

## Silence as a tool for the analyst

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In these reflections I would like to try and rethink the use of silence by the analyst. Once considered an important aspect of analytic technique, it seems to have been steadily relegated to the second rank as a tool of technique: silenced indeed. Obviously, silence is not only a technical element of psychoanalysis: it is principally a constituent of discourse, determining its pauses and interruptions, perhaps acting as the prelude to a resumption, and setting lines of demarcation between one piece of discourse and another. Even in analysis it does not exclusively take the form of an aspect of technique: indeed, it can be a way of expressing a hostile or intimate feeling (the latter perhaps recalling Winnicott's being alone in the presence of another person, 1958), or tranquillity, or absence. Indeed, in those cases I do not think it can be considered as a tool of the analyst in the strict sense, while nevertheless being a form of therapeutic communication. So, in referring here to silence as an analytic tool, intending it as a sort of active withdrawal of the analyst from the discourse, an active withdrawal from the other's questioning, from – as Lacan would say – the verbal exchange. A sort of frustration or, more generally, an active suspension of the relational and affective element linked to the active, communicative exchange: that is from the discourse as a whole, including the non-verbal.

As I have specified already, I do not intend to claim that silence does not contain relational and communicative elements. However, I believe it implies a passive form of communication, a reduced intentionality with respect to the verbal exchange, an economic element of reduction in the relational intensity implied by discourse understood as an active element of communication. I also think that this actively evasive function of silence as a technical element may have a certain kinship with what has in the past been called the analyst's mirror function. As is well known, this concept has been subjected to criticism from various quarters, causing it almost to vanish from our technical references, but to address that subject in all its complexity lies outside the range of the considerations I intend to put forward in this paper.

My reflections, as I said earlier, run instead in the direction of thinking about silence not only as a form of active frustration of the patient's transference desire, in the attempt to induce him to acknowledge the unconscious freight of his own desire, not only in the sense of thinking about silence as a vehicle for feelings, but also in the

sense of thinking about silence as a generative matrix of links, affects, fragments of identity, and sustainable meanings.

More particularly, it is my hypothesis that silence as a tool of analytic technique has, above all, an economic function. Indeed, I think that, during the session, the analyst's silence can be placed in the service of reducing investment in consciousness in favour of increasing investment in the unconscious, and in the service of reducing erotic object-investment (also, and principally, in the transference, where the analyst is invested as an object in herself, and *in loco parentis*), introducing as much death drive as is necessary for identificatory and sublimatory shifts to occur. But I also think that the economic function of silence need not only be a matter of withdrawal. In my opinion, it can constitute that element which makes it possible to regress to a primary matrix of self-other linking to which it is sometimes necessary for the patient to return in order to be able to construct in his own way the separations he needs for a new departure on his individual journey. Indeed, it can constitute that relational frame of dependable tranquillity (Nacht, 1962) which enables the patient to keep at bay the anxieties connected to regression, thereby allowing him in analysis to confront very primitive moments from his existence.

### **SOME THEORETICAL POINTS**

I would like to reprise some theoretical references which have provided a starting point for these reflections of mine. Re-reading the case histories in *Studies on Hysteria* (Freud, 1892-1895), I rediscovered what Emmy says to Freud: «Don't say anything, don't touch me». Keep quiet, refrain from direct contact. We know how the second aspect has become part of the analytic picture and setting. Physical distance, initiated by Freud's relinquishing the touch of his hand on the forehead which he had at first suggested to his hysterics; the greatest possible reduction of sensory stimuli; taking the elimination of the visual element as a starting point, in particular the sight of the analyst, which the use of the couch made possible; the calm of the analytic site; and waiting for the patient to speak spontaneously in place of the psychiatric «interrogation», are all elements which have come over time to constitute the analytic setting. On the level of analytic technique, in parallel to the elements which have become the defining features of the setting, the analyst's verbal action has been understood principally (although not exclusively) as an act of interpretation and not as a hortatory or conclusive statement. In other words, the «don't touch me» which has become the cornerstone of the setting, has found a technical counterpart in a discourse which does not directly touch consciousness, but tries through indirect routes to reach the unconscious.

But silence, that «keep quiet»?

Summarising greatly, I want to refer briefly here to the contributions made by some writers about silence (especially the patient's, but also the analyst's) which I

have found significant, both in relation to the clinical experience which I shall report below, and for the emphasis which they place on the economic function of language (and of silence) on which my initial hypothesis rests.

