In his essay *The Question of Lay Analysis*, Freud describes an imaginary conversation with an “Impartial Person” who wants to know what an analyst does to help a patient other doctors have been unable to heal. The answer is brief and to the point: “Nothing takes place between them except that they talk to each other” (Freud 1926, 187) (my italics). When his interlocutor shows some contempt to his response, Freud continues: “Do not let us despise the word. After all it is a powerful instrument; it is the means by which we convey our feeling to one another, our method of influencing people. Words can do unspeakable good and cause terrible wounds” (pp. 187–88).

This book is about the ‘except’ of that ‘nothing’ except talking with one another. It is about Freud’s deceptively simple sentence specifying the treatment a patient undergoes: “[The analyst] gets him to talk, listens to him, talks to him in his turn and gets him to listen” (p. 187), a description that encompasses the entire process of carrying out an analysis. For the patient and the analyst talking and listening are the only instruments they have in their efforts to elucidate the sources of the analysand’s suffering and symptoms.

Freud defends the function of the spoken word as a powerful instrument for change, but clarifies that the effect of analytic exchanges is not based on any magic power words might be thought to have; the treatment consists rather of a continuous process of listening and talking that may last a long time. Today, regardless of the development of many different psychoanalytic schools and theoretical approaches that have emerged since Freud’s time, we observe that all psychoanalysts use the spoken word as their only instrument to access the analysand’s private reality. This obvious fact contrasts with the limited attention most practicing analysts and theoreticians have paid to the contribution the spoken word brings to the unfolding of the analysis and the transformations it elicits in both analysand and analyst (Litowitz 2011). I believe it is time for us to give our full attention to the
function of the spoken word in our clinical work and in our theorizing. Although the task is a vast one I decided to start at the beginning and read the entire corpus of Freud’s writings with the goal of grasping how he defines the many complex functions we perform by employing the spoken word. As far as I know, no other analyst or scholar has carried out this exploration. The closest approach is the scholarly examination that John Forrester, a philosopher of science at King’s College Cambridge presented in his book *Language and the Origins of Psychoanalysis* (Forrester 1980). This work focuses primarily on *language* and the connections between the psychoanalytic understanding of neurosis as propositional structures based on Forrester’s conviction that “language is the central concern of psycho-analysis” (p. x). I disagree and in what follows replace this principle with my own conviction that the central concern of psychoanalysis is spoken words and what they are capable of revealing about the private unconscious life of a person.

The words patient and analyst exchange with each other differ from ordinary conversation. The analyst aims at assisting the patient to give words to the unconscious representations that would remain unknown to him though they constitute the core of his psychic life. They must be articulated into personally experienced *living words* capable of bringing back to psychic life the moments felt to be unbearable and hence repressed. They become the indispensable referent to open up the closed area of unconscious processes. In ordinary spoken exchanges the most frequent referents are either actual realities or consciously known psychic processes. In both instances, analytic or ordinary conversation, the structures of language *mediate* the process of achieving understanding between two interlocutors while accessing meaning remains a psychical event between two people beyond the mediation of language.

My analytic training went no further than mentioning Anna O’s name for her treatment with Breuer, the “talking cure.” We took it for granted that patient and analyst speak to each other but did not explore the changes introduced in ordinary speech necessary to achieve our goals. The reader may ask what prompted me to focus on speech in the analytic situation. The answer is complex and requires that I describe my journey as an analyst.

I was born in Argentina, grew up in Córdoba, a university city, and was trained as a teacher before entering medical school. In the 1960s I taught child and adolescent development at the university. In 1963 the dean of the local Roman Catholic seminary asked me to teach a course to his advanced students about the psychological foundations of belief and pastoral care, focusing on belief in God and the internal struggles and consolations that people experience in relating to the divinity. The literature on the subject was scanty; the course had never been taught before. I collected what was written on the subject in several academic disciplines and ended by focusing on Freud and Jung as the authors who had carried out a serious exploration of the subject. Soon I came to see that Jung’s complex symbolic and archetypal elaborations were fascinating but far removed from the concrete experiences of ordinary people. Freud won me over with his brilliant clinical elaboration of the role of the parents in the formation of the God-representation.
The child, Freud proposed, uses his experiences with his parents (in his appraisal the father in the first place) to *represent* an *invisible* God by linking the divinity to the parental representations, including the affects and convictions the child associates with his imagos of them. This is how I came to be interested in Freud’s notion of object-representations.

I used the course to learn about the local children’s conceptions of their God. The seminarians were teaching catechism classes to youngsters in the latency stage and I asked them to take notes about what their pupils asked or said during class in relation to their own experiences. After listening to the words of many children I became hooked on the representational mind, in particular one capable of representing and *relating* to a non-visible and non-directly experiential being called God. A researcher was born in me at that point and I decided to dedicate my available time to study Freud’s ideas on internal representations and, most important, to carry out comprehensive clinical research to see if I could prove whether Freud was right or wrong.

In 1965 I immigrated to the United States and settled in Boston the following year. There I began my research in earnest. I published my first paper, *Freud, God, the Devil, and the Theory of Object Representation* (Rizzuto 1976). My book *The Birth of the Living God: A Psychoanalytic Study* (Rizzuto 1979) presented the results of a comprehensive and thoroughly documented study of a large number of patients and their dealings with God. The book starts with a disclaimer: “This is not a book on religion. It is a clinical study of the possible origins of the individual’s private representation of God and its subsequent elaborations.” The second chapter offers an enlarged revision of Freud’s theory of object-representation in relation to the divinity; the fourth chapter, “The Representation of Objects and Human Psychic Functioning,” reviews the existing psychoanalytic literature on the subject up to 1979 and presents my own ideas.

The endless hours spent talking and taping the patient’s words on the subject and the much longer time spent in reflecting upon them (it took me ten years to elaborate what I had learned) opened my eyes to an obvious fact: the only access to parental or divine representation is the patient’s own words. I formulated truly unusual incomplete statements such as “What I like the most about God . . .” or “I feel that what God expects from me is . . .” The responses I heard as my subjects completed the sentences – deeply felt and sometimes carefully, sometimes hesitantly presented – articulated their relationship to a personal God they had never experienced except in the recesses of their representational mind. Now I was hooked again, this time on the power of words to grasp and bring to light the private or hidden realities of human experiences.

In the meantime I had become a psychoanalyst and was seeing several patients in analysis. It so happened that at one point I had four analytic patients who suffered from eating disorders. Working with these patients alerted me to their peculiar manner of talking without talking about themselves. Pierre Marty and Michel de M’Uzan in Paris had described such a phenomenon as *pensée opératoire*, while in Boston in 1973 Peter Sifneos introduced the term alexithymia, a name
derived from Greek meaning “no words for feelings.” These other authors from the field of psychosomatics did not consider the dynamic motivations present in the patient’s difficulties in articulating their experiences in words. Meanwhile, my patients were conveying to me some of their feelings about words. A young anorexic woman almost chanted a mantra in response to my words saying, “Those are only words. They do not mean anything to me.” Similarly a woman in her forties with a twenty-year history of binging and vomiting explained repeatedly with patient impatience, “This is like a play. You say your part and I say mine. But we don’t mean anything.” These patients taught me much about their conditions and showed me that a significant part of their pathology stemmed from emotional deprivation in their early relationships and in particular from disaffected patterns of communication in the family. My first task thus consisted in helping them to explore the parental imagos of their childhood so that they could learn to talk about themselves with me and published what I had learned (Rizzuto 1988).

Now, to fully deserve my name as a practitioner of the “talking cure,” I had to wrestle with words and their complexities. Somehow I learned of Freud’s pre-analytic publication about words, his 1891 monograph entitled Zur Auffassung der Aphasien. Eine kritische Studie (Freud 1891). I read the 1953 English translation (Freud 1891) and felt I was not grasping what Freud was saying. I decided if I were going to understand it properly I had to study the original German. The Boston Psychoanalytic Society and Institute allowed me to make a photocopy of the original edition in its library. Tackling Freud’s German text was no easy task. He wrote it for the neurologists of the time who were immersed in the task of creating neural models for the function of speech and its most blatant pathology, aphasia. While Freud’s monograph was carefully organized and tightly reasoned, the technical vocabulary presented a steep learning curve. Nevertheless I was determined to understand what Freud had said to override most of his fellow theorizers. I needed colored pencils, tracking lines, cross references, and other technical aids to finally understand what he was saying. Once I did, however, I became a devotee of the monograph, greatly appreciative of the richness of its concepts and the many original ideas it offered in relation to object-representations and the neural/psychical structure of the spoken word. I published my detailed analysis of several aspects of it in five papers: “A Hypothesis about Freud’s Motive for Writing the Monograph On Aphasia” (Rizzuto 1989); “A Proto-Dictionary of Psychoanalysis” (Rizzuto 1990a); The Origins of Freud’s Concept of Object Representation (‘Objektvorstellung’) in His Monograph On Aphasia: Its Theoretical and Technical Importance” (Rizzuto 1990b); “Freud’s Theoretical and Technical Models in Studies on Hysteria” (Rizzuto 1992); and “Freud’s Speech Apparatus and Spontaneous Speech” (Rizzuto 1993a).

Freud presented a conclusion in the monograph: “All stimulations to speak spontaneously come from the region of the object associations” (1891, G. p. 81; E. p. 79, my translation, my italics). It was just what Freud and I needed to connect internal representations with spoken words. From this moment on my analytic listening was always on the alert, waiting for such connections in the material as I was
hearing it. As usual, my patients were my teachers. One taught me about the psychical significance of pronouns and I wrote “First Person Personal Pronouns and Their Psychic Referents” (Rizzuto 1993b). Other patients educated me about their surprising metaphors and I shared what I had learned in “Metaphors of a Bodily Mind” (Rizzuto 2001). Then I felt the need to integrate the developmental point of view and affect with my knowledge about words and representations and the analytic process. I wrote two papers on the subject: “Speech Events, Language Development and the Clinical Situation” (Rizzuto 2002), and “Psychoanalysis: The Transformation of the Subject by the Spoken Word” (Rizzuto 2003).

