Kächele Schachter Thomä (Eds): From Psychoanalytic Narrative to Empirical Single Case Research. Chapter 5.8
New York-London: The Analytic Press,

VERBAL ACTIVITY IN THE PSYCHOANALYTIC DIALOGUE[1]

Therapeutic dialogues

In his paper on the "Question of Lay Analysis" Freud characterizes the psychoanalytic dialogue in the following way: "Nothing takes place between them except that they talk to each other" (Freud, 1926e, p.187). The dialogic situation that constitutes the psychoanalytic treatment, is not as specific as it often is portrayed. It may be useful to ask, whether the psychoanalytic dialogue is clearly distinguished from other, philosophical or literary forms of dialogue, how it can be distinguished from every day dialogues, and how it differs from the dialogues of other forms of psychotherapy (Streeck, 2004).

We may start by stating that at first the patient is invited to talk, to freely associate. At a later point always uncertain for the patient in time the analyst may come in and add his points of view. From the first opinion poll, that Glover and Brierley (1940) performed among the members of the British Society, we learn that the most frequent question of younger colleagues addressing the more experienced were not so much concerned with criteria of interpretation, but were directed on the issue of quantity, shape and timing of the analyst´s talk (Glover, 1955b, p. 269). The question: do you tend to talk little or more during a session" lead to the findings that the majority of analysts rather tended to fewer interpretative activity than talking too much (p. 274). However the cliché that the analyst only uses interpretations never has done justice to his discursive activities. Simple questions, confrontations, clarifications and even supportive comments belong to his technical armamentarium. The most common feature seems to be a certain asymmetry of the dialogue that reflects the different tasks of patient and analyst: *"Quelque asymétrique que le dialogue demeure, il ne reste dialogue que par cette symétrisation relative qui implique l´intervention d´un autre sujet"* (Lévy-Valensi, 1962, p. 25[2]). Patients react to this constitutional asymmetry of the psychoanalytic situation: "The patient may

[1] Horst Kächele & Erhard Mergenthaler; adapted from Kächele (1993).
[2] Translation:

respond with various forms of explicit or veiled anger to the initial lack of verbal response" (Shapiro, 2002, p. 206). How the analyst can help him or her, is crucial in the warming-up phase of analysis. And the longer the analysis runs "even the most monological of analysts become more of a participant" writes Shapiro with a sober view on the real world (p. 208). There are number of formal features that characterize dialogue – like turn taking, topic maintenance, gestures, mimesis and even kinetics and in psychoanalytic dialogues many still await explorative studies (Streeck, 2004). We first decided to study the most elementary of all issues: to talk or not to talk – that was the question.

How much talking Amalia X and her analyst do?

As the dialogic situation is placed into a more or less fixed frame of temporal limitation one has to take into account a bilateral dependency. Except from short periods of time either one of the two participants is talking or both are silent (Kächele et al., 1973). Neglecting the usually small amount of simultaneous talking it has been worth to study the distribution of speech and silence activity in analytic dyads.

Extensive empirical data on verbal activity levels in such therapeutic encounters are virtually absent. There are some opinions saying that the relationship of verbal activity of patient to analyst is approximately 4:1 (Garduk and Haggard, 1972). We have recorded and transcribed large samples of four psychoanalytic treatments, two each from two analysts.

	Patient	Analyst	ratio P : A	N sessions
Amalia X	2.921,2	780,3	3,7 : 1	113
Christian Y	1.353,7	1.200,4	1,1 : 1	110
Franziska X	2.483,6	817,8	3,0 : 1	93
Gustav Y	3.595,0	718,0	5,0 : 1	50

Table 6.2
Verbal Activity in 4 Psychoanalytic Treatments: Mean number of words per session

Patient Amalia X and Christian Y were treated by an experienced analyst (H. Thomä); Patient Franziska X and patient Gustav Y by a candidate (H. Kächele). The

table shows that in three of the four treatments the ratio P:A is between 3.0:1 up to 5.0:1. The analytic treatment of Christan Y displays a rather unusual ratio of 1.1:1; these figures account for the fact that handling of this chronic silent patient caused the analyst to be verbally involved much more than one would expect (see the clinical account of this patient in Thomä & Kächele, 1994b). However this finding is only characteristic for the first half of this long analytic treatment; after about 500 sessions the patient's average amount of speech reached that of the three other patients and the analyst could return to his usual level of verbal activity (Kächele 1983b).

Regarding the verbal exchange processes in the course of the analysis of the patient Amalia X one can see an impressive difference in degree of the analyst´s verbal activity level and that of the patient. Of her treatment, after 14 preparatory sessions, 517 sessions have been tape-recorded and by now more than 50% of all recorded sessions have been transcribed. One fifth of all recorded sessions have been included in this study representing an adequate sample of all (recorded) sessions over time of treatment.

[Insert Figure 6x1 about here]

Figure 6.1 The development of verbal activity along the course of treatment

Across the 113 sessions of the time-related sample the patient displays a broad spectrum of verbal activity. She takes part in the analytic dialogue in quite variable ways. Sometimes she talks a lot and at other times she is quite silent. The analyst however shows a narrow band of verbal activity moving around of 1/3 of the patient's verbal activity. Compared to our other cases Amalia X starts at a medium level - and moves down in verbal activity until midpoint of the treatment. Then her verbal activity reaches a peak towards the end (period XX: sessions 476-480). The analyst's activity shows a peak around the sessions of period VIII (176-180) in the first third of the treatment; then he slowly but steadily reduces his amount of verbal participation in the dialogue.

Discussion

One might ask whether this course of verbal exchange represents a typical pattern. To be fair we do not know. We know, however, that there is no significant statistical relationship between the degree of verbal activity of the two participants; this means each of them in each session regulated his or her verbal activity on their own. We surmise that this independence of talking participation should be expected in a well running psychoanalytic treatment where each of both participants partially has his or her own agenda to follow. Or would it be more appropriate to characterize this feature of non-significant verbal activity relations a co-produced agenda? Measuring verbal activity is but an indirect measure of the degree of silence which is a shared discursive activity. It is only the recommendation of “free association” that has been conveyed to the patient in the beginning, that one usually attributes silence to the responsibility of the patient. The open space of silent moments in the analytic session is regarded as an invitation to the patient to use this space or not to use it. In everyday communication silence can be the speaker’s silence, it can be the listener’s silence, and only rarely it can be both. Usually participants in everyday talk know who’s silence it is, and they conduct their interaction on the basis of this knowledge. Therefore the study of verbal exchange raises the issue of how much everyday communicative activity and how much of analytic communicative activity is useful for a patient at any moment during the analytic treatment.

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