I shall begin with Freud's observations on the function of speech. As Freud (1895) claims, speech is a specific motoric action and therefore, like all motoric acts, it has a function of libidinal discharge. Now, the function of motoric discharge is central to all Freud's work since the Freudian psychic apparatus, from the neuronal apparatus of the *Project for a Scientific Psychology* (Freud, 1895) onwards, functions in accordance with the need keep libidinal excitation constant, and therefore in accordance with the need for discharge of excess perceptual (external) excitations, but especially those of the drives (which are internal). And indeed, Freud would always hold that it was necessary to postulate a principle of psychic functioning which explains this tendency of the apparatus to discharge, although as he himself asserts, it cannot be total in that a certain energy level (guaranteed principally by the arising of the instinctual excitation rather than by the excitation produced by external stimuli) remains necessary in order to allow the functioning of the apparatus itself. Therefore, Freud frequently hypothesised a psychic function which would guarantee the maintenance of psychic excitation at the lowest possible level, from the neuronal inertia of the *Project* to the Nirvana principle in *Beyond the Pleasure Principle* (Freud, 1920), by way of the constancy principle (Freud, 1915).

In the context of Freud's reflections on the specific motoric action effected by speech, I think that silence – to which Freud does not refer explicitly – serves principally to restrain within the psychic apparatus the levels of libido that are necessary for its activities. In particular, the quantity of excitation retained within the psychic mechanism serves in the structuring of thought and representation. Indeed, Freud (1895) claims that the capacity for cogitation is structured around the silent innervation of an equivalent representation in words. To sum up, in Freud the equilibrium between silence and speech is one of the aspects which favour the evolution of the psychic apparatus from the model of the reflex arc to that of the model of the apparatus for representation.

Other writers have investigated the economic function of the speech act and silence. Green (1979) dedicated a paper, which I shall summarise here very briefly, specifically to the subject of silence as a technical element in analytic treatment: the analyst is always silent in relation to the discourse of consciousness (and of the preconscious), in order to speak exclusively to the unconscious, to respond only to its discourse. Ferenczi (1916-1917) and Abraham (1948) placed the emphasis on the economic function of language as an element in the discharge of libidinal impulses. For this reason, according to these authors, silence would assume the role of an unconscious defence against such libidinal impulses and the conflict between the psychic agencies which they entail.

Freeman Sharpe (1940) maintained that language represents a form of evolutionary shift of libidinal impulses from low to high. The acquisition of sphincter control and the ability to defer instinctual discharge enables the shift of the libidinal charge from the body and the erotogenic zones to language. Within this theoretical conception, silence can be both a regressive element which provides the pleasure of retaining libido in the body, and an element of deferral of the verbal discharge of libido which can be retained in the psychic apparatus in search of new (and possibly more mature) representations.

Fliess (1949) takes up the reflections on language as a motoric act, the discharge of regressive affects that are linked to the various erotogenic zones, and speaks about a partial erotic language, depending on the erotogenic zone whose impulse is being discharged by the relevant linguistic act. I think this author considers the patient's silence as an equivalent of the repression applied to this partial language. And perhaps the analyst's silence in the session in relation to the «total» language of consciousness fosters the emergence of partial erotic languages which indicate pregenital libidinal points of fixation.

Although these writers are reflecting above all on the patient's language and silence, they also hint at the analyst's use of both components. In particular, they seem to me to be considering the use of silence by the analyst as an aspect of technique which enables the patient's regression to the points of fixation, and of libidinal frustration, which have been important elements in the developmental history of his psychic life. Therefore, a careful dose of silence (and speech) from the analyst permits the patient to regress without excessive anxiety, thereby finding a way to express his affects and thoughts verbally, taking as his starting point the possibility of tolerating regression and making use of it to give voice to what the fixations and early frustrations had silenced until that moment.

Throughout his work, Lacan insists that the development of the human subject depends on establishing oneself in the symbolic register, and particularly in language, which consists of words and silences in alternation. I will make specific reference to certain reflections by this writer during the course of my paper.

An author who, by contrast, reflected specifically on silence as a tool of the analyst's technique is S. Nacht (1962). He claims that, in order for the patient to integrate the instinctual elements of the unconscious into his Ego, the Ego needs to be strong enough. The reinforcement of the Ego can be achieved if the patient feels accepted into a tranquil and trustworthy analytic relationship: this is especially important when the patient finds himself in a state of profound regression and seized by the anxieties which such a situation entails. The analyst must be able to bear the patient's regressive moment, accepting the need for fusion which often accompanies regression, and must know how to withhold his own instinctual impulse to speak and to interpret, even in the service of the treatment. The analyst's silence can constitute the technical means by

which she can represent the object which guarantees a condition of peace and dependability, a necessary condition for the patient to be able to risk regression and fusion with the «good object»-analyst. Indeed, the fusional movements are often implicit in regressive movements in analysis, which in the end recall the fusional conditions of the early phases of infant development. Language, the analyst's speech, is a measure of separation and distance between subject and object, and as such could prevent the experience of fusion and increase the anxieties connected to regressive states. If, thanks to the analyst's capacity for embodying a real, empathic, and silent presence, the patient can allow himself to experience regression and fusion, then a «new» speech can emerge, one which brings to consciousness contents that had until then been repressed and denied, giving them a possibility of being represented in a new way. In these cases, the analyst would function by means of her silence as an organiser of an economic state with a low level of excitation which in turn encourages regression and the recovery of primitive psychic states.