When I presented my ideas about the spoken word the discussants talked about linguistics and the contribution it makes to psychoanalysis. I was aware that the psychoanalytic literature up to that time contained few articles dealing with the function of words, although some had appeared in the mid-1990s that focused on this topic. It became clear to me that Jacques Lacan had preempted the field, dividing those working in it into his eager followers and his determined opponents. Lacan had presented his landmark paper “The Function and Field of Speech and Language and Psychoanalysis” to the Congress held at the Rome Institute of Psychology in September 26–27, 1953. It was published in La Psychanalyse (Lacan 1956). Lacan had been influenced by Roman Jakobson, a structural linguist, and by Ferdinand de Saussure.

It was Lacan’s original intention to return to Freud’s work, revive the best of his theorizing, and go on from there to offer a new understanding of the function of language in psychoanalysis. Soon, however, the evolution of his own ideas led him to frame a conception of the unconscious that differed from Freud’s foundational concept. Lacan “asserts the supremacy of the signifier, and argues that the signified is a mere effect of the play of signifiers,” thus suggesting that the unconscious is primarily linguistic as reflected in his famous dictum that “‘the unconscious is structured like a language’” (Evans 1996). By contrast, Freud’s discoveries had led him to see the unconscious as the realm of representations.

Lacan lectured at the École Pratique des Hautes Études and became involved with many prominent intellectuals, academics, and students. These scholars took to Lacan’s ideas and read Freud to reinterpret his work in the light of Lacanian concepts. Lacan and his followers were among the few focusing on the role language plays in psychoanalysis. He offers elaborate, abstract and, at times, algebraic formulas and theoretical constructs to elaborate on the role of language in psychoanalysis. He published only one clinical case of a paranoid woman he called “Aimée” (Lacan 1975); this was in the dissertation he submitted to obtain his doctoral degree in 1932. In his clinical lectures he discussed cases and offered clinical commentaries, while his seminars contain clinical vignettes to help the attendees grasp his concepts. (These were later published.) Lacan’s contributions on the function of language in psychic life and his own conception of the unconscious as a language are rich, exceedingly complex, and presented in elliptical sentences that are difficult to grasp. It is not my aim here to evaluate Lacan and his followers’ work because I wish instead to make explicit what Freud said about
words. I must assert, however, that Lacan’s linguistic approach to clinical discourse differs from Freud’s interest in spoken words. Twenty years after Freud’s *On Aphasia* appeared, Ferdinand de Saussure introduced the innovations about language that Lacan adopted and later modified in his own theorizing. His *Course in General Linguistics* published by his students in 1916 became the starting point of formal linguistic studies. One of the key concepts de Saussure introduces is the distinction between *la langue* – language as a formal system – and *parole* – that is, actual speech. Another of de Saussure’s core conceptions is the linguistic unit, the sign, which is composed of two associated and mutually dependent elements. The linguistic sign links a concept in the mind (not a thing in reality – as other linguists had proposed), with an acoustic image. De Saussure understands the sound-image not only as a physical sound but as the psychical registration of that particular sound.

The essence of de Saussure’s theory is already present in Freud in *On Aphasia* in the form of object-representation and word-representation in the mind which are linked to each other by their visual and sound images, respectively, to form the psychically meaningful word. It is almost certain that de Saussure knew nothing about Freud’s early neurological monograph. Yet the similarity between the ideas is striking. I even wonder if Lacan knew about its existence when he began developing his theories. There were very few copies in German, the English translation appeared in 1953, and Strachey’s own translation of a portion of it appeared in the *Standard Edition* as “Appendix C” to Freud’s *The Unconscious* in 1957, four years after Lacan’s lecture in Rome. Be that as it may, the fact is that Lacan worked with linguistic concepts and the many structural components of language to offer his own highly modified version of psychoanalysis.

Just as I started my book about God as a psychical representation by declaring that “this is not a book about religion,” so now I wish to make it clear that this book is not about language. It is about the words involved in carrying out an analysis between two people, words as Freud conceived of them in his writings. He had clearly said about the analyst and analysand: “Nothing takes place between them except that they talk to each other.” This point requires making a clear distinction between language and the speech that occurs between people.

Edward Sapir compared the process of a child learning to walk with its learning to talk. He concluded that walking is a biological function: a child will learn to walk in practically an identical manner in any community. Not so with language. Without a society that helps the child acquire the linguistic heritage of the group, its language, and the continuous social usage of this language, the child could not achieve the capacity to speak on its own. Speech is an acquired cultural function offered by a community to its children as its way to introduce the young person to the culture. Thus, language is the foundational component of human culture while speech is an event between people (Sapir 1921).

Language is a cultural product with a staggering structural complexity that involves the minds of all those who speak it and all the societal structures dependent on it. Language belongs to the community of speakers and the persistence of a spoken language depends on the survival of the people who speak it. When
the community disappears the language becomes extinct; it has become a dead language. Even if a language is preserved in writing, we cannot know how it was pronounced, nor can we retrieve the affective components present in the spoken exchanges among the members of the extinct community. The bodily components of the pronunciation of words and the speaker’s stance are critical for understanding the meanings exchanged between individuals even when they share a communal language and the culture in which they use it. Equally important is the individual’s selection from equivalent terms to convey his private ideas and feelings. The conclusion seems obvious: a language is a socially integrated system regulated by complex structural and generative rules; it becomes alive and psychologically meaningful only through the exchange of words among the people who live their personal and psychical lives immersed in a community and its linguistic atmosphere. In brief, the essence of language is that there are people who speak to each other.

Contemporary linguists have presented and continue to present to the scientific community an ever more refined understanding of the complexity present in human language including organizational, structural, phonetic, and pragmatic features among others. It is a magnificent contribution and must be welcomed by those who think that psychoanalysis may benefit from it. Analysts may learn much about the extraordinary richness of the simplest words; that is the kind of gain we obtain from interdisciplinary discourse. There is, however, a caveat. In order to study the structure of language it is necessary to select a particular set of words from a spoken or written context and examine them from a particular point of view. The selection process can become an object of study itself.

Speech, by contrast, is a living process that requires the engagement of two people carrying out the alternative and complementary functions of talking and listening. Both participants must collaborate for their speech to acquire meaning. We could freeze a moment of speech and study it from a linguistic or other point of view, but then we have objectified it and it is no longer the living exchange between persons as meaning-making people. There is value in such study but it cannot concern itself with the existential psychological moment occurring between individuals.

In everyday life we are all expected to be linguistically competent, that is, to have internalized the rules of our society’s language and to use them in our speech with others. Linguistic competence can also be described as the non-conscious knowledge of a language that allows speakers to use it efficiently. Linguistic competence is a theoretical concept to help understand how people manage to speak well without being fully aware of it. In contrast linguistic performance refers to a person’s actual use of language in real-life situations, including the words he says, the grammatical errors and other features that color the utterances addressed to another person.

For the establishment of an analytic process both patient and analyst must be linguistically competent. The patient’s speech performance and his way of using the words of a shared language to participate in the analysis constitute the core elements of their work together, which is to unveil the pathogenic unconscious
processes and convictions that ail him. The analyst’s own speech performance qua analyst shapes her participation in the process.

Once I had become fully aware that psychoanalysis involves nothing but words spoken between an analyst and a patient, I was prompted to ask what Freud – the principal originator of the process – had said about words. This book is a response to that question. It is my own modest return to Freud, to his detailed examination of words, their psychic organization and use by both patient and analyst in a clinical context. Freud did not theorize much about language, although he was well informed about the language research of his day and referred to it occasionally to prove some of his analytic points, as when he used Karl Abel’s philological paper about the antithetical meaning of primal words (Freud 1910). Instead, Freud discussed the significance of words in psychoanalysis and life frequently and from many different points of view. This fact contrasts with the absence in his writings of a systematic study of the function of words in the organization of psychic life or in the accomplishments of analytic work.

I have approached Freud’s writings like a dedicated bookworm who reads attentively anything he said about words in the context of his intentions at the time he wrote each work. Here I will document what he says, examine it to the best of my ability, and take the liberty of asking him questions. I dare to extrapolate new implications from his ideas and challenge some of his conceptions while remaining within the overall context of his thinking. My intention is to engage in dialogue with Freud and Freud only, the writer, the theoretician, and the clinician whose ingenuity, imagination, and creativity led him to use spoken words with his patients to unveil for the first time in history the deeply hidden convolutions of their unconscious psychic lives. To all my colleagues – be they classical in their approach, Lacanian, or otherwise affiliated – and even to many linguists who have written meaningfully and significantly about language and words in psychoanalysis, I offer an apology for not dealing with their valid contributions. I do not want to be distracted from documenting Freud’s texts and reflecting about them.

My central thesis is that Freud’s great innovation consists in attending to the intrapsychic function of words and the method he established to investigate it. Freud is not referring to signifiers or signifieds but to the extremely complex interconnections between the words heard or pronounced and the sensory-based internal representations of both originating in the patient’s external and internal experiences in real or mental life.

My first task is to address a historical question: how did psychoanalysis come into being as a method based only on spoken exchanges between patient and analyst to treat mental pathology and its psychical and physical manifestations? And a no lesser question: how did psychoanalysis come to fulfill Freud’s adolescent dream of being a great man and an adventurous explorer of ignored territories? I leave the first question open at this point to attend briefly to the second. On May 1, 1873, the seventeen-year-old Freud wrote to his friend Emil Fluss: “I have decided to be a Natural Scientist. . . . I shall gain insight into the age-old dossiers of Nature, perhaps even eavesdrop on her eternal processes, and share my
findings with anyone who wants to learn” (Freud 1969). “Eavesdrop” means to listen secretly to what is said in private. It is a perfect definition of what an analyst does when listening in the patient’s words for thoughts and experiences that the patient attempts to keep secret even from himself. I claim that the progressive discoveries of psychoanalysis and their theoretical elaborations represent the fulfillment of the adolescent Freud’s desire to penetrate the secrets of nature. In fact, he wrote to his friend and colleague Wilhelm Fliess on May 21, 1894, that in his monograph On Aphasia he had “touched upon one of the great secrets of nature” (Freud 1985, 74). There is no question that he entered by means of eavesdropping in a mysterious territory no one had even thought about before him: the hidden unconscious processes ever-present in psychic life (Barron et al. 1991).

