A word about words

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Abstract: The title of my paper comes from an essay by Václav Havel. In his essay, Havel addressed most evocatively the question of the unique power of words for thinking and to influence, for good or for harm, as well as to inform and to educate.

As analysts our medium is the word. I suggest that it is of inestimable importance that we are able to listen deeply to our patients’ words and to be aware of our own. The quality of our ability to think deeply and consistently about the unconscious experience of our patient is intimately related to our ability to hear what is being said. The effect of our own words upon the patient likewise cannot be overstated. I offer my reflections on words in the analytic relationship and I give some clinical examples that I hope will illustrate my thoughts as to the power and the importance of what and how we hear and of what we say.

Key words: evenly hovering attention, meaning, minus K, phantasy, reverie, words

My title comes from a powerful essay by Václav Havel written in acceptance of a Peace Prize from the German Booksellers’ Association at the Frankfurt Book Fair in October of 1989, when he was still an imprisoned dissident in Czechoslovakia. It was read there in his absence by Maximilian Schell. Three months later Havel was President of his country.

I wish to amplify some of his ideas concerning words and their power, not in the context of politics and society, but of analysis. Here are some extracts from Václav Havel’s essay.

In the beginning was the Word; so it states on the first page of one of the most important books known to us. What is meant in that book is that the Word of God is the source of all creation. But surely the same could be said, figuratively speaking, of every human action? And indeed words can be said to be the very source of our being, and in fact the very substance of the cosmic life form we call man. Spirit, the human soul, our self-awareness, our ability to generalize and think in concepts, to perceive the world as the world (and not just as our locality), and lastly, our capacity for knowing that we will die—and living in spite of that knowledge: surely all these are mediated or actually created by words? If the Word of God is the source of God’s entire creation, then that part of God’s creation which is the human race exists as such only thanks to another of God’s miracles—the miracle of human speech. And if this miracle is the key to the history of mankind, then it is also the key to the history of society... For the fact is if they were not a means of communication between two
or more human ‘I’s, then words would probably not exist at all…There has never been a time when a sense of the importance of words was not present in human consciousness….

I do inhabit a system in which words are capable of shaking the entire structure of government, where words can prove mightier than ten military divisions….

Alongside words that electrify society with their freedom and truthfulness, we have words that mesmerize, deceive, inflame, madden, beguile, words that are harmful—lethal even…. Words are a mysterious, ambiguous, ambivalent and perfidious phenomenon. They can be rays of light in a realm of darkness, as Belinsky once described Ostrovsky’s Storm. They can equally be lethal arrows. Worst of all, at times they can be one or the other. They can even be both at once! (Havel 1989)

Think about words. Words can be eternal. Think of Shakespeare:

‘Now is the winter of our discontent made glorious summer by this sun of York’

(Richard III)

On Keats (1819):

‘Beauty is truthpop, truth beauty
That is all ye know on earth and all ye need to know’.

(On a Grecian Urn)

We remember words like these all our lives, and they truly live in human thought for centuries.

What exactly are words? Why do we place paramount emphasis on them? What is it about words that makes them unique? Why did Freud stress that psychoanalysis is above all ‘the talking cure’? Certainly there are other forms of human expression that can conveniently occur in a consulting room such as painting, sandtray work, modelling, and dramatization.

I was challenged by a group of students at the Jung Institute in Zurich to show them why in my work words are the apogee, and why I do not consider some of the other forms of expression to be equally useful. They argued that ‘early’, ‘primitive’ states are best expressed through non-verbal means. I had to struggle with that, as they did. In my mind it is perhaps analogous to the question ‘why work with the transference when you can apprehend psychic reality in dreams?’ One student expressed his idea about the difference between London and Zurich as follows: ‘As I see it, the London approach is based on Logos and the Zurich approach is based on Eros’. I thought that it was most interesting that we all seem to have exactly the same projection, which is that the other group is ‘intellectual’ and it is us who get to ‘the emotional heart of the matter’. That student also confessed his thought that we in London, with our emphasis on the verbal, take all the mystery and beauty out of the human spirit. He was much relieved when I proposed that I believed the human spirit would always be mysterious and that we can never really ‘know’ another person. Perhaps analytic work may simply alleviate a degree of human suffering.
However, several of them were struck in a favourable way by what they called the ‘rigour’ of this method, i.e., the confinement to using language and the aspiration to abstain from any type of ‘action’. One called it ‘liberating’, saying that he thought that much more can take place because of the relative security of an exclusively verbal framework.