### **WIDENING THE DISCUSSION A LITTLE**

I will start by trying to think of silence as a component of discourse. This is what gives discourse its rhythm. Now, rhythm is an essential component for the emergence of consciousness, as we have known since the Freud of the *Project for a Scientific Psychology* (Freud, 1895). In that work, Freud thinks of rhythm as the discontinuity of perceptions: consciousness is generated out of a selective interruption of the perceptual flow. And the sense of time would also be generated by this interruption of the perceptual flow. Now, silence is indeed a discontinuity, but it occurs not only on the perceptual plane of listening to the words of someone who is speaking, but also on the motoric plane, that of words being uttered, by ourselves, by the other, by the analyst. This is, in other words, a discontinuity which is also generated at the level of discharge, if we grant that – as I said earlier – according to Freud (1895), speech is a specific motoric action. Of course, it may also be important to specify that the perceptual and motoric aspects are quite intimately linked: we cannot clearly distinguish one component from the other. In any case, the discontinuity of discourse on the motoric plane, a silence on the part of the speaker, is connected to the discontinuity on the perceptual plane in the listener. This aspect of silence, its mutuality between perception and motility, could perhaps induce us to speculate that the interruption of discourse can constitute a modality, a tool for delimiting perceptual impact. I regard this feature of limiting perception as being important in analysis for two reasons. In the first place, it can prompt the patient to shift from the perceptual process to the representational, contributing to the tackling of another process, the possibility of moving from continuity of perception to hallucination or near-hallucination. I think Green (1983) is alluding to something like this when he reflects on what he calls recitative-discursive discourse.

According to this author, this type of discourse is made out of a continuous flow of words which seem to express the *presentification* of objects rather than verbal symbols: a form of discourse which, Green says, shows the deficit of primary repression. Words which evoke in an almost hallucinatory way, the presence of the object rather than representing its absence. I think the analyst's silence could be a (paradoxical?) way of inserting herself into this discourse, as an absent object which compels its own representation. From another point of view, the analyst's silence would challenge what Lacan (1972-1973) calls analytic blah blah. In other words, silence as an element of technique determines a stripping down of the analytic discourse. This in turn enables the «pruning» of the subject: put another way, the subject is in this way facilitated in renouncing omnipotence and achieving a more realistic view of himself. Moreover, the stripping down of the discourse (of the subject, of the analyst, of the treatment) also takes on the sense of re-positioning the patient in relation to the properties of his own discourse, a discourse of which he is not the author, but the prey, since the practices of discourse precede him (the precession of the other which Lacan speaks of) and pass through him. The acceptance of these «rules» (relational, group, cultural, and societal) of the human bond enable the subject in analysis to gain access to the symbolic register of which discourse is a specific part. Only after this acceptance is it permissible for the individual subject to take up the word (Foucault 1971). Overall, the analyst's silence can be a tool for reducing the units of discourse to the minimum necessary, a reduction which as Cimatti (2014) says, distances the subject from the temptations of omnipotence and brings him closer to the «nothing that he is», meaning by this expression that the subject can in this way come closer to the impotence which constitutes his human essence and hence to the necessity for founding himself on the link with the object inside and outside him.

The other reason why I would say that silence can be considered an analytic tool, is its role as a counterweight to speech, a challenge to its motoric element as discharge; the discharge being an element which in its own way contributes to the instinctual urge's tendency towards its total extinction. Indeed, every motoric act can be placed in the service of instinctual discharge, including a speech-act. Therefore, the analyst's silence could represent a re-charging element for the patient's instinctual urge: by limiting the discharge of the drive which the act of discourse can contribute to activating, silence compels the instinctual urge to be withheld within the psychic apparatus, leading to representation and to thought.

Further, I think that the analyst's silence, besides withholding speech and hence the discharge, and re-launching representation and thought – as a way of withholding quanta of the drive – could also serve to re-launch a sort of actuality of speech. That is, the silence of the therapist could have the effect of pausing the discourse, which allows time for anchoring linguistic signs to their referent, to reality. Scarfone (2013) hypothesises an «actual» aspect of psychic life, legacy of the immanence of the living expe-

rience of the psycho-somatic unity of the *infans*. In other words, before the symbolic register of language is established, the baby immediately and without any sort of symbolic mediation, registers every one of its living experiences on an economic plane, as affect. This actuality of living experience is conserved in the psychic apparatus even after language has been established along with the resultant possibility of representing experience. Now, according to Scarfone, the actual is constituted in two stages. The first stage is that in which the actual is presented as an unelaborated feature, a heterogeneous body extraneous to the psychic, a mere obstacle to the work of elaboration. The second stage is that in which the actual provides the psychic with the anchorage necessary for lived experience. This makes psychic experience, even though subjective, not arbitrary but in some way linked to lived concreteness, to the «flesh» of the world. I am referring to this second stage of the actual when I claim that the analyst's silence can encourage that suspension of speech as a (so to speak) «pure» form of representation, an actual which gives the linguistic sign time to bind itself to the fleshliness of the lived experience in analysis, which is described by the analytic discourse, to that referent of speech which is the real lived affective experience: an actual, therefore, which vivifies the discourse and at the same time re-launches it as a necessary element in veiling reality itself. Put another way, speech can be living speech because it reveals the economic aspect of the actual which anchors it to real lived experience, while at the same time veiling this actuality of real experience, including it, elaborating it, «clothing» it by means of its representative function (as speech).