My book is a response to the first question: how psychoanalysis progressively came into existence. I believe that two processes are coterminous: first, the development of psychoanalysis as a technique and a theory and second, Freud’s continuous re-elaboration of the phenomena conveyed by the words he heard from his patients. I will trace chronologically and thematically Freud’s persistent efforts to articulate the manner in which words lead to the revealing of a patient’s internal experience, his hidden psychic life. It bears repeating that Freud never assembled all his elaborate observations and complex conclusions about the psychic services offered by words in a single unified theory. My own scrutiny of Freud’s writings indicates that he dealt with new phenomena by focusing on one aspect at a time. He first observed the facts and tried to clarify and define what he had found; following this initial step he attempted to formulate theoretical and clinical explanations for the words he had heard from his patients. I am convinced that he was attending to their words and that language was present in his thinking only in the background. This assertion demands some clarification.

Freud took for granted his patients’ linguistic competence, their ordinary capacity to speak about themselves and other realities. When patients consulted Freud as a physician he invited them to talk to him using everyday language and spoke to them in a similar manner. Both participants accepted that they could communicate with each other during the treatment without having to do anything other than to talk. Today it seems very obvious that such is the case. Yet this simple and quotidian approach introduced a momentous change: the spoken word became a therapeutic tool to heal the mind’s disturbances and their psychical and somatic manifestations. It seemed like magic, Freud commented, but it was no more, and no less, than the magical powers present in the most ordinary of words. Admittedly people had attempted to cure diseases by using words in other times and circumstances. Pedro Lain Entralgo wrote a well-researched book about the use of words for healing in classical antiquity (Lain Entralgo 1970). The difference between such a use of words and Freud’s lies in the cultic context of the first kind of cure. The devotees of a particular deity attended ritual ceremonies in which words mediated the healing but, in the end, it was the benevolent divinity who accomplished the cure. Something similar happens with invocations and incantations offered by shamans today. Freud, in an astonishing shift, intended his procedure to be part of modern medicine as
a scientific method that used speech to undo the pathogenic effects of psychical trauma and conflict. The sheer power of verbal exchanges between analyst and patient brought about the desired therapeutic change.

The daring novelty of such a scientific approach can be better understood in the context of the times. In the second half of the nineteenth century extraordinary advances occurred in chemistry, pathology, physics, microbiology, pharmacology, anatomy, and other medical disciplines, including the emergence of neuroscience. The remarkable new knowledge in all these fields of science and medicine had little impact on the treatment of mental illness and its pathology, however. Mental patients with limited means languished in well-intentioned but ineffective hospitals. Richer patients paid considerable amounts of money to be treated with baths, massages, hydrotherapy, electrotherapy, and other physical procedures, but no effective attempt was made to find the etiology of their suffering. Hypnosis had been added to the medical armamentarium in the 1880s by French physicians, but only few doctors were trained to use it. Heredity, degeneracy, syphilis and other sexually transmitted infections, and fatigue were frequent explanations for psychopathology. Energized by the exponential growth of the medical disciplines, the medical profession was committed to uncovering physical determinants as the cause of all illnesses, including mental illness.

This was the context in which Josef Breuer and Sigmund Freud had the remarkable courage to suggest a psychical treatment for hysterics and other neurotics, a procedure whose only tool was the spoken word. It must be said at once that both physicians were not only deeply committed to the scientific approach of their medical community, but also well-trained scientific researchers themselves. Before writing *On Aphasia* in 1891, Freud had published more than a dozen research papers on the nervous system in recognized journals, including the prestigious British journal *Brain*. He also published clinical papers about neural conditions.

Freud’s training as a scientist was impeccable. After attending Ernst Wilhelm von Brücke’s lectures on “The Physiology of Voice and Speech” as a first-year medical student in 1873/1874 (Jones 1953, 36), Freud worked at the professor’s prestigious physiology laboratory. The members of the laboratory followed the principles of the Helmholtz school to whose philosophy Ernst Brücke and Professor Emil Du Bois-Reymond had committed their scientific life. Du Bois wrote: “Brücke and I pledged a solemn oath. . . .: ‘No other forces than the common physical-chemical ones are active within the organism. In those cases which cannot at the time be explained by these forces one has . . . to assume new forces equal in dignity to the chemical-physical forces inherent in matter, reducible to the force of attraction and repulsion’” (Jones 1953, 40–41). Freud adhered to such a creed and when confronted with his own astonishing discoveries – the eerie therapeutic power of words – he resorted to the creation of a theory based on psychical forces he considered “equal in dignity.” In his *An Autobiographical Study* he writes about pathogenic mental processes: “I . . . was inclined to suspect the existence of an interplay of forces and the operation of intentions and purposes such as are to be observed in normal life” (Freud 1925, 23).
Freud applied his disciplined training as a scientist to make sense of his clinical discoveries in working with hysterical patients. One of the dominant interests of the time was the understanding of aphasia as a neural disorder of speech and many of the great neurologists of Europe were writing their own essays and devising diagrams to explain its pathology. Freud joined them with his monograph *On Aphasia: A Critical Study* (1891), where he presented a tightly reasoned refutation of his senior colleagues’ theories and replaced them with his own theory and diagrams of the speech apparatus. The author’s name appeared as “Dr. Sigm. Freud, Privatdozent for Neuropathology in the University of Vienna,” that is, as a neurologist. By that point in his career, however, Freud had already been exposed to radically different approaches. He had studied with Jean-Martin Charcot in 1885 in the famous Salpêtrière Hospital in Paris and witnessed his remarkable work with hysterics responding to his verbal orders. Charcot was a neurologist and professor of anatomical pathology recognized today as the founder of modern neurology. In 1889 Freud had also gone to Nancy to visit the famous hypnotist Hyppolyte Bernheim and commented: “I was a spectator of Bernheim’s astonishing experiments upon his hospital patients, and I received the profoundest impression of the possibility that there could be powerful mental processes which nevertheless remained hidden from the consciousness of men” (Freud 1925, 17). Most important, before going to Paris, Freud had heard from his senior colleague Josef Breuer about the innovative treatment of a hysterical young woman, later to be called Anna O., which “had allowed him to penetrate deeply into the causation and significance of hysterical symptoms” (ibid., p. 19). Charcot, Bernheim, and Breuer had one tool in common to achieve their surprising effects: they used words, and only words, with the patient under hypnosis.

It is impossible to think that Freud – great synthesizer that he was – did not have in mind what he had witnessed and heard when he wrote his monograph *On Aphasia*. The book follows rigorous neurological reasoning to challenge his fellow neurologist’s theories and to offer his own conception of how the mind organizes words to carry out the *function of speech*. Freud concluded the monograph by rejecting the “factor of localization for aphasia” and suggesting “we should be well advised once again to concern ourselves with the *functional* states of the apparatus of speech” (p. 105, my italics). I hope that by studying what he said about words, in particular spoken words, I am following his recommendation.

The monograph presents Freud’s only systematic reflections on the process of forming and organizing words in the mind and of the corporeal sensory processes that make this possible. It also offers Freud’s understanding of the source of spontaneous speech. Its connection with nascent psychoanalysis becomes obvious when one discovers that a large number of the later foundational terms of psychoanalytic theory appear in *On Aphasia* for the first time. Studying this work in depth becomes essential for understanding psychoanalysis and the function of words in the analytic process.

In the chapters that follow I present Freud’s ‘conversations’ with his patients and discuss the continuous process in which he learned, reflected, and theorized about
them and their words. I have organized the material in both chronological and thematic order. As a result I will at times return to a case or concept I have already presented, look at it from a different angle, and add a new understanding. I ask the reader's patience and indulgence when he recognizes the reappearance of an issue in the text, while I hope that the new approach adds to what I have already discussed. Again I ask the reader's patience when in Chapter 7 on theory, the German words, particularly those related to affect, appear as a perhaps superfluous repetition. The fact that Freud does not always distinguish between feelings, emotions, and affect as theoretical concepts makes it necessary in my opinion to tolerate such annoyance.

I begin my journey by discussing “Breuer, Freud, the Talking Ladies, and the Monograph On Aphasia” (Chapter 2), where I describe the context in which the monograph was written as well as Freud’s explicit and implicit goals in writing it. I present the structure and function of the speech apparatus and its connection to concepts that form the bedrock of Freud’s entire psychoanalytic theory and method of accessing internal representations through the use of words. I document how Freud’s first lady patients taught him how to attend to what they had to say. Frau Emmy von N. demanded to be listened to and in this manner, as he explicitly acknowledged to her daughter, she helped Freud create psychoanalysis.

In “Hysteria as Asymbolic Aphasia” (Chapter 3), I consider the impact of the monograph in creating a therapeutic model for the neurosis. Freud had committed his professional life to the use of words as a therapeutic tool to uncover the mental processes that made people ill. Working with neurotics led him to find one surprise after another. His patients’ words disclosed unsuspected private dramas of psychical trauma, incompatible wishes, and intolerable feelings, in short, their conflicts with affects and thoughts they could not accept. These emerged during the treatment as a result of his insistence that they describe in words what they were seeing in their minds as accurately and completely as possible. They saw real or imaginary scenes of their past or present life. Freud wanted to integrate their rejected representations of them with meaningful words to undo their functional aphasias. As a result, he witnessed the affects they evoked in the patients and their intense struggle to disown their experiences. Confronted with these facts, he progressively modified his technique and theories.