W.R. Bion quoting Freud’s obituary of Charcot, wrote:

Here is what he himself told us about his method of working. He used to look again and again at the things he did not understand, to deepen his impression of them day by day, till suddenly an understanding of them dawned on him. In his mind’s eye the apparent chaos presented by the continual repetition of the same symptoms then gave way to order….He would ask why it was that in medicine people only see what they have already learned to see.

(Bion 1977)

There can be no doubt that Freud’s (and Bion’s) emphasis on the importance and the difficulties of the practitioner’s attentiveness applies to the use of words as strongly as to any other observable phenomena.

When the baby discovers that his mother transforms his affectual-vocal communications into words—that she ‘gives the experience a name’ as Bion described it—neuronal pathways begin to develop in his temporal cortex and verbal speech acquires unique mental/physiological significance.

The work we do seems increasingly to address the primitive emotional experiences of early life. Patients in analysis generally look for words for experiences in the analytic situation that are by their very nature often ineffable or inchoate. I have been more and more struck by how important it is to attend to words—our patients’ words, of course, and our own words. It may even be becoming more important to do so as we improve our ability to think about the affects and the defences that are seen both in analytic experiences and in life’s earliest experiences. We only have to think of work such at that of Meltzer, who opened our eyes and ears to how we can think about phantasy according to the language of the compartments or zones of a person’s body. In such papers as ‘The relationship of anal masturbation to projective identification’ (Meltzer 1966) he greatly expanded our ability to hear all kinds of new meaning in words. Words can awaken us to unconscious phantasy. Lacan called it the relationship between the signifier, that is the word, and the signified, the deeper meaning. To my mind, one of the things about carefully attending to our patients’ words is that it can help us to constantly re-view our theoretical ‘knowledge’ (insofar as we are capable of allowing it) in light of what we hear. This is as important as it is difficult.

I would ask us to consider both how much there is to hear in our patients’ words as well as to think about the effect our words have on our patients’ emotional lives and on their inner worlds.

Both Frieda Fordham and Michael Fordham gave paramount importance to listening to our patients’ words. I think that must have been one of the most
important abilities their supervisees struggled to learn from both of them. I often notice how much one’s effectiveness as an analyst, like that of an artist or a writer, depends on how well he/she can both see and hear.

It is always something of a struggle to overcome the numerous resistances to listening to another person and even more difficult with a patient to whom we are relating at many levels. Many factors interfere with listening to him or her. These may include our desire to help, our anxieties and unconscious and conscious acting-in in the transference/countertransference, as it were. We may be allied with the patient’s anxious, depressed or narcissistic internal object, for example. We may be feeling sleepy, angry, hateful even, or gripped with desire, to name just a small number of possible interferences (all of which of course are potentially rich sources of understanding). Thus we may be functioning in minus-K, the opposition to the desire for knowledge of our object. Just as words can be concrete objects, food, say, for our patients, so they can be for the analyst.

It can be difficult for us to let someone speak. I find at times that I may finish the patients’ sentences for them or I anticipate what they want to say. I may have my own wishes for the patient to change, for a positive transference situation or for the status quo. The same elements may apply in supervision, of course, but I will confine my thinking to analysis.

**Listening** to our patients is both a receptive and an active process. As analysts we are in evenly suspended attention and we need to keep monitoring our availability. We work at thinking about why we may be listening poorly. We may notice that we have lost our attentiveness and we may understand that we are preoccupied with the last patient or perhaps with something that has just taken place in our family or in the world. Commonly, the difficulty is in the countertransference, as I suggested above.

Now I want to turn to our relation to the words themselves. I find that there is an extraordinary range of ways I can hear the words that the patient uses. When I am working well and I am in what Freud called ‘evenly hovering attention’ and Bion called ‘reverie’, I can listen most deeply and unconscious meanings are more accessible. Words can stand out that in another context or at another time may have no more than ordinary or trivial significance.

I notice that I can sometimes hear more levels of meaning in the supervision of another person’s session than in my own sessions. I say to my supervisee who regrets their own lack of vision, that for one thing, I am not subject to the same crosscurrents as they are, the analyst who is in the room with the patient.