### **SOME OTHER MATTERS**

1) I think the following is another element which could make silence a helpful tool for the analyst. While sight arranges subjects into a relationship on the spatial plane, language, the voice, arranges them on an axis of distancing and nearing which allows one of the subjects to be perceptually unavailable in person, as a presence. I believe this is one of the senses which the mother's speaking to the new-born infant may have at the start of life: facilitating presence in distance, presence in absence; in short, it facilitates separation. Speaking enables the mother to move away and even disappear momentarily from her baby's sight, to be present at a distance. In this connection, Lacan (1957-1958) introduced the concept of the coming and going mother. So the mother who is not always present, who comes and goes, would represent the limit of the baby's infantile omnipotence, showing him that she is not entirely his, at his disposal, but is also the woman who, as such, is not only a mother. In fact, she also desires another/the Other, as is shown by her coming and going, her not always being present. Thus, the coming and going mother with her alternating presence and absence, her being there and not being there, refutes the infant's omnipotent, but also incestuous, presumption.

The analyst's silence in the session, alternating with her discourse, can therefore provide an axis of distance/closeness which has the property of functioning as an «indicator» of the form and quality of such an axis in the primary mother-baby relationship. Likewise, it can assist the re-emergence of the patient's experience in his relationship with the coming and going mother. In this way, silence as an element of analytic technique can function as a litmus paper revealing the patient's capacity to tolerate absences and proximities, to manage separations and losses, to invest in the object, to possess a good or bad capacity for boundaries (revealed, for example, by the presence or otherwise of tendencies to negate the not-self), to possess an effective or ineffective ability to represent the absent object, and so on. It can moreover contribute to revealing the efficacy of primary repression in the constitution of the subject.

2) I have another question to pose: can silence in the session have the function which sleep has for the formation of dreams? In other words, just as dream is the guardian of sleep – ie. the narcissistic withdrawal into a state of quietude – so the analyst's silence can constitute a function of re-launching the patient's narcissism in relation to the effort of object-investment in discourse. In any case, when using silence «technically», the analyst must keep in mind the patient's level of narcissistic deficit. Patients suffering from serious pathologies with significant narcissistic problems have difficulty tolerating silence, and so it must be carefully measured out in relation to the specific needs of the patient. In other words, over the course of an analytic treatment, it can be central for the analyst to accept the «seriously ill» patient's need for confirmation, especially of his existence and the substance of his «identity». As a consequence, these patients need the analyst to confirm that they can be seen, listened to, considered worthy of a response and of having their difficulties accepted. Therefore, in situations of this type, the choice of silence as a technical-therapeutic tool can lead to problems: indeed, the «seriously ill» patient can interpret it as a hostile rejection by the analyst instead of an acceptance of his most regressed and needy parts. In any case, I think that in this kind of clinical situation, the technical use of silence must not be absolute, but should instead be punctuated with verbal, though not necessarily semantic, signals, and also signals that are simply sounds, which can attest to the analyst's presence, her non-disappearance, her attention to the patient's communications, her «ambient» presence as a human element of the setting. Nevertheless, going back to the hypothetical function of silence as a re-launching of narcissism, I believe it may be able to act as an instrument for measuring the patient's internal alternations between narcissism and object-relating.

3) And here is a third question: I think the analyst's silence can have the function of introducing the death drive into the session, encouraging the fusion of the drives. We know how important such a fusion can be, not only in limiting the action of disinvestment from the death drive (which *Eros* constantly opposes, thanks to the fusion of the two drives *Eros* and *Thanatos*), but also in challenging the excesses of the libidinal

investments, even when these have been effected and achieved by means of speech. As is well known, Freud (1920) considers both drives necessary for the equilibrium of the psychic apparatus. Indeed, without the death drive, the investments emanating from *Eros* could find themselves growing continually, excessively, without limits, making stillness impossible, and thus constituting an excessive burden for the maintenance of the psychic apparatus (Abel-Hirsch, 2010). All in all, *Thanatos* would serve to introduce that equally important discontinuity of investment necessary for the continuity of psychic functioning.

Furthermore, challenging object-investment, even if it has been brought about through discourse, through the symbolic relationship, can also mean encouraging, liberating a possible sublimation (Freud, 1922).<sup>1</sup>

The analyst's silence could, therefore, foster that quantity of object-disinvestment that is necessary in order to shift the patient's investment from sexually invested objects to investment in de-sexualised goals and objects: that is, those amenable to sublimation.