In “The Function of the Spoken Word in The Interpretation of Dreams” (Chapter 4), I leave most of Freud’s contributions unattended to focus on his conception of the function of words and representations in dream formation and interpretation. By requesting that the patient associate and give words to the elements of the dream Freud intended to gain access to the representational complexes, the dream thoughts, in order to progressively overcome the dream censorship. He was determined to undo the separation inflicted by the defenses upon the patient’s wishful but conflicting dream thoughts by making them explicit in conscious awareness. This technique represented another way of undoing a different variety of asymbolic aphasia capable of revealing the patient’s unconscious wishes. The patient’s words describing the dream’s scenes are the sole psychic avenue to reach his private
dream experience. The polarities between the dream imagery and verbal representations that Freud delineated in *On Aphasia* return now in new forms to display the astonishing complexity they attain in dreaming life.

Chapter 5, “Pliable Words, Scenes, and the Unconscious,” examines Freud’s exploration of the function of words in ordinary life in his two essays *The Psychopathology of Everyday Life* (Freud 1901) and *Jokes and Their Relation to the Unconscious* (Freud 1905a). They offer a treasure trove to grasp Freud’s detailed examination of the complex organization of spoken words, consciously and unconsciously, their unwelcome malfunction in everyday life, and their remarkable pliability when we want to make a joke to give pleasure to others. I have also included an example of Freud’s use of imagery in listening to his patient Dora.

Chapter 6, “Freud’s Technique: Translating Repressed Scenarios into Words,” encompasses Freud’s writings from his early paper *Psycho- (or Mental) Treatment* published in 1890 (Freud 1890) and mistakenly dated by Strachey (Freud 1905b) to his last posthumous contribution *An Outline of Psycho-Analysis* (Freud 1940), forty-eight years later. Following him on this lengthy journey is rich and rewarding. It starts with his first assertion that “words are the essential tool of mental treatment” (p. 283) and ends with reflections on the limited power of words to open up unconscious processes that are in themselves unknowable. Yet without words there is no conscious awareness. We also learn about the ever-present tension in his theorizing between imagery and words.

Freud’s technique created a new way of speaking and listening to speech. It was the first time in history that words were used to gain access to unconscious processes. His technical approach rests upon a few basic principles delineated in *On Aphasia* and *The Project and their later elaboration to incorporate clinical discoveries. Perception of things and of internal experiences sustain the whole psychic organization. The resulting percepts that are foundational for psychic life remain unreachable unless they are described in words that make them consciously available. In other terms, words are the only instrument we have to articulate our inner life consciously or, to say it with Freud’s words, to translate internal realities into conscious awareness. The translation is possible because words have the power to transform thoughts into internal perceptions that can be remembered. Freud’s technical presentations constantly refer to scenes when dealing with actual experiences. Subtly, but persistently, it is as though he uses the term scene to replace representation in *On Aphasia*. Thus analysis becomes a process of translating unconscious scenarios into words.

In “Freud’s Theories: Repression as Gaps in Consciousness and the Words to Fill Them” (Chapter 7), I start with his dogmatic assertion that the “theory of repression is the cornerstone on which the whole structure of psycho-analysis rests.” Repression creates a gap in conscious awareness that leads to pathological manifestations. Freud’s entire theoretical enterprise encompasses his efforts to create a scientific understanding of repressed phenomena and to find the structures that support them as well as the means of translating into conscious awareness the repressed material to undo their pathological consequences.
Freud’s theories are exceedingly complex. He repeatedly subjected them to periodic revisions to integrate new discoveries, including the structural theory in *The Ego and the Id* (Freud 1923), which deserves particular attention because it integrates the spoken word into the core structures of the mind. Freud had noted early in his career that his case histories read like a novel. His theorizing about the ego also reads like a complex theatrical plot about seeking love. The description shows that technical terms are insufficient to understand the need for love, even intrapsychic love. Freud had to resort to scenes of human interactions to describe the exchanges among the agencies of the mind. In intrapsychic life the ego ‘talks’ to the id, trying to ‘seduce’ it by saying: “Look, you can love me too – I am so like the object” (p. 30).

In reviewing Freud’s entire theoretical edifice I found that the original elements from *On Aphasia* – perception, representation, and the spoken word – offer the foundation to understand psychopathology as a repressive process that removes experiences from conscious awareness to avoid painful affects and thus creates a gap in it. Only words that describe the repressed experienced scenes and the feelings they awaken can restore the integrity of the mind.

In “How Did Freud Talk with His Patients?” (Chapter 8), I examine his three case reports to explore this topic. I attend to Freud’s use of words and the context he created to entice the analysands to open their private reality to his investigation. Many valuable papers have been written about such cases to understand dynamic processes, Freud’s technique, and other issues. I ask my readers’ forgiveness for not discussing these contributions because I want to focus exclusively on Freud’s manner of talking with his analysands. The task is difficult because all we have are Freud’s written reports, the transcription in writing of his spoken words, and some memoirs of Freud’s patients about their analysis with him. These include accounts by the analyst Abram Kardiner (Kardiner 1977) and the poet Hilda Doolittle (Doolittle 1974) who wrote about their experience of talking with Freud during the treatment.

Freud published the cases of the patients who became known as Dora, the Rat Man, and the Wolf Man. Once more, his presentations are rich in detail and reveal the extraordinary complexity of any analytic process. I have selected for our attention the type of exchanges between them, their manner of relating, their vocabulary and styles in order to attend to how Freud and each of his patients created a particular spoken atmosphere to carry out the analysis. In reading the cases we cannot fail to notice that Freud as an analyst behaved quite differently with each of them while remaining within the pre-established analytic setting.

In “Conclusions” (Chapter 9), I gather the partial findings of each chapter together in an overview and offer a summary of what we have learned in exploring Freud’s theoretical, technical, and conversational understanding and use of the spoken word in creating and practicing psychoanalysis. I hope that the reader who follows me on this journey will find it helpful that I have collected so many widely dispersed Freudian texts into organized units and themes. I also hope that it may enhance my colleagues’ understanding of the many functions of words during clinical work.
A central thesis emerges from this grand tour: the ever-present if tacit influence of the model of the word in *On Aphasia* as listed in the chapters: the conception of hysteria as *asymbolic aphasia*; of defense as the repression of painful representations by depriving them of words; of treatment as the *therapeutic joining* in conscious awareness of the rejected scene/representation with words that undo the pathological gaps; of the constant dynamic tension between imagery and words; of the implicit but persistent substitution of the concept of representation in clinical work by that of *mental scenes*; of the indispensable concept of *translation* from one modality of registration and expression to another; of the all-encompassing role of external and internal *perception* in the organization of the mind, and other minor themes.

I hope further that my efforts to learn, to question, and to challenge some of Freud’s ideas will open a fertile dialogue among colleagues in relation to the spoken word, our use of it with our patients, and in the elaboration of our converging and diverging theories. I would find myself greatly rewarded if I, following Freud, have argued convincingly that the spoken word is not only our tool *par excellence* but in fact the only means we have for gaining access to the hidden recesses of the unconscious mind.

**Note**

1 The original German says “they talk with each other” (“Sie mit einander reden,” *Gesammelte Werke*, 14, p. 213).

**References**


The patient’s need to talk and the writing of *On Aphasia*

The year was 1883. Freud describes in *An Autobiographical Study* how his colleague Dr. Josef Breuer told him about a case he had treated between 1880 and 1882 “in a peculiar manner” that “had allowed him to penetrate deeply into the causation and significance of hysterical symptoms” (Freud 1925a, 19). Breuer mentioned that the patient, Fräulein Anna O., could be relieved of many symptoms “. . . if she was induced to express in words the affective fantasy by which she was at the moment dominated. Through this discovery, Breuer arrived at a new method of treatment” (p. 20, my italics). Freud asked himself whether such procedure could be generalized: “The state of things which he had discovered seemed to me to be of so fundamental a nature that I could not believe it could fail to be present in any case of hysteria if it had been proved to occur in a single one.” So deep was Freud’s conviction that he “worked at nothing else” (p. 21, my italics). *The power of the spoken word had taken over Freud’s professional career*. As late as 1924 Freud insisted: “The cathartic method was the immediate precursor of psychoanalysis; and, in spite of every extension of experience and of every modification of theory, is still contained within it as its nucleus” (Freud 1924, 194). Freud commented in Breuer’s obituary that the analysts already in practice at the time could “form no conception of how novel such a procedure must have seemed forty-five years ago. It must have called for . . . a considerable degree of freedom of thought and certainty of judgement” (Freud 1925b, 279). Freud added: “It seems that Breuer’s researches were wholly original” (p. 280).

Freud established to his satisfaction that Breuer’s “findings were invariably confirmed in every case of hysteria that was accessible to such treatment” (Freud 1925a, 21). What was so original in his approach? Previously, hysterics had been treated with physical procedures, rest cures, medications, massages – and, following Charcot, Bernheim, Pierre Janet, and others – hypnosis in order to remove
their symptoms under a physician’s guidance. Breuer introduced three innovations: he listened to Fräulein Anna O.’s communications, insisting that she tell him everything. He was truly interested in her private world and created, not without her insistence, a continuous treatment to allow her to develop her convoluted stories. No one up to that moment had listened to a patient with such “immense care and patience” (Freud 1925b, 279). It was the beginning of a totally new mode of listening to spoken words and to the person who spoke them.