Here is a vignette of a supervisee’s material when the meaning depended to a very great extent on the way one heard the words of the patient. This patient had shown no indication of separation difficulties at weekends, up to this point. One Monday, the patient said, ‘I didn’t see you at the weekend’, yet she showed no emotion whatsoever about the absence of the analyst. She did talk about what a difficult weekend it had been with her husband. The analyst made a rather stock interpretation about missing her and received a blank
response from the patient. On thinking about these words, and it changed our way of seeing, the analyst and I realized that the patient seemed to be telling her about a negative hallucination, and that ‘not seeing’ the analyst meant that she had removed her from her internal world. It was not that she simply didn’t see her, she not-saw her. When the analyst referred to this as such in a subsequent session the patient confirmed her insight.

Another supervisee works in a country where Jungians do not generally see their patients more than once a week. She had been seeing a male patient for some time who said to her one day, ‘You give me such a lot of homework to do’. She did not hear these words as especially meaningful but I commented that he seemed to be saying that he had to work at continuing his relation with her inside himself when he was at home, because he felt it to be such a long time between sessions. She reported in the next supervision session that she had subsequently said something about this to her patient and he promptly agreed that he wished to see her more frequently.

I will give you some examples of what I am saying about words in my patients’ material.

**Patient 1**

I refer to a dream I report in a paper called ‘The Minotaur in the labyrinth is only a little dog’ (2005). In that dream, Mrs. A, a patient who was nearing the end of her analysis and was about to suffer the summer break, used the words ‘Toulon’, ‘in Sainsbury’s’ and others that enabled me to formulate through her associations and the context, an interpretation of her fear of becoming insane through being left too alone.

**Patient 2**

Dr. B. came for a session on the morning of Christmas Eve. She had mentioned that it was the tenth anniversary of her breakdown. ‘Christmas is such a difficult period anyway. I can get very stressed. I don’t think I’m alone’. But so much was happening then. Her father had just died. She said, ‘I tried like Hell not to break down. I was in a panic’. I said she was a fatherless child. She said, ‘I have the fantasy that there is a loving father’. I noted her words about getting very stressed at Christmas, ‘I don’t think I’m alone’, which she had said in quite a casual, throw away manner, and pointed them out to her. I thought it related to what she said afterwards, that there is a loving father. I understood her to mean that she now has an internal father at Christmas.

**Patient 3**

Mr. C. dreamed that he was ‘downtown’. He said that he was in a mess, fearing falling apart. In reality he had constructed a day that would hold him
together. He recited his plans, which included going to the library, reading and cashing a cheque. The patient is at home on his own and he feels lost without his wife and his analyst. He wishes he could control the need to be with him. Further work in that session led me to interpret that ‘downtown’ meant ‘don’t-own’ and that he has become acutely aware that he doesn’t ‘own’ his objects.

**Patient 4**

This was on a Tuesday, the second and penultimate session of a week in which I was unable to see Mr. D. on the Friday, and he was not able to come to his Thursday session.

He was silent for about five minutes. Then he said in a depressed tone, ‘All I do is work. There is no time for anything. I feel so isolated’. I said, ‘Is your isolation a fact or a feeling?’. He said, ‘It is because all I do is work. I have no intimacy’.

He remembered that tomorrow was going to be our last session of the week. He went on to say that there is always a third party in his life. ‘I am always in relation to someone or something else. I’m confused now. I can’t think’. I said that he preferred to suffer ‘no thinking’ than to have the thought that I am meaningful to him and that he can’t see me or have me where and when he wants. This week feels like work without intimacy. I observed that I am always in relation to another, in his mind. ‘There may another person who is taking you away. At times in the past you thought I may have been talking to voices in my head, and once you believed I was under the influence of alcohol when I came one morning’. There was a long silence. He said, ‘I spend my life looking after others and being the third person and I’ve had enough of that’. Oddly, there followed a series of associations to situations in which he had actually been heard or accepted. Something he had written was accepted, something he had been saying to a group for a long time was finally heard. I commented on this. He said, ‘Maybe it would happen that I will get out of my frustration with myself’. I said, ‘and your isolation?’. He commented that, for the first time since joining a certain type of group, the others in the group listened to him. I said, ‘You felt that something changed because they listened’. He said, ‘Exactly—after one and a half years. Actually what has changed is that I no longer believe that I am stupid. I don’t want to be arrogant but I believe that now’.

The next day he reported two dreams.

I was in the kitchen on the floor with my mother there and I was stung by a wasp. In the second dream, my whole head swelled up. My hair had to be cut off so a doctor could touch a delicate part of my brain that hadn’t been touched before.