4) Again: alongside interpretation, the analyst's silence highlights not only the fact that the discourse of the unconscious is different from that of consciousness (a role assumed by interpretation), but also underlines the impersonality of the unconscious, the Lacanian *ça parle*. However, it remains the case that discourse implies a subject that is master of itself (with all the speculations postulated about selfhood which I earlier noted, following some reflections by Lacan). Silence, on the other hand, does not necessarily presuppose this. We are certainly also authors and masters of our silences, but silence alludes more clearly than speech to the void within the structure: psychic, linguistic, and – when all is said and done – subjective structure. A void inhabited and crossed by the impersonal, by the unconscious which does not make a person and yet determines it, imposing on it a regulatory structure outside which no subject exists. It is probably this impersonal regulatory structure to which Freud is referring in his hypothesis of primal phantasies, which he designates (Freud, 1914), not without reason, as phylogenetic: that is, as structural elements of the psychic apparatus which are

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<sup>1</sup> In *The Ego and the Id*, Freud (1923) stresses the link between sublimation and de-sexualisation. In other words, what makes sublimation possible is the transformation of a sexual object-investment into a non-sexual, de-sexualised investment (as regards the goal, the object, or both). However, the operation of de-sexualisation necessitates an intermediate stage, required for the withdrawal of libido from the previously sexually invested object into the Ego. In other words, the Ego would be the site of a de-sexualised and sublimated libidinal economy capable of being shifted onto non-sexual activities. As is well known, Freud numbers artistic, scientific, and social activities among these, while nevertheless pointing out, alongside the positive aspect of sublimation, the danger connected to the 'unfusing' of the drives which sublimation may entail. Given that its activity is linked to de-sexualisation, sublimation generates a unfusing of the drives with the consequent freeing of the aggressive drives that come chiefly under the sway of the Super-Ego, which can in this way mercilessly attack the Ego. If this does not occur – that is, if the Ego does not perish under the Super-Ego's attacks, but instead pursues the constructive work of sublimation – it is thanks to its tendency to unity, to the characteristic organic, integrated and integrating totality which Freud attributes to the Ego. This last observation could induce us to suppose that sublimation is strongly dependant on the narcissistic dimension of the Ego.

impersonal in the sense that they do not belong to the individual subject but to the human species. Besides, the continuous decentralising from consciousness, from the Ego, (as a mark of singularity, an element which is especially evident in the unity of the body. And, as is well known, the Ego is body above all) which is carried out by the unconscious, seems likewise to head in the direction of the impersonality of the individual person. Here I am obviously referring to the repressed unconscious since it is the seat of representations linked to affect, and not so much to the non-repressed unconscious, the Id of Freud's Second Model, although it too could, in my opinion, be conceived as an impersonal «place» in the psychic apparatus, being inhabited by elements of pure energy. However, I will not dwell on this second aspect since it lies beyond the limits of this paper. More precisely, I think that the repressed unconscious contains an impersonal part: that is, one not belonging to the individual human subject, but to the species as a whole, and formed by the phylogenetic phantasies. And yet, this impersonal element constitutes a primal representational matrix which structures the development and subsequent functioning of the psychic apparatus which later, with the rules set by this matrix as its starting point, emerges and is then constituted in a personal, individual sense.

To sum up, the silence of the analyst can contribute to the analysed subject recognising himself as subjected. Lacan (1953) uses this concept to claim that the human subject, before becoming the active subject of his desires and choices, has been subjected to the desire of the other who has preceded him and to the rules of the symbolic, of language above all, which the Other/other has set for him. Or, as Freud would say, every single human being is subjected to a representational structure which crosses into him from the species. Therefore, every single individual is inhabited by the paradox of a discourse which is his but not that of consciousness, which is his but also something that comes from the other/Other (Lacan, 1953); by which we mean the human subject who precedes and causes our coming into the world, but also mean the Other, the otherness which founds the human subject, introducing it to the dimension which defines it as human, simultaneously alienating him from himself: the symbolic dimension and the non-negotiable rules which it imposes.

5) Again, the analyst's silence can represent that quieting of stimuli emanating from the object. The analyst as an object of investment can by her silence reduce the flow of stimuli which strike the patient. Such a situation can encourage not only the fusion of drives I mentioned earlier, but also the work of identification. We know that identification (at least secondary identification) is the counterpart of object investment. The object collaborates in this process, frustrating investment. And the silence of the analyst could be included in this category of, so to speak, developmental frustrations.

