor in the neutralization of drive energies to which Kris (22) ascribes the therapeutic function of insight.

reminded of this incident a week later, it had been forgotten by him.) Here, one might say, words carried to the surface of conscious awareness a thought and an affect which had been unconscious before. In these instances, language performs the function of a kind of scaffolding that permits conscious thought to be built inside.

Another category of the phenomena based on verbalization, with which we are familiar in psycho-analysis, consists in interpretations given by the analyst. These, too, might to some extent be compared to a kind of scaffolding which the patient's thought can gradually fill. They then play the role stressed by Kris (20), when he spoke of recognition as an important step in the recall of repressed memories.

Not infrequently the interpretations are misused by the patient in the service of resistance. Thus intellectualization may use mere words, instead of insights; the empty scaffolding alone, without a building. This kind of resistance can sometimes be avoided by a judicious attention to tact, timing, and wording of interpretations. When the analyst believes, on the basis of preparatory work, that the time has come, that the patient is ready for it, he lends him the words, so to speak, which will meet the patient's thoughts and emotions half-way. In the peculiar dialogue going on between patient and analyst, their mutual understanding is based on the general property of human speech to create states of mind in the interlocutor akin to those expressed by the spoken words. The function of representation in speech elicits images and representations in the addressee which are similar to those used by the addressor. The expressive function tends to arouse emotions or states similar to those expressed. The function of appeal potentially creates the reactions corresponding to the appeal. As far as the analyst is concerned, we expect that the patient's speech shall elicit in him only those potential responses which may act as signals^[9] for his understanding of the patient, and which ultimately may be used by him in interpreting the latter's utterances.

Freud advised listening to the patient's words while trying, at the same time, also to understand a second, a kind of coded message conveyed by them. The fundamental rule, since it requires the patient to relinquish the aim-directed character of his thought to some extent, brings this 'coded message' closer into the foreground. This is another way of saying that we observe that the patient's utterances become more obviously influenced by the primary process. We know that in the psychic phenomena which are under the sway of the primary process, the relationship between word representation and object representation—or, to use Ferdinand de Saussure's terms, between the signifying and the signified—is altered as compared to thoughts within the framework of the secondary process. To put it still differently: one might say that next to the usual vocabulary of any human language—i.e. to a definite set of meaningful relations between signs and ideas, 'signifying' and 'signified'—there exists another which is limited in scope, less definite, usually unconscious, and unintelligible, and which gains a partial hold upon the human mind on certain conditions; e.g. in dreams, in neurotic and psychotic thought processes. However, the use of the same kind of vocabulary in wit, jokes, and in actual love life often is conscious, intentional, and perfectly understandable to others.^[10]

I do not intend to go into a detailed discussion of the various types of altered relations between 'signifying' and 'signified'. Let me give just two examples, out of a countless number common in analytic experience. An aeroplane phobia results from emotional reactions to the fact that, to a given patient, an aeroplane means not only a flying machine, but also a symbolic representation of a penis. In a case of compulsive neurosis, the anxiety created by sitting down in a taxicab was based upon the unconscious meaning of the act for this patient, which centred around the French colloquial connotation of 'sitting on somebody': an expression of contemptuous indifference.

In respect to the primary and secondary processes, the analytic process has a twofold effect. On the one hand, analysis elicits expressions of the unconscious vocabulary. On the other hand, it causes these thoughts to be translated into words of the ordinary language. Being confronted with them, as it were, by means of the speech act, the patient during the analysis is led to a gradual gaining of insight into phenomena that are under the sway of the primary process. By putting them into words, he subjects them to the influence of the secondary process.

⁹A similar idea was expressed by Kris (22).

¹⁰Benveniste (2) attempts to describe these phenomena in terms of well-known figures of style.

In the passage quoted above, Freud (16) ascribed to the function of speech the very fact that 'processes in the ego may ... acquire the quality of consciousness', since it 'brings the material in the ego into a firm connexion with the memory-traces of visual and more particularly of auditory perceptions'; adding that, as a consequence, 'a special apparatus becomes necessary in order to distinguish between ...' (stimulations from inside and from outside) '—that is, what is known as reality-testing.'