He said, ‘I felt very well after the session yesterday and despite it being a difficult day, everything went well. I thought about what you said about my not allowing the third into the other person’s head and it’s true. I have nothing else to say’. He then had associations to the dreams. He said, ‘I think I really made
her into an “ideal” mother so that I didn’t have to be angry with her, a sort of
madonna’. The wasp reminds him of a feeling at the end of a session. Maybe
the second dream is influenced by all this brain research.

I said, ‘The back of the brain is the part that contacts the pillow and is also
nearest to me. You said that something I said yesterday “touched your brain”’.
His association to shaved hair was ‘collaborators’. In his country the expres-
sion ‘shaved down to nothing’ means ‘collaborator’ and it also means ‘starting
all over’.

I: ‘Do you feel that you are collaborating by accepting my interpretations
and letting yourself be touched?’
He: ‘When you are ill you are shaved’.
I: ‘You meant to say “when you have brain surgery” but you said “when
you are ill”’.
He: ‘Maybe the ill has to capitulate’.
I: ‘Giving in? Yielding?’
He: ‘Because I didn’t feel you as an enemy yesterday. On the contrary, I felt
quite well’.
I: ‘Shaved down to nothing means levelled to the ground. Maybe the
thought you and I came to yesterday brought you to a starting point’.
He: ‘That feels more like it—somewhere that had been difficult to reach.
Maybe what was humiliating was the way I was putting myself and how
I saw myself, not your interpretation’.
I: ‘So the whole atmosphere of a delicate part of your brain being touched
and an operation and hair being shaved off is like making a beginning.
And it was a nurse—someone caring’.
He: ‘Yes’.

(Silence followed.)
He then said: ‘First I felt very angry with you, and then sad, and then I saw
someone in the window opposite. [He laughed at the irony]. Your wife? Your
cleaning lady?’
I: ‘And now you must think I’ll be with my wife or with the cleaning lady
for the next four days!’

He laughed.

In this exchange I was feeling that we might be lost in words. Yet I felt at the
same time that it was a powerful emotional moment. Then it occurred to me
that I was actually witnessing a number of quite important changes taking
place. I think that this material shows something of a watershed, perhaps best
seen in phrases and words like ‘shaved down to zero’, ‘collaborating’ and
‘capitulating’. He was beginning genuinely to bear his frustration and his jealousy
and had a sense of starting anew, ‘from scratch’, as it were, re-thinking
some of his difficulties. He was ‘confused’ between his state of isolation and
having felt heard and accepted, and ambivalent about his psychic and external
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realities of three-ness, his dependency on me, his own worth and, finally, about me as an object whom he loves and trusts, yet whom he cannot control and must share and separate from. His language was the language of the ‘threshold of the depressive position’ in Meltzer’s words.

Patient 5

Dr. E. had difficulty adjusting to my style of analysis. He was frequently enraged about one thing or another to do with me or my rules or my premises. He complained that I seemed to relate everything to our relationship much too much. In his first months he persistently and angrily asked two questions, ‘May I open the window?’ and ‘How much time will it take to get from here to Mrs. A., where I will have my Infant Observation Seminar?’ I had said that he knew the answers to these questions. However, he was consistently irritated that I continued to think about their meaning to him and did not simply answer them. To him they had no meaning and they were perfectly straightforward. I felt that there was something important about them that I did not understand.

One day when Dr. E. asked me these questions again, I wearily asked him why he needed the window open, as I had asked on other occasions. This time he said ‘because it is close in here’. My ears must literally have pricked up. After a few moments I commented that he is the observed infant and that it is close when I analyse him. That is when he wants to get more air or get out of the window and get away as quickly as possible to Mrs. A. The patient seemed extremely relieved by what to me was an obvious thought I should have had much sooner. From that time his relation to me became stronger and more positive and he ceased to ask those questions.

One of the things that Bion contributed about the container-contained experience was the importance of giving a name to the powerful emotional experience that is not yet mentally represented, linked of course, for the baby, or our patient, with the attention and thought that they indicate. The mother’s thinking about her baby’s communications and then putting something into words can avert for the baby the terrifying experience of ‘nameless dread’ that in fact we often hear of or see in analytic work when the emotions may, as Bion put it, expand infinitely into space (Bion 1962, pp. 42ff).