6) Lastly, I am prompted to say that the analyst's silence is one of the anti-synthetic functions of psychoanalysis. In fact, it introduces cuts into the discourse of the analyst in the session, reducing the explicatory or normative tendency it might adopt. Or

it may also serve to limit the very temptation to adopt an explicatory or normative tendency in relation to more or less explicit requests from the patient. As Lacan (1972-1973) would say, silence can serve to limit the temptation to assume, on the conscious and relational level, the function of a supposedly knowing subject. Therefore, being silent would have the anti-synthesising function of re-launching the analytic element which induces the patient to find a way of his own to synthesise on the basis of the «truths», in the Bionian sense, which his analysis has enabled him to encounter. And this anti-summarising aspect of silence as a tool of the analyst's technique perhaps allows me to add a reflection on its ethical value. Foucault (1971) claims that every discourse is produced by the power it constitutes with knowing, an active modality for controlling the individual subject. In other words, knowledges, discourses, goals are matters determined by the power of socio-anthropological structures and by the history which they are traversing in a given moment. The analytic discourse, putting it at its most succinct, would not be exempt from this condition. It would demonstrate to the patient what is historically and socially considered as a truth and a desirable goal for existence on individual and group levels. Truths and goals are for this reason not absolute, but limited to what a specific epoch considers ethical and developmental. Silence, as a counterweight to the summarising temptation, can therefore assume the ethical function of setting the patient free to choose and negotiate for himself forms of subjection, control, and degrees of freedom in relation to the needs of his own identity and social allegiances.

7) In conclusion, I wonder if silence as a tool of the analyst can constitute something connected with the work of the negative. The answer, I believe, is affirmative if we think that it cooperates in the stabilisation of primary repression; in tolerating the absence of the object with all that derives from that; in constituting identifications; in accepting the renunciation of the drives; and hence in the use of desire as a vital urge to investment in the object under the banner of the compromise between pleasure principle and reality principle; in bringing the death drive into psychic functioning with its power to limit desire and with its consequent power to re-launch desire along the many different paths of sublimation.

## **SILENCES IN CLINICAL PRACTICE**

X. gets in touch by email: a respectful, courteous, and heartfelt message. In a few lines he tells me about a difficulty that has arisen with his present therapist, who he feels is inconsiderate towards him and sometimes frankly ill-treats him. He would like to meet me to discuss this situation which is so problematic for him and possibly even start an analysis. I reply, equally succinctly, that perhaps he could try to clarify his difficulties with the present therapist a little more. Perhaps this is a moment of negative transference, perhaps it is a question of looking more deeply into unconscious aspects

of himself which might be interfering with the perception he feels he has at the moment of his treatment. In any case, I am available.

X. writes back the same evening, thanking me and asking me if, once he has done the further reflections into the matter which I have suggested, I am prepared to meet him.

Then he disappears. A shy polite «voice» and a long silence. I didn't think about him again, although I had been struck by this meagre appearance in written words which seemed immediately to have wiped out by silence. And thinking about it, written words have no voice. In their own way they contain silence within them since writing significantly diminishes the soundtrack of inter-human communication. Two months later I find a new email from X. He asks me for an appointment, without going into further details, still with the usual courtesy, the usual good manners.

We meet the following week. He arrives punctually, perhaps a little out of breath. He is young, rather scruffy, a university student near the end of his course. He seems to find it difficult to begin talking about himself and his problems, his problem, what it was that has induced him to write to me: leaving his therapist and perhaps, starting to work with me. I say nothing and just smile at him. Then the dam bursts. Words pour out in a rush. He tells me with anguish about long waits in his therapist's consulting room, fears that what he says can be heard by other patients, of his impression that mobile phones are ringing even when they are on silent, of fears that his therapist may have problems of his own which prevent him concentrating on his patients and especially on him.

I am silent almost the whole time. I think that the patient could be representing to me a difficulty with the paternal, as a result of which he has not been able to bear the castrating function of separation from the maternal. All I say, shortly before the end of the meeting, that perhaps he has felt too much in the clutches of a therapist-father's rules. And too many rules can seem to contradict each other.

X. returns for the next meeting. Calmer, perhaps at a greater distance from his experience of therapy, which has probably been lived through as an overexciting link, and at the same time highly nettling.

He tells me about his father's early and unexpected death, perhaps from a severe vascular disease, when he was only five. Whereas everyone else was heartbroken by this unexpected death and because he was suffering this bereavement so young, he did not seem to feel the grief he should have felt. Instead, he thought he would like to go back to a game he had been in the middle of. For some years after the loss of his father, he was his mother's support. They were always together, often spoke about his father and how his mother was suffering from his absence. Eventually his mother fell into a deep depression, and X. made it his specific duty to stay beside her and cheer her up every minute of the day. Following a long course of medication, X.'s mother recovered and soon remarried, having a baby with her new husband. X. had scarcely any relationship with his step-father or his step-brother. He felt mocked by his step-father because

he was clumsy and shy and had no success with girls. His step-brother was of no interest to him: they were too different in age, in their educational progress (X. was a very good student, unlike his step-brother), and in their interests. Then his mother separated from her second husband. This was a better period for X., but now his role as his mother's knight in shining armour had been lost for ever, and he wouldn't have wanted it in any case. Indeed, he looked back with anguish at the hours spent trying to keep her spirits; and his mother, moreover, while not clinically depressed, had turned into a complaining and demanding woman, especially towards X. whom she often scolded for doing nothing in the house and not helping his brother, who had serious difficulties at school, to study. At this point, X. had decided to go into therapy, partly because of his personal interest in psychoanalytic thought.