Breuer described the treatment of Anna O. with Freud in the joint publication Studies on Hysteria (Breuer and Freud 1893–1895). He presented his twenty-one-year-old patient as “markedly intelligent, with an astonishingly quick grasp of things and penetrating intuition” (p. 21). “This girl . . . led an extremely monotonous existence in her puritanically-minded family. She embellished her life . . . by indulging in systematic day-dreaming, which she described as her ‘private theater’” (p. 22). The illness began in July 1880 when her father “of whom she was passionately fond, fell ill of a peripleuritic abscess which failed to clear up and to which he succumbed in April, 1881. During the first month of the illness Anna O. devoted her whole energy to nursing her father” (pp. 22–23). Anna O’s treatment “came to its final close in June, 1882” (p. 33). From July 1880 to June 1882, Fräulein Anna O. developed an impressive array of successive and concomitant symptoms, including disturbances of vision, paralyses of different limbs, somnambulism, insomnia, a nervous cough, headaches, hallucinations, inability to speak as well as marked disturbances in speech patterns, even mutism, inability to recognize people, and difficulties in eating and drinking.

Breuer did not fail to notice Anna O.’s great psychological asset: “. . . even when she was in a very bad condition – a clear-sighted and calm observer sat, as she put it, in a corner of her brain and looked on at all the mad business” (p. 46). (This is the first hint of Freud’s later concept of an observing ego.) The patient complained “of having two selves, a real one and an evil one which forced her to behave badly” (p. 24). Once when she became mute Breuer made a discovery:

Now for the first time the psychical mechanism of the disorder became clear. As I knew, she had felt very much offended over something and had determined not to speak about it. When I guessed this and obliged her to talk about it, the inhibition, which had made any other kind of utterance impossible as well, disappeared.

(p. 25)

After the death of her father Anna O. developed terrifying hallucinations. Breuer discovered that if he placed her in a deep hypnosis and then “she was able to narrate the hallucinations she had in the course of the day, she would wake up clear in mind, calm and cheerful” (p. 27). Another interesting phenomenon followed:

If for any reason she was unable to tell me the story during her evening hypnosis she failed to calm down afterwards, and on the following day she had
to tell me the two stories in order for this to happen. . . . The effect of the products of her imagination as psychical stimuli and the easing and removal of her state of stimulation when she gave utterance to them in her hypnosis—remained constant throughout the whole eighteen months during which she was under observation.

(p. 29, my underlining)

Breuer had discovered the power of psychical stimulation present in the stories while she called her treatment a ‘talking cure’ because “she knew that after she had given utterance to her hallucinations she would lose all her obstinacy . . .” (p. 30). Another discovery followed: Anna O. freed herself of her inability to drink “as a result of an accidental and spontaneous utterance,” (p. 34, my italics) describing with disgust how she had seen the little dog of her English lady-companion drinking out of a glass. She expressed her intense anger and then “asked for something to drink . . . the disturbance vanished, never to return” (pp. 34–35). “Spontaneous speech” had entered the psychoanalytic vocabulary.

Breuer theorized that Anna O. had split her personality into a normal part and an insane part, which he called a “secondary state”; the products of the latter acted as “a stimulus ‘in the unconscious’” (p. 45). He concluded:

I have already described the astonishing fact that from beginning to end of the illness all the stimuli arising from the secondary state, together with their consequences, were permanently removed by being given verbal utterance in hypnosis . . . this was not an invention of mine. . . . It took me completely by surprise, and not until the symptoms had been got rid of in this way in a whole series of instances did I develop a therapeutic technique out of it.

(p. 46, my italics)

What have we learned from Breuer’s presentation? First, that the pathogenic stimuli for the symptoms were painful and traumatic memories, fantasies, hallucinations that were ‘unconscious’ to Anna O. in her normal state. Second, that when she verbalized and consciously described those pathogenic stimuli, her private experiences, to Breuer her symptoms disappeared. Third, that she talked about these matters only with Breuer, her dedicated doctor.

Freud presented Breuer’s case in 1909 as part of the Five Lectures on Psycho-Analysis at Clark University in Massachusetts. He said emphatically about Breuer: “Never before had anyone removed a hysterical symptom by such a method or had thus gained so deep an insight into its causation” (Freud 1910, 13). Freud described how the symptoms originated in emotional experiences, ‘psychical traumas’ and that they were “. . . ‘determined’ by the scenes of whose recollection they represented residues” . . . and not “capricious or enigmatic products of the neurosis” (p. 14, my italics). He went on to explain that when “subsequently she reproduced these scenes in her doctor’s presence the affect which had been inhibited at the time emerged with peculiar violence, as though it had been saved for a long time”
Breuer, Freud, and On Aphasia

(p. 18). Freud noted that the *scenes* had remained unconscious up to that moment but that their retrieval exemplified the power of unconscious states over conscious ones (p. 19). What Breuer had presented as Anna O.’s traumatic memories, fantasies, and hallucinations Freud described as *scenes*.

The word *scene* has not been attended to in the psychoanalytic literature although Freud uses it frequently in his work: it is not listed in the General Subject Index of the *Standard Edition*, except as part of the later concept of primal scene. The word will acquire further meaning in later chapters of this book.

**Freud learns to talk to Frau Emmy von N.**

Freud became fascinated by what he was learning from Frau Emmy, a woman in her forties he said he saw for the first time on May 1, 1889. He noted that her “symptoms and personality interested me so greatly that I devoted a large part of my time to her . . . She was a hysterical . . . This was my first attempt at handling that [Breuer’s] therapeutic method” (Breuer and Freud 1893–1895, 48).

Freud published the case following his daily notes and comments. Frau Emmy von N. also had a multitude of symptoms, including disturbances in her speech and numerous memories of frightening childhood events. Freud would hypnotize her and ask her to talk. He was also using customary medical techniques such as bath and massages, as he says at the start of the treatment on May 2: “I shall massage her whole body twice a day.” In the morning of that day she told some “gruesome stories about animals” (p. 51) and a dreadful story about a boy in the newspapers. She was very frightened. Freud “dispersed these animal hallucinations” (ibid.) using hypnosis, that is, he ordered her not to think about them. That evening Freud applied Breuer’s technique for the first time. “I requested her, under hypnosis, to talk . . . She spoke softly . . . Her expression altered according to the subject of her remarks, and grew calm as soon as my suggestion had put an end to the impression made upon her by what she was saying” (p. 52, my italics).

It is interesting to note that Freud’s intervention was intended to remove the *affect* evoked in the patient by her own words.

A conviction emerged in Freud that during hypnosis the patient knew about the events of the previous hypnosis while being ignorant of them in her waking life, a first hint of unconscious processes. He also noticed that his influence was affecting her: during the massage she was able to talk on her own, remember some events, and “unburden herself without being asked to” (p. 56). Freud rejoiced at the progress: “It is as though she had adopted my procedure and was making use of our *conversation*, apparently unconstrained and guided by chance, as a supplement to her hypnosis” (ibid., my italics). Strachey comments in a footnote that this is the earliest appearance of *free association*. I suggest that it is also the first hint of transferential phenomena: Frau Emmy was giving Freud what he wanted.

When he asked her why she was so frightened and when she had been frightened she immediately gave him a long account of four events that appear to Freud as revealing an already existing list in her mind. He commented: “Though these four
instances were so widely separated in time, she told me them in a single sentence and in such rapid succession that they might have been a single episode in four acts” (p. 57, my italics). Frau Emmy had offered Freud a significant lesson: her mind spontaneously classified together similar experiences that had occurred at different times. It was an early hint about the workings of the unconscious. When he asked how she saw them she replied that “she saw these scenes with all the vividness of reality” (p. 53, my italics) and in colors. Once more, Freud acted as the physician in command: “My therapy consisted in wiping away [wegzuwischen] these pictures, so that she is no longer able to see them before her” (ibid.). Obviously, the technique aimed at removing the scenes from her conscious awareness. This situation repeated itself many times: Frau Emmy told a story, was very frightened, and Freud used hypnotic commands to correct her ideas, to help her repress them, or to diminish the affective strength of the memories.

Frau Emmy was very involved in the stories she was telling to Freud. He frequently interrupted her to make some points and observations. Finally, he came up with a realization about the effect of his questioning: “I now saw that I had gained nothing by this interruption and that I cannot evade listening to her stories in every detail to the very end” (p. 61, my italics). In spite of this realization, Freud could not stop himself from asking her questions and giving her commands. One day he asked her where her stammer came from and she responded with “violent and angry words.” He stopped the hypnosis for that day when he realized that he too was under surveillance: “She kept a critical eye upon my work in her hypnotic consciousness” (p. 62). That night she slept badly, and when Freud asked the next day about her gastric pains, Frau Emmy gave him another critical lesson, saying “in a definitely grumbling tone that I was not to keep on asking her where this and that came from, but to let her tell me what she had to say” (p. 63, my italics). Shortly afterward she “began of her own accord to talk about the things that had most affected her” (p. 64) and Freud observed: “What she tells me before the hypnosis becomes more and more significant” (ibid.). Freud’s comments about being hard on herself and some moral reflections met with mistrust indicating that she obeyed his commands “because you said so.” At one point, he noticed that there were some “false connections” in her narrative. Another discovery followed the repetition of a story: “This taught me that an incomplete story [Erzählung] under hypnosis produces no therapeutical effect . . . and I gradually came to be able to read from patients’ faces whether they might not be concealing an essential part of their confessions” (p. 79, my italics). There was, however, no means of imposing meaning: she clung to her symptoms and “would only abandon them in response to psychical analysis or personal conviction” (p. 99). Freud’s “cathartic method” did not allow him to establish a truly confidential mode of conversing with Frau Emmy, however; she kept her erotic life sequestered from the authoritarian physician. When she told him that “since her husband’s death, she had lived in complete mental solitude” (p. 102), she was misleading him. Ola Andersson, a Swedish analyst, who traced the historical identity of Frau Emmy found that she had been “a prominent person in the field of philanthropy and was highly respected even
Breuer, Freud, and On Aphasia

outside the community in which she lived” (Andersson 1979, 5), “immensely wealthy and, living in an aristocratic style” (p. 11). He discovered that her neighbors and her daughters knew that “she nearly always seems to have had lovers and erotic relationships, sometimes with doctors whom she consulted at the spas, or who lived in her house as her personal doctors” (ibid.).