I believe that one of the commonest concerns many analysts at all levels of experience have to face is that their patient may experience their words to be too aggressive. For fear that it will be perceived as ‘sadistic’ they may hesitate to interpret, in particular, the conflicts between the positive and the negative transference and thus miss the moment. In fact they may not even think of the importance of it. This ‘countertransference element’ is often associated with the aggression in the patient’s inner objects or in his self with which the analyst has become identified. Bion reportedly said that the most difficult things to say were the most important.
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However, for quite different reasons, a dreadful experience can occur in which the analyst’s use of a ‘wrong’ word will lead to an astonishingly rapid deterioration in the relationship. The patient can feel suddenly and totally misunderstood. These patients may have used words to sustain a phantasy of ‘oneness’, feeling totally understood and ‘together’ with the analyst, and then, if the word jars and brings the patients the sudden awareness that they and their analysts are separate, that there is no togetherness and that symbolisation is necessary if there is to be any communication; they can experience a word to be rending them apart and can experience physical and mental fragmentation that may remain alarmingly refractory.

In her paper ‘Words and working through’, O’Shaughnessy (1983/1988) wrote:

I think it is always the case in a transference with a preponderance of events ‘beyond words’ that at certain phases of analysis the communicative properties of words are impaired as the talk increasingly reflects the entire primitive defence organization. To the patient’s despair, interpretations cease to be mutative.

(pp. 138–51)

It seems apparent to me that at those times, the ‘right’ words become both more difficult and more essential to find. I think that the times when any and all words are anti-therapeutic are quite rare. But in my experience it is a matter of great urgency to process ‘the total picture’, as Joseph (1985) called it, and to come to those words that make the work progress. Those words are invariably concerned with the process taking place and it generally requires us to find our humanity, in the sense that Racker (1974) talks about so eloquently and movingly. He often describes how it is necessary (and possible) to shift our negative countertransference into a positive one before the analysis can continue constructively. Herbert Rosenfeld (1987) has also made this point about analytic impasses.

Patient 3, again

Mr. C, whom I mentioned above, is in four times a week analysis. He began a session by saying he was ‘despairing’. (It occurred to me that it was his final session of the week.) He also said he felt ‘uncontained’. It was a warm September day and the window was open slightly. He heard noises from a nursery school nearby and said he hated the children outside; it was an intrusion. The sounds of birds jarred as well. Once or twice the window shook slightly, perhaps from a lorry going by. Each time he heard one of these sounds his entire body gave an almost epileptic jerk. He said, ‘I feel empty. Maybe it’s to do with the weekend coming and feeling “boundary-less”. I feel I’m merging with the outside’. I said he was talking about the outside but saying little about his inside. He then talked calmly and dispassionately about ‘hate’, which he said is a powerful feeling. He went on to talk about an autistic child he used to work
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with, his favourite kid. ‘The child used to beat on me but I could always con- 
tain him. He kept repeating “thallasei to cosmos” meaning “to destroy the 
world”’. I said he felt that he had no skin and that he can easily be wounded 
and his hate can easily destroy the world. It is Thursday and he feels I am tear-
ning the skin off him by ending the week here and leaving him to look after 
himself.

The window shook again and he didn’t jerk. He said, ‘I feel despairing’. 
I said, ‘But something has changed. The window shook and you didn’t jerk’. 
He said, ‘because I feel sad’. I said, ‘What has changed was that there is a you 
to feel sad. It is sad, the weekend, the separation’. He agreed with this and left 
with what seemed like a lighter step.

I could give a few more small examples of a certain word or phrase promo-
ting greater understanding. A patient this week used the phrase ‘all over the 
place’ several times in the last session of the week, a session that recalled 
the break of the week before. For instance, she said, ‘My hormones are all 
over the place’. I eventually said she felt she had no ‘place’ with me. She said 
that was ‘exactly right’.

Another patient some years ago, Miss F., seemed to use the word ‘situation’ 
repeatedly, and that struck me. I understood that she was at that time quite 
occupied with where she was zonally and geographically in relation to me. Her 
word ‘situation’, where she was situated, referred to whether she was inside 
me or outside me, for example.

Still another, Mr. G., whom I discussed at length in another paper entitled 
‘Bodily states of anxiety: the transition from somatic states to thought’ (Proner 
2005) shows the power that words have when they are very close to ‘things-in-
themselves’. He was a man who had enormous difficulty bearing separateness 
or frustration of any sort and cried in most of his five to six times weekly ses-
sions for some years. He burst into tears and sobbed in one of his sessions 
when something reminded him of an old advertisement when he was a child. It 
went, ‘Go to work on an egg!’ His memory was that his mother sent him out 
in the morning with a good breakfast but not with what he really wanted from 
her. He really wanted to be inside me, perhaps amongst my ‘eggs’, rather than 
having me feed him and send him away. He was someone who hated my 
words most when I understood something, as they then meant he was 
expected to symbolize, and that he would not have a direct physical communi-
cation with me.