I stay almost completely silent in this second meeting too. I think of X. as someone always in the clutches of another person, always compelled to flee before falling into another trap.

During the third meeting he tells me he has let his therapist know that he wants to stop seeing him. He hopes to be able to start with me, but in any case the other therapy is over.

I tell him we can start to meet for sessions, but that I would prefer to begin relatively infrequently (twice a week): it seems to me that he needs to feel not too constrained by rules and timetables, perhaps free to go away and come back. He has probably felt bound by too many rules and, as we have said in a previous meeting, having too many rules can start to seem arbitrary. So I suggest that we start with a small number of rules and «contractual obligations». He agrees with me, and we arrange an appointment for the following week.

In the first session, X. shows a marked difficulty in using the couch. He finds it uncomfortable, he can't find the right position, he fidgets, turns one way, turns the other, sits up a bit, then lies back down again. Finally, he comments, somewhat apologetically, that his previous therapist didn't use to sit in the same position as I do.

I tell him to take all the time he needs to find his position in this new place. In this new situation. Nostalgia must have its place in our inner lives. Then I stay quiet while he shuffles about on the couch. Finally, X. sighs and says, «I'm all right now».

He starts talking straight away, a stream of words running through his experience of therapy, his life story, his difficulties with girls (who always regard him as second best, and with whom he never goes all the way sexually), the problems with his studies which have afflicted him for some time because he cannot concentrate. In fact, he can't stop thinking about a girl who doesn't want anything more to do with him after a spell of intense advances made by her. She has gone back to her previous boyfriend.

It occurs to me that X. is letting me know that he could likewise abandon me and go back to his previous boyfriend/ therapist, that he too fears/ wants to withdraw his desire from the link with me and with analysis. That I, like him in relation to girls,

could represent an embarrassing second best. Maybe it would be right to say this to him, to interrupt the recitation-discourse, to stop talking to the Ego immediately so as to talk to the unconscious. However, I choose not to speak. I do not know why. I just catch X.'s urgent need to get all his words out, even before anyone can take them out of him or impose others on him, forcing him into some rule of silence, of absolute tolerance of the other's discourse.

*A posteriori*, after the session is over, I thought that X. had been trying to start from the primary repression: to reconstruct that fabric which unites mother and son, before he gradually tears it with his own ways of doing things, his own resources. I told myself it is not always the case that a recitation-discourse is exclusively a matter of resistance: that is, it can sometimes be a way for the patient to regress to absolute dependency on the other (Winnicott, 1965).

And so the first sessions unfold amid floods of words from X. and silences enhanced by almost total immobility on my part: silences that I hope are holding him, calming him, containing the discharge of his drives (which are marked above all by aggression while also seeming to show the obsessional constitution of his character), and leaving him a vital space in which to cut out a sketch of himself, which might include the use of some transference identification. My verbal interventions are limited to a few comments mostly about his fears of being overheard, spied on. They are comments on which the patient pauses to reflect, mostly using them to resume the flood of words about this or that episode in which he has felt a sensation similar to the one I have described.

After a few sessions, X. says,

P: Doctor, do you know how I came to you?

A: (I say nothing)

P: I saw you on YouTube. You were speaking at a conference. I liked what you said, the concepts were understandable, you were clear and concise. So I said to myself, «I want an analysis with her». Naturally I was already in a crisis with my previous therapist. But I miss him, he was a brother to me, a friend. And he didn't give a damn about me. But I'm still fond of him.

A: As you loved your father even though you wanted to go and play the game you were in the middle of. As you love your mother even though you'd like to get free of her to live your own life.

P: You're giving me interpretations. I'm not used to that. My other therapist used to give me theories. He said I had to manage without my father, he told me theories about the paternal. I understood them easily. I'm a good student, very hard-working. I don't always understand you. But when you interpret me, I feel emptied out of the constant tension I'm prey to.

A: (After a short silence) Then you understand me a bit, we understand each other...

## CONCLUSION

It's true. The analytic discourse always addresses its silence to the Ego in order to speak to the unconscious (Green, 1979). Sometimes, however, it can be necessary for the patient's Ego to be able to speak (sometimes even before the unconscious can speak through the Ego). To us, to our Ego, to our unconscious. And since speech is a specific motoric action, it is also possible that in some cases the patient's Ego wants to/ can make us «do» something: accept a need for profound regression, quieten our own professional or even narcissistic need «to do our job, play our part», remain in doubt about whether or not we understand (Bion, 1958), allowing some identificatory movement to occur in the transference. I think that as far as this patient is concerned, silence, including that of my body obtained by a carefully maintained immobility, a silence which I spontaneously believed it would be helpful to preserve through almost the whole of the early therapy with X., broken only by brief and barely saturated communications, functioned as a tool of technique: above all, I think, in the sense of enabling X.'s recitation-discourse, his stream of words, to fill the gulf between Self and other, Self and analyst-primary object. Perhaps in this way X. was able to reconstitute a state of absolute dependency on the other, thereby trying to cancel the primary repression: probably a fantasy of regaining a sort of point zero from which to start again, to work in his own way on cutting himself free from the psyche-soma of the primary maternal object in order to achieve a separate identity with his own desires and his own autonomous forms in which to put them into action.