After seven weeks of treatment she told Freud that “she had not felt so well since her husband’s death” and he “allowed her to return to her home” (Breuer and Freud 1893–1895, 77).

What have we learned reading about doctor and patient in this case? We saw that Freud also had two sides to himself: one was the typical physician of the day who gave orders, lessons, massages, made recommendations to the staff, and used his hands to soothe the patient’s physical and psychical suffering. He was capable of having an ordinary chat with Frau Emmy but, as a hypnotist, his orders were imperious commands. On the other side, however, there was the Breuer-like physician who wanted to understand the psychical life of his patient by asking pointed questions about causal connections, about why, when, how things happened in Frau Emmy’s mind and the connections between present real-life events and her past. This other Freud examined her spoken language listening for clues that would give meaning to her words and experiences. Such a manner of listening and talking illustrates how radically new Freud’s use of verbal exchanges with his patients was, both as a medical practice and also as a form of discourse between people: to use words to grasp intrapsychic meanings unknown to the patient.

Frau Emmy taught Freud that analysis was the way to go as he said to her daughter in a 1918 letter: “It was precisely in connection with this case . . . that I . . . received the incentive to create psychoanalytical therapy” (Andersson 1979, 14).

Another patient, Frau Cäcilie M., demonstrated that she could feel verbal remarks as real events, such as a ‘stab in the heart’ or ‘a slap in the face.’ She was cured of her facial neuralgia when she revived in analysis what she felt like “a bitter insult” by her husband: “She put her hand to her cheek, gave a loud cry of pain and said: ‘It was like a slap in the face’” (Breuer and Freud 1893–1895, 178). Freud commented: “The hysteric is not taking liberty with words, but is simply reviving once more the sensations to which the verbal expression owes its justification” (p. 181, my italics). Frau Cäcilie also confirmed Freud’s obligation to listen to her entire story while giving him graphic illustrations of the somatic sources of her words.

The three ladies had functional speech disturbances: Anna O. and Frau Emmy even became mute for a time, while Frau Cäcilie converted verbal insults into somatic symptoms. Freud was facing a great paradox: the ‘talking cure’ was the treatment of choice for those whose illness seemed caused by the inability to put some experiences into words, a psychical aphasia. How was Freud to explain not only his patients’ speech pathology, but also, the ill effect of their silence and the curative power of words spoken to Breuer and to him? He had learned that hypnosis was useless. How could he conceptualize the patient’s compelling need to tell and complete their stories to get well? Where did such a need come from, from
what impulses or stimuli? I have suggested that one of Freud’s motives to write *On Aphasia* came from his need to understand the speech phenomena he observed in Anna O., Emmy von N., and Frau Cäcilie (Rizzuto 1989).

**Writing On Aphasia**

In a footnote to the monograph Freud describes his explicit motive to write about speech centers as coming “from papers published by Exner jointly with my late friend Josef Paneth in Pflüger’s Archiv” (Freud 1891, 66). He had presented some of these ideas as early as 1886. Aphasia was a critical concern for the neurologists of the time. In his autobiography, Freud declares: “An invitation which I received in the same year to contribute to an encyclopaedia of medicine led me to investigate the theory of aphasia. . . . The fruit of this enquiry was a small *critical and speculative* book, *Zur Auffassung der Aphasien*” (Freud 1925a, 18). Freud had also attended Charcot’s lectures on aphasia in the autumn of 1885 in Paris and had translated them upon his return to Vienna. I believe that one must add to Freud’s motives to write *On Aphasia* his wish to articulate the speech phenomena he observed in Anna O., Emmy von N., and Frau Cäcilie: their need to say what they had to say, the improvement of their symptoms after feeling once again the vivid memories hidden in their minds and communicating them in words addressed to their doctors.

Freud wrote *On Aphasia* in the spring of 1891. He announced to Fliess on May 2 of that year: “In a few weeks, I shall afford myself the pleasure of sending you a small book on aphasia *for which I myself have a great deal of warm feeling*. . . . The paper . . . is more suggestive than conclusive” (Freud 1985, 28, my italics). The tense of the verb indicates that the manuscript was already completed when Freud wrote the letter. I believe that he might have written it while he was seeing Frau Emmy on her home estate. He must have had much free time between his morning and evening sessions with her while he was trying to grasp the mental processes, the stimuli that led her to want to say what she had to say and to say it spontaneously, not as a response to his questions.

Freud said that Frau Emmy consulted him for the first time on May 1, 1889, and then she saw her a second time. Henri F. Ellenberger found unpublished documents, however, that suggest Freud visited Frau Emmy on her estate around March or April of 1891 (Ellenberger 1977). The chronology between the time of that visit and the letter to Fliess about the “small book” strongly suggests that he might have written it while he was there and had her very much in mind.

Freud dedicated the book to Josef Breuer “in friendship and respect” but his friend’s response was unexpected. On July 13, 1891, Freud wrote to his sister-in-law, Minna Bernays: “Breuer’s reception of it was such a strange one; he hardly thanked me for it, was very embarrassed, made only derogatory comments on it, couldn’t recollect any of its good points, and in the end tried to soften the blow by saying that it was very well written” (Freud 1960, 228). The monograph fared poorly in other ways as well: 850 copies were printed, only 257 were sold, and in
Breuer, Freud, and On Aphasia

1900, the remaining copies were pulped. Erwin Stengel translated it into English in 1953 and International Universities Press of New York published it. The translation, however, does not do justice to the original since the English terminology selected is imprecise in comparison to the original German.

Freud’s other publications placed him among the top neurologists of the time. Nonetheless his well-earned reputation did little to gain acceptance for the monograph On Aphasia, and his disappointment was profound. He wrote to Wilhelm Fliess on May 21, 1894:

I am pretty much alone here in the elucidation of the neuroses. They look upon me as pretty much of a monomaniac, while I have the distinct feeling that I have touched upon one of the great secrets of nature. There is something odd about the incongruity between one’s own and other people’s estimation of one’s intellectual work. Look at this book on the diplegias, . . . It has been tremendously successful. . . . And of the really good things, such as the Aphasia . . . I can expect nothing better than a respectable failure. It confounds one and makes one somewhat bitter.

(Freud 1985, 74, my italics)

Frau Emmy von N. had convinced Freud – as Anna O. had convinced Breuer – that she had to talk in her own way, spontaneously without Freud’s interruptions because some stories in her mind called for free expression. The monograph addresses two subjects among others that were not a significant concern for the scholars of aphasia at the time, namely, the sources of the stimulus to speak and of spontaneous speech. Freud, the keen observer and neurologist, had noticed that in the process of recovery from neurologically caused motor aphasia there is a transition from repetition of words to spontaneous speech. “I dare say” – he asserts in the monograph – “that the attention of the observers has not turned to this point” (p. 32).

Neurologists in Freud’s day were intent on creating models of a speech apparatus capable of explaining the pathology of aphasia caused by neurological damage. They were committed to the reflex arch model as the physiological unit for the speech function and localized its components in the anatomical regions of the brain. Detailed anatomical studies, especially postmortem evidence, permitted comparison between clinical symptoms and the locus of the lesion in the brain. Brain topography, including localization of functions, was the intellectual task for neurologists of the time. There was little or no room in those models for the psychological aspect of the speech function. Freud must have found this narrow conceptualization to be an obstacle to account for the many functional, not anatomical, speech disturbances presented by the ladies who insisted on speaking spontaneously, even though at times they had functional transient or persistent impediments of speech similar to those presented by neurologically impaired aphasics. Freud commented on Wernicke’s understanding of the process of speech “as a cerebral reflex” (Freud 1891, 2): “If one takes into consideration the further connections of the speech centres which are indispensable for the possibility of
Breuer, Freud, and On Aphasia

spontaneous speech, then one must provide a more complicated depiction (Darstellung) of the central speech apparatus” (E. p. 5; G. p. 6, my translation).

Freud had to construct a model that would permit him to explain both anatomical and functional aphasias as well as normal speech functions. He analyzed the available data systematically to disqualify the theories of his eminent contemporaries: Wernicke, Lichtheim, Watteville, Heubner, Magnan, Hammond, Bastian, Grashey, Meynert, Gireaudau, and Charcot. He “demolished” their contributions with carefully documented neurological arguments, contending that their models were based on postmortem brain examinations and a topographic conceptualization of brain functions. Freud said instead: “It became our task to attain another way of representing (Vorstellung) the construction of the speech apparatus, and to indicate in what ways topical and functional factors become effective in its disturbances” (E. p. 102; G. p. 104, my translation, my italics). His “speech apparatus” is the first of the many theoretical constructs upon which Freud would build his progressive understanding of how the mind is structured and how it functions. It is also a direct antecedent of the “psychic apparatus.” Several analysts have recognized its value: Ludwig Binswanger considered it essential for the understanding of psychoanalysis (Binswanger 1936). Bernfeld described it as the “first ‘Freudian’ book” (Bernfeld 1944) while Forrester concluded that “Freud’s work on aphasia . . . is the sine qua non of the birth of psychoanalytic theory as we can now distinguish it from other contemporary theories of neurosis: a theory of the power of words in the formation of symptoms” (Forrester 1980, 14). Stengel pointed out that it was the first of Freud’s “studies dealing with mental activities” (Stengel 1953, x) and that “it brought him [Freud] into direct contact with the evolutionary theories emanating from England, a decisive event in the development of psychoanalysis” (Stengel 1954, 89). Roland Kuhn asserts in the Préface to the first French translation of the monograph that it offers “precious instructions,” not found in other of Freud’s writings, to guide analysts into further understanding of his entire work (Kuhn 1983, 36). After having studied the monograph in depth, I fully agree with these authors that it presents foundational antecedents for understanding the developments of psychoanalytic theory. My paper A Proto-Dictionary of Psychoanalysis (Rizzuto 1990a) examines the early appearance of analytic terms: association, divided attention, cathexis, complex, connection, physiological correlate, impulse to speak, memory-image, primary, representation, self-observation, spontaneous speech, and transference. The obvious continuity of Freud’s later theorizing was ignored for years because Freud himself refused in 1939 to have the monograph “included in the first volume of the complete German edition of his works on the ground that it belonged to his neurological and not his psycho–analytic works” (Kris 1954, 19).