Before concluding my remarks, I shall remind you of a number of questions 
I posed at the beginning of this paper. What exactly are words? Why do we 
put such emphasis on words? What is it about them that makes them unique? 
Why is ‘the talking cure’ the quintessential description of analysis? I now want 
to say a few more words about words in the context of analysis. Words both 
unite and separate. They can be both symbolic and concrete at the same time, 
like ‘go to work on an egg’ was for my patient. He generally hated words and 
I came to realize with him that, as a form of communication, they separated us
because they enabled us to conceptualize without enacting. The more I understood, the more he felt threatened. He had to tell me how he felt, rather than showing me and directly and physically transferring, as it were, in his phantasy, his states of mind from himself to me. It has been pointed out that exchanges of paintings, photographs, letters, modelling, sand play and so forth, are very often invitations to participate in projective identification processes, as are gifts. I would submit that words alone are unique in their capacity to remain outside this possibility, though of course not necessarily. They may be used and experienced in myriad ways. We analyse both of these much of the time. As Havel (1989) said, words can at one moment radiate great hope and at another radiate lethal rays. In Bion’s thinking, they may fall into the positive or the negative grid, may represent attempts at linking or attacks on linking, they may be beta elements or promote alpha function.

A patient may be ‘twinning’ with us, and their use of words may assist them in this. They may be attempting to enact a phantasy of omnipotently entering and controlling us, and may wish to remove our separateness as a defence against anxiety, for example. They may utilize words to maintain themselves in a claustrophobia or a psychic retreat and to prevent change. The last patient I described illustrated all of this, I believe. He used words to try to maintain a symbiotic relationship and to abort any and all emergence of separateness. To my mind, the only possibility of analysing such processes, which I think are in fact very common, is if the framework operates through words. Clearly child analysis is different in this respect as children’s verbal abilities are vastly less developed than those of adults and it is necessary to find additional language that, together with the verbal language, provides an equivalent consistent framework. With our adult patients, however, I would suggest that we are simply unable to analyse the process when the verbal framework is replaced or augmented by other media, if their very nature is to enlist our participation in the process rather than standing outside it.

**Translations of Abstract**

Le titre de mon article est tiré d’un essai de Václav Havel. Dans cet essai, Havel s’intéresse en l’évoquant à la question du pouvoir particulier des mots pour penser et influencer, pour le meilleur et pour le pire, ainsi que pour informer et éduquer. Notre médium en tant qu’analystes est le mot. J’avance qu’il est très important que nous soyons capables d’écouter en profondeur les mots de nos patients et que nous ayons conscience des nôtres. La qualité de notre capacité à réfléchir en profondeur et de manière cohérente au vécu inconscient de notre patient est intimement reliée à notre capacité à entendre ce qui se dit. De la même manière, les effets de nos mots sur le patient ne peuvent pas être surestimés. J’expose ici les élaborations que j’ai faites sur la question des mots dans la relation analytique, et je donne quelques exemples cliniques qui, je l’espère, illustreront mes idées ainsi que le pouvoir et l’importance de ce que et comment nous entendons, et de ce qui est dit.
Der Titel meiner Arbeit stammt von einem Essay Vaclav Havels. In diesem Essay bearbeitet er sehr eindringlich die Frage der einzigartigen Macht der Worte für das Denken und die Möglichkeit zur Einflussnahme, zum Guten wie zum Bösen, zur Information und zur Bildung. Für uns als Analytiker und Analytikerinnen ist das Medium das Wort. Ich bin der Ansicht, dass es von unschätzbarer Wichtigkeit ist, dass wir in der Lage sind, sehr genau auf die Worte unserer Patienten und Patientinnen zu hören und uns sehr bewusst über unsere eigenen Worte sind. Unsere Fähigkeit, ein anhaltend tiefes Verständnis über die unbewusste Erfahrung unseres Patienten/unserer Patientin zu entwickeln, ist eng verbunden mit unserer Fähigkeit, sehr genau zu hören, was gesagt wird. Der Einfluss unserer eigenen Worte auf den Patienten/die Patientin kann ebenfalls nicht hoch genug eingeschätzt werden. Ich zeige meine Reflektionen über Worte in der analytischen Beziehung und gebe einige klinische Beispiele, die, wie ich hoffe, meine Gedanken zeigen werden, was und wie wir hören und was wir sagen.

References


