

Why Talking Cures

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The author investigates the way in which “the talking cure” creates new emotional and cognitive pathways in the brain. This is explored through case studies and from a theoretical vantage. In particular, the paper examines the psychic and neurological processes that occur as the patient “says everything.”

People often come to my office for a consultation, and at some point during the interview, ask me how I can possibly help them. I usually tell them, “Talking helps.” More often than not, this thought is met with profound mistrust. The potential patient will say something like, “I hope you’re not one of those therapists who doesn’t talk. I’m not paying you to listen to me talk. I could do that with a tape recorder.” These skeptics want my guidance, my advice, the solution to their problems, or the secret to happiness, which they seem to fantasize I am willfully withholding from them. They doubt my competence and my ethics if all I am going to do is sit there and try to understand them. For years, when potential patients questioned the psychoanalytic process or refused to lie on the couch, I questioned myself. Their misgivings made me feel like a fraud.

I am a little more experienced now. After 25 years of working with psychoanalytic patients, I have conducted extensive research on my successes and my failures, and I can say with some conviction that Freud, Spitz, and Meadow were right all along. Saying everything is the key to a successful analysis. Perhaps it is because I find talking so easy that I tended to devalue it for all those years. Even after it became crystal clear to me that patients who adhere to the analytic contract of

free association are the ones who get better, I was confused. How does talking help? What does it actually do for a patient? Lately, with the help of the exciting discoveries in the field of neuroscience, I have finally gotten some new ideas about how talking helps.

Clinical Examples

Let me begin with a few of my talkative success stories. All of these patients had practically no resistance to speaking freely—but for very different reasons. A woman I’ll call Sherri, who has been my patient for 25 years, is an ambulatory schizophrenic. She comes in for her session, immediately lies on the couch, and talks nonstop for the full 50 minutes. She doesn’t like to be interrupted. Indeed, when I ask an object-oriented question, she stops talking and looks very distressed. For 25 years, I don’t think I have said more than a hundred words to her. For the first few years, Sherri’s talk was mostly what we call “word salad,” the incomprehensible meanderings of psychosis. She did make me understand that she was a single mother and had a young son named Jake. She came to treatment because she had turned a full can of paint over the infant boy’s head, very nearly killing him. Sherri and Jake were alone in the world. The boy’s father was a very wealthy man with whom Sherri had spent one night. In the third year of treatment, still babbling nonsense on the couch, Sherri went to court and won a monthly settlement from this man for child support. He was furious, but DNA-testing confirmed that he was indeed Jake’s father, and he paid the child support. In the fourth year of treatment, when the boy was almost five years old, Sherri contacted Jake’s paternal grandmother. Knowing that Jake’s father was an only child and that Jake was his only child, Sherri wrote the grandmother a letter introducing her to Jake, her only grandchild, and enclosed pictures of the adorable little boy. She included drawings Jake had made in kindergarten. This began a 10-year relationship with the grandmother. The old woman encouraged her son to get to know his son Jake. She paid the boy’s tuition for private school, and when she died, she left Sherri and Jake enough money to put the boy through an excellent college. After the grandmother’s death Sherri began to make more sense in the sessions. She had come to love this woman, and grief seemed to make her coherent. She mourned, and she worried about what her life was going to be like when Jake went off to college and she was alone. Though she was much less psychotic, she

still made it very clear that she wanted no contact from me; I sat in silence while Sherri talked. Sherri went back to school and got a job as a temp in a neighborhood public school. She will be finishing her master's degree this year and hopes to get a permanent job as a full-time teacher in this school in September. I'm sure she'll do it—they love her there and think she is charmingly eccentric and rather gifted in relating to the kids.

I am quite proud of this case. I consider Sherri one of my great success stories though I didn't do anything except stay out of her way and try to understand her. I am convinced she has made such phenomenal progress because she is conflict-free about talking.