Therefore, in this case, silence as an aspect of analytic technique has not taken on the quality of a frustration of transference desire, nor of a prologue to the interpretation which speaks to the unconscious, nor that of a communication of a certain kind of affect. Rather, I think it functioned as an environmental matrix, both human and otherwise, which enabled X. to take possession of an absolute place thanks to the other's silence-assent: a place where the other and X. were undivided and indistinguishable, and where it was possible to activate projective identification in order to take back in his own way what he needed in order to separate without getting lost.

Overall, I think that before we can speak to the unconscious of the (seriously ill) patient, we must sometimes create a space in which the patient's Ego can free itself of its superfluity of words (often very few of its own, and many more of the other/ Other) and deposit these residues of discourse in the place that is the setting, where we can leave them to filter so as to be able to bring each back to its birthplace, to the unconscious of the patient who is searching for the many meaning it has taken from there, and lost there.

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### SUMMARY AND KEYWORDS

The aim of this article is to highlight the technical use of silence in psychoanalysis. In particular, the following aspects of silence are emphasized: 1) its economic function as a counterpart of the motoric discharge of the word; 2) its effect of relaunching of the symbolic function of language, as opposed to what Lacan calls the analytic «blah blah»; 3) its representation of an actual aspect of the word as a «carnal» background of verbal expression; 4) its function as an element favoring drive fusion and achievement of an appropriate distance from the object; 5) its technical aspect connected to the analyst's work of the negative. A clinical vignette illustrates a specific technical use of silence.

**KEYWORDS:** Actual, primary repression, regression, silence, word, work of the negative.

**LE SILENCE COMME OUTIL DE L'ANALYSTE.** Cet article vise à mettre en évidence l'utilisation technique du silence en psychanalyse. En particulier, on souligne: 1) il joue une fonction économique en tant que contrepartie de la fonction de décharge de la parole; 2) il a un effet de relance de la fonction symbolique du langage, contrairement à ce que Lacan appelle le bla bla analytique; 3) il représente un aspect «actuel» de la parole en tant que fond «charnel» de l'expression verbale; 4) il est un élément qui favorise le mélange pulsionnel et la possibilité d'atteindre une distance appropriée de l'objet; 5) son aspect technique lié au travail du négatif de l'analyste. Une vignette clinique illustre un usage technique spécifique du silence.

**MOTS CLÉS:** Actuel, mot, refoulement primaire, régression, silence, travail du négatif.

**EL SILENCIO COMO INSTRUMENTO DEL ANALISTA.** Este artículo se propone destacar el empleo técnico del silencio en el psicoanálisis. Se subraya especialmente: 1) una función económica como contraparte de la función de descarga motora de la palabra; 2) su efecto de reactivación de la función simbólica del lenguaje en contra de lo que Lacan llama el «bla bla bla» analítico; 3) la representación de un aspecto «actual» de la palabra como fondo «carnal» de la expresión verbal; 4) su función de elemento que favorece la masa pulsional y la consecución de una distancia apropiada del objeto; 5) su aspecto técnico en relación con el trabajo del negativo del analista. Un ejemplo clínico describe un específico uso técnico del silencio.

**PALABRAS CLAVE:** Actual, palabra, represión primaria, regresión, silencio, trabajo del negativo.

**DAS SCHWEIGEN ALS WERKZEUG DES ANALYTIKERS.** Dieser Artikel soll die technische Verwendung von Schweigen in der Psychoanalyse hervorheben. Insbesondere wird betont: 1) die ökonomische Funktion als Gegengewicht zur motorischen Entladungsfunktion des Wortes; 2) die Wirkung der Wiederbelebung der symbolischen Funktion der Sprache im Gegensatz zu dem, was Lacan das analytische «Bla Bla» nennt; 3) die Darstellung des «aktuellen» Aspektes des Wortes als «eiblichen» Hintergrund des verbalen Ausdrucks; 4) die Funktion, der Triebentmischung zu begünstigen und einen angemessenen Abstand vom Objekt zu erreichen; 5) den technischen Aspekt bezogen auf die Arbeit des Negatives des Analytikers. Die klinische Vignette illustriert die spezifisch technische Verwendung des Schweigens.

**SCHLÜSSELWÖRTER:** Aktuell, Arbeit des Negativen, Primäre Verdrängung, Regression, Schweigen, Wort.

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