Freud adopted Hughlings Jackson’s (1880)’s idea of “functional retrogression” to explain aspects of the aphasic phenomena. Jackson connected functional levels to stages of development, which explained why what was learned last is lost first, as happens with foreign languages. The concept also facilitates the understanding of the significance of “words in use since the beginning of speech development” (Freud 1891, 87). I can see in this phrase the first allusions to the genetic point of view.
In his theorizing Freud used something rarely present in neurological papers: he paid attention to observations of both speech in everyday life and also of psychological speech-related events, such as self-observation and introspection about inner speech. His systematic analysis of cases and neurological reasoning led him to major conclusions:

1. The organization of the speech apparatus is based on associations and its functioning results from the use of such associations; its pathology stems from anatomical lesions or functional factors that interrupt the associations (Freud 1891, 89).

2. The will to speak or its volitional stimulation originates in the “object association, or more exactly from the activities of the rest of the cortex” (p. 90). This is a remarkable assertion which Freud repeats in many ways throughout the text of the monograph: every “‘volitional’ excitation of the speech centres . . . involves the region of the auditory representations and results in its stimulation by object associations” (E. p. 84; G. p. 86, my translation, my italics); “all stimuli to spontaneous speech arise from object associations” (E. p. 79). These object associations appeared as a concept connected not only to the isolated representation in the mind of an object in the world, but also to the recollections, events, scenes that spurred the lady patients to say what they had to say. By connecting the speech apparatus with “the rest of the cortex,” Freud was making clear that the apparatus has no localizable anatomical centers but is instead constituted by the overall associative functions of the mind. He demonstrated that the speech apparatus is located exclusively in the cerebral cortex and that subcortical organs and functions are not involved in the speech function.

3. The associative power of the mind is absolutely ubiquitous; to perceive is to associate: “We cannot have a perception without immediately associating it; however sharply we may separate the two concepts, in reality they belong to one single process which, starting from one point, spreads over the whole cortex” (E. p. 57).

4. All the elements that the speech apparatus utilizes for the construction of object-representations come from bodily sensory experiences. Freud explicitly describes their progressive transformations at different gray nuclei: “We must then accept the thought that a fibre on its way to the cerebral cortex altered its functional meaning (Bedeutung) after each emergence from a gray substance” (E. p. 52; G. p. 54, my translation) and it does so “at the service of representing the body in a manner suited to the function [of language]” (E. p. 53; G. p. 55, my translation, my italics). As a consequence, the speech apparatus is indebted to all the body sensory capabilities to form the elements it needs for the construction of its representations and associations.

Freud questioned “in what manner” the body “is reproduced (abgebildet) in the cerebral cortex” (E. p. 50). Meynert and his followers postulated “exact representation of the body in the cerebral cortex” (E. p. 48). That meant that the whole body was “projected” on to the cortex “point by point” like visual representations.
Breuer, Freud, and On Aphasia

onto the retina (E. p. 47). Freud’s associative understanding of the formation of words and object-representations is quite different. For him “only in the spinal cord, and in analogous grey areas, do the prerequisites for a complete projection of the body periphery exist” (E. p. 50). Freud explicitly describes the fiber’s progressive transformations of meaning at different gray nuclei. They modify the projection by adding connections coming from other regions of the body. Freud’s conceptualization added to all perceptions – be they of object-representations or the components of word-representations – a synaptic modification at the gray nuclei and their associative transformation in the individual’s mind. These processes convert the objects perceived and the words heard into idiosyncratic personal objects and words with all their particular connotations. Freud did not make this extrapolation explicitly but it is an obvious implication of his theorizing.

The structure of the apparatus

The main function of the speech apparatus consists in forming the psychic word to be used in listening and speaking. Freud created the following diagram to illustrate the components of the word.

PSYCHOLOGICAL DIAGRAM OF A WORD-PRESENTATION

The word-presentation is shown as a closed complex of presentations, whereas the object-presentation is shown as an open one. The word-presentation is not linked to the object-presentation by all its constituent elements, but only by its sound-image. Among the object-associations, it is the visual ones which stand for the object, in the same kind of way as the sound-image stands for the word. The connections linking the sound-image of the word with object-associations other than the visual ones are not indicated.

Freud’s model of the psychological word includes two linked components organized to serve the speech function. One presents the complex of word-representations and the other the complex of object-representations. They connect to each other – prevalently though not exclusively – by linking the sound image of a spoken word to the visual component of object-representations. Freud cited a clinical example, an aphasic woman who was able to speak only when her doctor touched her to check
Breuer, Freud, and On Aphasia

her pulse, indicating that such tactile stimulation could activate her representations and her capacity to speak (Freud 1891, 79).

The term representation requires clarification. Stengel’s translation of On Aphasia used the term concept or idea for the German Vorstellung. When Strachey translated pages 74 to 81 of the German edition of On Aphasia to include them as “Appendix C” to Freud’s The Unconscious (Freud 1915), he used ‘object-presentation’ and the complementary ‘word-presentation.’ I prefer representation as the translation of Vorstellung, not only because it is frequently used but because it points to the representational mind as Freud conceived of it. As I have described, Freud, following John Stuart Mill, make(s) a clear distinction between a ‘thing’ (Ding), a material object, existing in the real world, and its representation, the ‘appearance’ of an object in the mind. This Objektvorstellung – object representation – is constructed in the process of perceiving and belongs entirely to the psychic realm . . . For Kant, whose ideas Freud adopted, an Objekt is a human construction made out of sensations originating in an existing thing in factual reality. An object representation is therefore a psychic representation that resembles a ‘thing’ that is there in the world.

(Rizzuto 1990b)

It is time to examine the structure of the word formed by the speech apparatus and I will do so using Strachey’s translation. Let us start with the four components of the word-presentation: (1) the sound image; (2) the motor speech image; (3) the visual letter image, and (4) the motor writing image. Freud suggested that the complexities of speech perceptual activities add associations to all these processes. With respect to the motoric sound emission of a spoken word Freud listed two components: (a) “associating a [heard] ‘sound-image of a word’ with a ‘sense of the innervation of a word’” (p. 210). “Innervation” appeared as a “sort of sensation connected directly with the discharge of nervous impulses from the motor areas of the brain to the muscles” (footnote to page 210); today, 122 years later, we might wonder about the role of mirror neurons in this process of ‘innervation;’ (b) “After we have spoken, we are also in possession of a ‘motor speech-presentation’ (centripetal sensations from the organs of speech); so that, in a motor respect, the ‘word’ is doubly determined for us” (p. 210). In learning to speak from others we try to “make the sound-image produced by ourselves as like as possible to the one which gave rise to our speech-innervation. We learn in this way to ‘repeat’ – to ‘say after’ another person” (p. 211). Comparable processes are involved in learning to spell, read, and write. Freud concluded that the spoken and written word correspond to “a complicated associative process into which the elements of visual, acoustic and kinaesthetic origin enumerated above enter together” (p. 213), thus forming a complex, as shown in the diagram.

Freud continues: “A word, however, acquires its meaning by being linked to an ‘object-presentation’, at all events if we restrict ourselves to a consideration of substantives” (p. 213). Freud considered the word as “the functional unit of
speech” (1891, E. p. 73). The limitation of speech to nouns as its unit appears like a contradiction to me. Speech, in particular associative speech, cannot do without verbs and all other word classes. By limiting himself to nouns Freud disregarded Jackson’s repeated assertion that the unit of speech is the preposition and that “To speak is to propositionize” (Jackson 1880, 209). A proposition needs all the parts of speech to be meaningful and intelligible. The referent of words to distinct object-presentations in On Aphasia points to a surprising concretization of a psychic function that Freud embedded in an interconnected system of associations. It is far removed from the convoluted scenes that Breuer and Freud helped the ladies to put into words. Perhaps Freud the neurologist was limiting himself to nouns as a way of explaining the varieties of disconnections between word and object-presentations in the two types of aphasia he proposed: those “verbal aphasias, in which the associations between the separate elements of word-presentation are disturbed” by an anatomical affection and “asymbolic aphasia, in which the association between the word-presentation and the object-presentation is disturbed” by functional factors (Strachey 1957, 214). Freud also proposed the category of “agnostic aphasia,” due to widespread anatomical destruction of cortical areas where representations are registered.

Now let us turn to the other component of the word formed by the speech apparatus: “The object-presentation itself is once again a complex of associations made up of the greatest variety of visual, acoustic, tactile, kinaesthetic and other presentations” (Strachey, p. 213). This description, as I read it, points to multisensory scenic perceptions of objects and their surroundings rather than to an object represented singly. Freud’s conviction that perceiving in any sensory modality involves associating led him to assert that object-presentations remain open and can add new features. This is in contrast to word-presentations that are “closed, even though capable of expansion” (Strachey, p. 214).

A question remains. Speech is the volitional act of a living person. How did Freud conceive of a voluntary activity when the speech apparatus is formed by “self-sufficient systems of representation” (Forrester 1980, 29)? Freud does not explain it but repeats in the monograph that “all stimuli to spontaneous speech arise from object associations” (Freud 1891, 79). He made it more specific: “Every ‘volitional’ excitation of the speech centres, however, involves the area of the auditory images [representations] and results in its stimulation by object associations” (E. p. 84, my italics).