Another talker who has demonstrated dramatic growth in analysis is a patient I wrote about for this journal several years ago (Holmes, 2002). This man had a fascination with death. He loved to dream about it, witness it, and act it out in various ways. For years, he tried to kill me off in the session by speaking in a deadly flat monotone. He droned on and on, and like Sherri, he wanted no contact with me. Indeed, the schizoid, unstoppable verbiage was a way to insure that I could not talk or even be experienced as alive. I often slept during his session, and if I was able to stay awake, I had all kinds of uncomfortable somatic sensations—my head hurt, I felt nauseated or sweaty or breathless. I have worked with this man for 17 years, and the change in him has been remarkable. He is now able to experience pleasure for the first time in his life. His affect is animated and labile. He has gone from a boring, low-paying job as a librarian's assistant to a position as the editor of a prominent food magazine. He has been with his partner for over 10 years now. Lately, he seems to want me to talk a little more. I am reluctant to do it. I feel this man has saved his own life with his persistent defensive monotone: his talking has cured him.

Another patient, Sally, came into treatment so distressed and frantic about her husband's leaving her that words tumbled out of her in a waterfall of grief, rage, and despair. She refused to lie on the couch, but she had absolutely no problem with "saying everything." In the five years I have known Sally, she has divorced her husband, found a new relationship, and most importantly, gone from seeing herself as the perpetual victim to using her aggression creatively to get a better job, make new kinds of friends, and pursue her talent as a painter. She is very grateful to me and has referred quite a few patients to me. I haven't been able to help any of them as much as she claims I helped her. I think it is because most of these referrals have a resistance to talking. They question the process; they don't believe that talking can really help. They want guidance. They don't think they're getting their

money's worth unless I say brilliant things to them. When I get worried that one of them is really going to leave, I try to accommodate the request and say something brilliant. Sometimes I am successful at that, and then the patient and I are very gratified, but it doesn't really change anything. No matter how brilliant I am, the patient stays stuck. What makes Sally different from all her friends is her understanding that she needed to talk. I consider all her friends to be pre-analytic in that my goal with them is to resolve their resistances to speaking freely. Until that happens, I will have to focus on these patients' lives when what I want to do is focus on their minds. They will expect insight, symptom relief, or behavioral changes, with no understanding that what we should be working on is the expansion of free association (Kris, 1992).

Bridging Soma and Psyche

Ever since Freud's patient Anna O. coined the phrase "the talking cure," psychoanalysts have been instructing their patients to just say everything. Freud (1910) described free association as "the basic rule" of psychoanalysis. He insisted that the patient

must say whatever comes into his head, even if he considers it incorrect or irrelevant or nonsensical, and above all, if he finds it disagreeable to let himself think about what has occurred to him. So long as this ordinance is carried out we are certain of obtaining the material which will put us on the track of the repressed complexes. (p. 32)

As early as 1895, Freud described language as energy discharge, and toward the end of his life, he (1938) was still convinced that language binds the mobile energy of the drive to stabilize mental representations.

Years later, Spotnitz (1985) affirmed Freud's idea: "In saying everything, the patient engages in discharge and operates to produce the deactivation of certain nervous system patterns, and the activation and discharge of new patterns" (p. 92). Patients strive to understand themselves, but according to Spotnitz this should not be the goal: "[The patient's] mental energy should be wholly dedicated to saying whatever he thinks, feels and remembers at the moment" (p. 169). Meadow (1996a) had the conviction that growth can occur only when a patient is allowed to say everything to an analyst who listens without judgment or evaluation (p. 140). She urged the analyst to concern herself with creating an environment where a patient can give up his resistance to

talking in the presence of the therapist (1996b, p. 236). From Meadow's point of view, the key to reversing pathology lies in discovering *why* the patient cannot say what she cannot say (1996c, p. 242).

Words bridge the gap between the body and the mind, between the neurological and the psychological (Kris, 1990). They are a derivative, an ideational representative, of instinctual forces (Rapaport, 1944). Talking has the potential power to evoke somatic states and bridge intrapsychic elements, thereby transforming the patient. It is both a hallmark of secondary process and a bridge to primary process. Indeed, in the word, primary and secondary processes are reconciled (Loewald, 1980a, 1980b). The patient's primary process thinking is being reactivated, but he is communicating the primitive impulses in language, thus imparting to the primary process important characteristics of secondary process thinking (Lowenstein, 1963).

Free association combines an increased awareness of self with a liberating disregard for reality (Rosegrant, 2005). It breaks with the usual state of affairs within the psyche, where elements of both ego and id are repressed. Saying everything invites the patient to direct his perceptions toward these warded-off elements. This shifts the balance of forces between autonomous and defensive functions within the ego and between the ego and the id (Lowenstein, 1963). Language, like the ego, is both a structure and an evolving process. The operations of both take place mostly on a preconscious level. Speech creates ego. The ego is both a language-determined and a language-determining structure (Edelheit, 1969).