The analytic set-up 'creates for the patient a situation where attention and reality-testing are withdrawn from the outside world (the analyst) and shifted on to the inner experience of the patient' (Lowenstein, 23).[11] Insight which a patient may gain during analysis widens his capacity for reality-testing in the area of his mental processes and permits a far more differentiated use of it. He may learn to distinguish the role of his own unconscious drives or thoughts in the evaluation of situations involving other people; he may learn to discern the complexity of his motivations where only rationalization was used before; he may learn to understand the mental states of other persons; and he may acquire the ability to differentiate between the past and present of his own experience as well as of outside reality. The latter point is crucial in the therapeutic effects of psycho-analysis. All these acquisitions of reality-testing in the area of the patient's mental processes are acquisitions of the System Cs, and are gained with the help of and by means of speech as it is used in the analytic procedure. Indeed, the use of language permits human beings to give actuality even to events that are remote in time and space, and yet to distinguish them from those which exist here and now. Why is it that certain psychic phenomena may have a pathogenic effect so long as they remain unconscious, but become harmless after having been brought to consciousness? Freud attempted to account for this peculiar state of affairs when he used the comparison with archaeology to explain the effect of analytic therapy. He compared it with the perennialness of the remnants of antiquity buried in Pompeii, and their speedy disintegration when brought out into the light (14). Their apparent timelessness was due to their being removed from the effects of the outside world; and their disintegration, once brought to the surface, was caused by various physical and chemical factors, by the influences of air and humidity from which they had so long been removed. What is it, then, that corresponds to these physical and chemical influences upon the unearthed Roman relics? What causes our psychic antiquities to disintegrate when they become conscious? In their unconscious state they have a pathogenic effect because, unlike the buried Roman remains, they continue to exert an action in the present: namely, on the personality of the patient. Brought to consciousness, they become harmless because insight and verbalization subject them to reality-testing and thus unravel the effects of the pathogenic intertwinement between past and present.

We know the therapeutic effect of analysis to be a lasting one, even though the insights and recollections achieved during treatment may apparently be forgotten once more. By undergoing conscious experience they have acquired a resistivity to repression, whether or not they remain available to conscious awareness. This resistivity of hitherto pathogenic memories to repression is ascribed by Kris (20) to the fact that, as a result of analytic insight, they have become part of a context. Freud (13) advanced a hypothesis according to which there are two types of memory traces: those deposited by unconscious and those deposited by conscious-preconscious processes. One might then presume that the latter contain elements of having been part of a context, of having undergone insight and reality-testing, which may account for an increased resistivity to both repression and regression.

Before concluding, I should like to discuss certain limitations and qualifications that must be attached to my presentation.

We know that various modes of communication and understanding, other than verbal ones, exist between human beings. Certainly we do not underestimate the importance of the immediate understanding of the unconscious between two people, of the intuitive grasping of non-verbal forms of emotional expressions; and these important ways of communication might lie quite outside the realm of verbalization. They

11Hartmann recently expressed similar ideas in a Discussion on Defence Mechanisms at the Midwinter Meeting of the American Psychoanalytic Association in 1953.

even may play a part in the analyst's understanding of his patient. However, the essential factor in the investigative and therapeutic function of psycho-analysis is based upon the use of speech between patient and analyst. To be sure, not all relevant processes during an analysis occur on the level of consciousness; nor are all of them ever verbalized. And yet, without verbalization on the part of the patient, without interpretations, without gaining of insight, there would be no analysis and thus no such processes.

Communication may have a considerable and enriching influence on the development of the human personality (Rapaport, 27). However, the importance of verbalization in the therapeutic procedure of analysis should not lead us to assume that communication per se has a title to therapeutic efficiency. First of all, communication is not the whole of either language or speech (Sapir, 28), (29) ; (Piaget, 26). Moreover, people do not change just because they communicate with others. What counts in analysis is, not communication by itself, but what is being communicated on the part of both patient and analyst, what leads to communication, and what psychic processes and changes occur as a result of this communication as such and of its contents.

A most pertinent consideration arises, however, with regard to the therapeutic effects of self-analysis. Most psycho-analysts, I presume, experience its effectiveness only in the form of a continuation of a previous analysis with an actual analyst. As far as I know, it is then usually a solitary continuation of dialogue with the latter or with an imaginary analyst. In this respect it might be viewed as an imaginary dialogue in which the subject is able to play both parts, that of a patient and that of an analyst, and thus to some extent involving inner speech.

Nevertheless, the possibility of a therapeutic self-analysis serves to confirm what we would suspect in any case: that if verbalization and speech play an essential role in the therapeutic effects of the gaining of insight, they are not the only factors to do so.

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- 467 -

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- 468 -