I ask: how could Freud speak of volition when neither empirical studies nor neurological research has the tools to explore the will or to speak of its source? Nonetheless, for Freud the question seemed essential. Freud’s conclusion was not the result of a neurological demonstration. The assertion must be classified as psychological. Quite plausibly it originated in Freud’s carefully constructed functional conceptual model of a neurologically founded imaginary speech apparatus, one created to explain not only physical pathological causes of speech disturbances that are neurological and non-volitional, but also the broader range of functional speech and psychic disorders exhibited by Anna O., Frau Emmy von N., and Frau Cäcilie. The conclusion explains why the women had to speak spontaneously to describe the
scenes that made them ill: such scenes remained affectively alive in their unconscious minds. It also explains why they became mute when other scenes were dystonic to them. The entire model of the speech apparatus identifies the object associations complex, the recorded scenes, as the primary movers of the act of speech. That said, the model fails to explain why telling them to Breuer or Freud helped the women to improve their symptoms. The speech apparatus was a one-person functional unit and could not include the need for a listener, even though it was obvious that the patients insisted that their doctors listen to what they had to say, and in spite of the fact that in everyday life there is no speech without a listener and no aphasic if there is not a person who wants to talk to another and fails in the attempt.

How does Freud conceive of the relation between the speech apparatus and the rest of the neural and anatomical organization of an individual’s central nervous system? What is most peculiar about the speech apparatus is that it has no anatomical structures of its own. It is a virtual apparatus that borrows existing anatomical structures to carry out its functions. It shares its afferent pathways with the organs that bring all sensory information to the cortex including sensory input originating in muscles involved in speech functions. The same holds true for its efferent pathways. Freud says explicitly that it “has no afferent or efferent pathways of its own, except for a fibre tract [to the motor centre] the lesion of which causes dysarthria,” a neurological condition (Freud 1891, 72). The executive organs of the phonetic apparatus – the mouth, tongue, larynx, and all the muscles for speaking – are not part of the apparatus itself, but serve many functions. This applies equally to the cortical regions that are the anatomical foundation for the speech function. While the sensory information arriving in the respective cortical areas has efferent pathways to connect to the body periphery, the speech area of the cortex has no “projection fibres” of its own: “The [cortical] field of speech associations . . . does without (ent-behrt) these direct relations to the periphery of the body. It certainly has no sensory and most probably no special motor ‘projection fibres,’” (E. p. 69; G. p. 68, my translation). The speech apparatus is mostly an associative apparatus that benefits from a particular process that Freud attributes to the fibers coming from the body periphery. He had mentioned that such fibers change their functional significance (Bedeutung) each time they emerge from a gray nucleus. Then he says that the fibers have undergone transformational processes, in order to represent the body “in a manner suited to the function [of language].” This is an astonishing statement. As I read it, it implies that significant aspects of the perceptive/associative function of the nervous system are organized to suit the speech function. Contemporary research seems to support Freud’s daring proposition. Neuroscientist and evolutionary anthropologist Terrence W. Deacon concludes: “It is simply not possible to understand human anatomy, human neurobiology, or human psychology without recognizing that they have all been shaped by something that could be best described as an idea: the idea of symbolic reference” (Deacon 1997, 409–10). I daresay that ‘symbolic reference’ has much in common with Freud’s representational word as described in On Aphasia.

In discussing those fibers Freud makes a striking comparison: “They contain the periphery of the body as . . . a poem contains the alphabet, i.e., in a reordering
(Umordung) of the individual topographic elements, in manifold connections (Verknüpfung) serving other purposes, whereby several [topographic elements] are represented (vertreten) several times, others not at all” (E. p. 53; G. p. 55, my translation). I ask: in what way does a poem encompass the alphabet? I have responded:

Besides the three factors mentioned by Freud, re-ordering, manifold connections, and serving other purposes, a poem utilizes the alphabet for rhyme, metrics, musicality and, more than anything else, for transformation of meaning through imagery and sound and their multiple echoes. Freud’s metaphor brings to the fore the richness of transformational meanings he envisions in the fibers’ function: to organize representations which then will be suitable for the cortical function of human speech. The metaphor hints indirectly at the presence of an affective component.

(Rizzuto 1990b, 244)

This manner of understanding the connections between the body and speech suggests that speaking always implies presenting in words the experiences of a sentient bodily mind.

Freud’s conception of the representational pathways implies the notion of psychic determinism. The mind may form many associations but cannot invent the original representational pathways: it has to use what is already there. Freud’s notion also encompasses, to my way of thinking, the earliest theoretical antecedent of the psychoanalytic technique of free association: “Most of the factors listed here result from the general properties of an apparatus arranged (eingerichtet) for associations” (E. p. 89; G. p. 91, my translation). Its nature is that of a “mechanism of association” (seine Natur als Associationsmechanismus) (E. p. 104; G. p. 106, my translation).

How do we bring to awareness an unconscious representation? Freud affirmed that “whenever the same cortical state is stimulated the psychical (das Psychische) emerges anew as a remembered image (Erinnerungsbild)” (E. p. 56; G. p. 58, my translation). The expression ‘remembered image’ points to the conscious subjective nature of the representation, clearly indicated by Freud when he referred in the same passage to ‘our consciousness’ (unser Bewusstsein) (ibid.).

The function of the apparatus being what it is, to associate, Freud’s thesis is just what we have come to expect: “all aphasias are based (benihen) on the interruption of associations” (E. p. 67; G. p. 69, my translation). The interruptions are exclusively intracortical. In cases of anatomical lesions an interruption is established between one neural component of the word associations and another. In the case of psychopathology, we have what Freud called asymbolic aphasia, that is a functional interruption in the connection between the object associations and the word associations required to express what has been stimulated in the former. The treatment of choice thus calls for a technique capable of re-establishing the missing connection. It is this connection that makes conscious the representation and gives meaning to the spoken words. Hence, word associations that stimulate the object associations prompt
the patients’ communications to the doctor and facilitate the healing of hysterical asymbolic aphasia.

It is time for now to leave the topic of speaking and examine what On Aphasia has to say about listening to the words of another person. Freud makes some interesting suggestions possibly based on self-observation:

Probably, we are not to consider the understanding of words [coming] from peripheral stimulation [another person] as a simple conduction (Fortleitung) from the acoustic elements to those of the object associations; it seems, rather, that in listening to speech with understanding, the verbal associative activity is stimulated at the same time, in such a way that we repeat internally, to some extent, what we heard and at the same time we support (stützen) our understanding with our feelings of the innervations [kinaesthetic sensations] of speech.

(E. pp. 91–92; G. p. 93, my translation, my italics)

Is this an early and surprising antecedent of today’s mirror neurons? Two fascinating conclusions seem obvious to me: if we repeat a word we have heard in order to grasp it, then we somehow transform it into our own word, linked to all our existing private associations. Therefore we automatically color the word heard with our own manner of understanding and feeling it. Something similar happens to the object associations that prompted our interlocutor to speak. When the word heard from another person links to our own object associations, the latter will have something in common with those of the person who spoke to us, but will also have the idiosyncratic connections of our own personal associative network. This description of the process of hearing and understanding opens up the vast field of analytic listening, in which the analyst hears, senses, envisions derivatives of the object associations that prompted the patient to speak a given sentence and narrative. The analyst’s own object associations to the words heard from the analysand may elicit in her echoes and imagery beyond the intended meaning of the patient’s words. In this conception the mystery of hearing unconscious components in the patient’s verbalization finds a meaningful description. I conclude that Freud’s understanding of speaking and listening is a direct antecedent of his later technique of free association as foundational for accessing unconscious mentation. The invitation to free-associate consists in giving to the analysand’s object associations the freedom to appear in his or her mind, and then to put them into words to help the analytic process unfold. After all, in Freud’s understanding, what makes the patient ill is the stimulation of those object associations that are not put into words but transformed into symptoms. In his work with Frau Emmy, Freud was always asking what she was seeing in her mind. He used this same technique for several years with other patients. At this point it is important to recall Freud’s statement that the visual component of the object-representations – his patients’ mental scenes – were the link to finding words to express them. The deleterious effect of unexpressed representations may come from any point in development because, in Freud’s understanding, they are inseparable from sensations, perceptions and their
associations. I have drawn some conclusions about the representational process in an earlier publication:

(1) The representational process begins at the time sensations are biologically feasible and the cortex is developed enough to register information. (2) The ever expanding network of associations makes it theoretically possible that nothing that has been experienced is ever representationally lost, and might be capable of becoming psychically available, even if in derivative form. (3) When the time comes for the formation of word representations the developing child has accumulated a vast array of object representations, some of which may be able to connect with words, and some may not. (4) The process of formation of representational object complexes is so primary and directly linked to all types of sensations, and so independent of the formation of word representations, that one can easily see in it the foundations of a direct and primary mode of representing oneself and the world to oneself which does not need words to integrate some psychic meaning. Freud returned to many of these ideas in *The Interpretation of Dreams*, especially in Chapter VII. (5) Finally, the existence of such enormous number of virtual representations, some of which may theoretically never be retrieved again, points in the direction of unconscious processes, continuing their associative chaining outside the realm of awareness.

(Rizzuto 1993, 119)

The spoken word capable of linking with such representations is the critical instrument to make subjective experience consciously available, to objectify ourselves, to grasp what we are feeling, and, most important, to share it with others. Without words we have no direct access to the inner world of another person. Words reveal the internal reality that makes us unique as a species. To be human is to be a speaking being. The talking cure opened the door, closed up to that moment, of the secret mental life of human beings and there is only one key to that door: the patient’s words.

**Conclusions**

I concur with Forrester that “Freud’s work on aphasia . . . is the sine qua non of the birth of psychoanalytic theory . . . : a theory of the power of words in the formation of symptoms” (Forrester 1980, 14). The meaning of the psychoanalytic terms introduced in the monograph evolved with newer discoveries but their original source in *On Aphasia* colors their later meaning and links them to the Freudian conception of the talking cure. As mentioned above, the monograph also offers a solid foundation for psychoanalytic technique and possibly even for the elaboration of a theory of technique based on the complex functions carried out when people exchange words.

**Note**

1 Strachey points out in a footnote that “This seems to be the first published occurrence of the term ‘das Unbewusste’” (‘the unconscious’) in what was to be its psycho-analytic sense (p. 45, n.1).
References