Many patients come into treatment with the goal of being "happy." They don't realize that happy is a feeling, and like all feelings, it comes and goes. Feelings, like the weather, are always changing. Maintaining a constant state of pleasure is an irrational definition of psychoanalytic cure. The ability to free-associate, to say everything, is in some sense a better definition of cure. It indicates that the talker has reached a point in her growth where primitive impulses of sex and aggression are able to be managed in a maturational way. They are no longer repressed, which causes them to be replaced with the pathological symptoms of mental illness, nor are they acted out in all the destructive ways that create so much misery in the world. A person who can truly say everything has control; she is free to explore what it is she wants and how to get it in a way that will do no damage to herself or the objects in her life.

Spotnitz was foreshadowing recent advances in neuroscience when he talked about the changes in nervous system patterns that talking facilitates. Neuroscientists, using new technologies, are now able to study the human brain in great detail and more importantly to watch it

in action. They have found that the human brain should be thought of as three different brains. Brain one was the first to evolve; it is reptilian in nature, essentially no different from the brain of a *Tyrannosaurus rex*. It governs mechanical and unconscious behavior and is the seat of instinct, what Freud called the id. Millions of years ago the second brain, the limbic system, evolved. This brain is mammalian in nature. It allowed for the nurturance of offspring, and it also enabled the senses to work together to create thought and a primitive memory. The limbic system generates feelings, but they are not experienced or connected with ideas there. For that, we need the third brain, the cerebral cortex. This is a relatively small part of the brain, and it evolved only in the last several hundred thousand years (Restak, 1979). Language probably hastened its development. Although it is quite small in comparison to the other two brains, the cerebral cortex is certainly the center of what Freud called the ego.

It is important to remember that this center of thinking and reasoning is often overwhelmed by the lower two brains. The neural connections from brain one and brain two upward are a great deal stronger than those from the cerebral cortex downward. Electrical impulses are constantly pulsing up into the cerebral cortex from the reptiles and the mammals below, but the more evolved cerebral cortex has practically no influence at all on the lower brains. That's why it is so hard to use logic or insight to control our impulses and feelings. It also explains why human beings so often act like animals.

Consider though what happens neurologically when we ask the patient to say everything. We are inviting the patient to convert into language powerful electrical impulses pulsing up from the unconscious. This process gives the cerebral cortex, where language resides, some control over the tyranny of the lower brains. When these electrical impulses conveying primitive instincts are verbalized, the drives lose their primitive power, feelings can be felt and verbalized rather than acted out in all sorts of destructive behaviors. Freud educated us about how the ego represses the instincts and creates symptoms. Free association invites the repressed impulses to surface and creates words. In talking, the patient gets the repressing ego out of the way and encourages other ego functions, such as self-observation and communication. Telling replaces repeating pathological patterns; speech takes the place of the symptom. Patients get better.

I have heard psychoanalysis described as a sort of religion for intellectuals. This analogy can certainly be interpreted in a number of ways, some complimentary, others derogatory. And yet after 25 years as an analyst, I do consider the practice of free association as a sort of sacra-

ment of the most ethical kind. The word can convert an impulse to kill, rape, commit suicide, or start a war into a thought or a feeling. It enables the most primitive instincts of sex and aggression to be utilized in poetry, painting, or social action. Within the psychic system of the speaker, each word is an act of love toward her own mind, a containment, a motherly protection and care for the primitive animal that resides neurologically within each of us.

Neurologist and Nobel laureate Eric Kandel, who has studied psychoanalysis and the biology of the mind extensively, was asked by Charlie Rose (2006) at the end of a round table called “From Freud to the Mysteries of the Human Brain,” what he wants to study next. Kandel replied:

I have the sense that psychotherapy is a learning experience. And, therefore, there should be anatomical changes to the brain that occur as a result of psychotherapy, and we should be able to detect it. So I would like . . . to see imaging done on people before, during, and after a psychotherapeutic experience in order to see whether one can detect changes in the brain as a result of therapy.

Rose asked if anyone is doing that. And Kandel said they’re beginning to. Freud would have been very pleased.

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Modern Psychoanalysis
Vol. XXXIII, No. 2, 2008

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