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The Analyst´s Vocabulary

Time and again it is claimed that formal empirical research in psychoanalysis has no consequence for practice and vice versa. This is true as long as clinicians and researchers live in different quarters and do not communicate with each other. For more than two decades a few analysts have been affected very much by the intellectual and emotional challenge to their role as clinicians by the chance of being actively involved in the empirical study of their clinical practice based on taperecorded sessions. The long struggle to official recognition of tape recording - many years ago initiated by Shakow, Gill and others - may not yet be over; however the opportunities offered by the tape recording of psychoanalytic treatments for training and practice were appreciated officially - so to speak - by McLaughlin at the International Psychoanalytic Congress held in Helsinki in 1982 (see Thomä & Kächele 1992, p.24). One of the advantages entailed consists in the feasability to study the analyst´s practical use of psychoanalytic theories in great detail.

The rules of psychoanalytic technique imply a number of arrangements that make the importance of language as its central tool quite obvious. Freud´s famous dictum in the Introductory Lectures - "there is only an exchange of words in the analytic situation"(1916/17, p. 17) specifies from a didactic perspective the aim of the psychoanalytic method .

Referring to a general point of view, language consists of rules and symbolic representations that are primarily conceptual tools. This understanding of the symbolic functions of language goes back to the work of Cassirer and has been brought to the attendance of the analytic community especially by the work of Susanne Langer (1942) .

As Freud had developed his own rather idiosyncratic way of understanding symbols, some conceptual work with the different usage of the term symbol had to be done. Victor Rosen in his paper on "Sign Phenomena and their relationship to Unconscious Meaning"(1969) demonstrates that the work of the psychoanalyst can be conceptualized as a process of differentiating conventional symbols from

sign phenomena. Understanding meaning by common sense has to be completed by understanding the additional unconscious meaning any concrete piece of verbal material may carry. The technical rule of evenly hovering attention is directed to just this process. Listening to his patients associations the analyst receives the conventional meaning of what he listens to. Suspending his reaction to this level of meaning he then tries to understand potential meanings beyond the everyday meaning. By interpreting the analyst usually uses a perspective that is not immediate in his patient's view.

"The distinctive feature of the psychoanalytic technology is without doubt interpretation. In this sense it is possible to speak of a technological hermeneutics differing in essential features from theological and philological hermeneutics (Thomä & Kächele 1975). Psychoanalytic interpretations are made not for texts, but for patients with therapeutic expectations.....The attempt to prove the therapeutic effectiveness of psychoanalytic interpretations forces analysts to take at least one step outside the hermeneutic circle and confront questions regarding the empirical proof of change" (Thomä & Kächele 1987, p.365).

To work on the patient´s communications with interpretations requires empathy and introspection. They alone would not lead the analyst to his specific form of understanding. He also needs theoretical knowledge which he has obtained by training, be it as part of his own analytic experience or by studying what other psychoanalysts have already described. About the process of how these two domains of knowledge are interwoven in the actual therapeutic operation we know very little. For many years we only had available desktop speculation on how the mind of the analyst works (Ramzy 1974). The few empirical studies that have been performed on how analysts´ minds work have only opened a first glance at the immense variability of reasons for actual performance.

One fruitful approach to study personal concepts of individual analysts about a specific etiological topic - psychic trauma - was launched by Sandler´s putting into operational terms his own reflections on the relation of concepts to practice (1983). The study group at the Sigmund Freud Institut opened one way of exploring the unknown realm of what analysts think about their practice (Sandler et al. 1991). An experimental approach was established by Meyer (1988) studying

tape recorded post-session impressions of three German analysts on a larger sample of recorded sessions.

Clearly the relation of theory and practice is mediated by the analyst´s mental operations. Our concepts shape our actual therapeutic practice; however we do know very little about how this is executed.

The very existence of different schools in psychoanalysis raises the question to what extent these theoretical orientations influence the daily practice. One can safely assume that the complexity of the human mind allows for quite a few divergent theoretical constructions that are all viable within the psychoanalytic frame of reference; however it has not yet been demonstrated that with respect to psychoanalytic results "all are equal and all must have prizes" (Luborsky et al. 1975).

The exchange process between the patient´s productions, loosely called "free associations", and the analyst´s interventions, loosely called "interpretations", most fittingly may be classified as a special sort of dialogue. The analyst´s interventions encompass the whole range of activities to provide a setting and an atmosphere that allows the patient to enter the specific kind of analytic dialogue. Interventions have to constitute a reasonable answer to the patients needs in which they have to follow the basic conversational principle of reciprocity (Grice 1975):.
"If any kind of meaningful dialogue is to take place, each partner must be prepared (and must assume that the other is prepared) to recognize the rules of discourse valid for the given social situation and must strive to formulate his contributions accordingly" (Thomä & Kächele 1992, p.248).
The special rules of the analytic discourse thus must be well understood by the analysand lest he or she waste the time not getting what he or she wants. Therefore the analysand has to understand that the general principle of cooperation is supplemented by a specific additional type of metacommunication on part of the analyst. As we have already pointed out the analyst´s interventions have to add a surplus meaning beyond understanding the discourse on the plain everyday level.

How does one add a surplus meaning? Telling a joke is a good case for working with a surplus meaning not manifest in the surface material. Jokes have a special

linguistic structure and most often work with a combination of unexpected material elements and special tactic of presentation. Not all jokes are funny.

Systematic investigations on the special conversational nature of the analytic techniques have been provided by Flader et al (1982)[1]; however it still remains an open question whether conversational analysis is able to differentiate discourse in psychoanalysis proper from discourse in analytic psychotherapy (Labov & Fanshel 1977).
For example our own investigations into analysts´ conversational strategies focused on the unilaterality of the analyst´s verbal involvement. Our findings on analysts´ verbal activity[2] demonstrate that in a productively evolving analytic process we find a zero correlation between patient´s and analyst´s amount of verbal participation (Kächele 1983).

Operational measures for the analyst´s vocabulary have to distinguish between formal and substantial aspects. The term "vocabulary" refers to the number of different words (types) that are used by a speaker. Measures of types are interesting, since words stand for concepts (and therapy has essentially to do with an exchange of concepts and beliefs, with assimilation of new material and accomodation of previous schemata). So the analyst´s vocabulary at the beginning of the analysis will both shape and reflect the patient´s experiential world. During the analysis its evolution might run parallel or at least partly reflect the conceptual and emotional learning processes that take place (French 1937).

Research on vocabulary

Patients´ variability in their vocabulary has been an early topic right at the beginnings of formal psychotherapy research (Johnson, 1944). Speech variability is calculated by dividing the number of different words (types, vocabulary size) by the total number of words (token, text size) in a given text This ratio between types and token, the type-token-ratio, has been usually looked at as an indicator of the diversity of a text (Jaffe 1958). However this measure is not independent from text size. Herdan (1960) therefore proposed the logarithmic type-token ratio which was

[1]partially based on verbatim material from the Ulm Textbank
[2]This is defined as the total number of words (token) occurring in a given text

found to be constant for text samples of various length. According to Holsti (1969) "the hypothesis that speech variability increases with successful therapy has generally been supported" (p.75). While in psychotherapy research the type-token ratio has not been used that often within the last decades, there has been some activity in literary research at the end of the eighties (Simonton, 1990). In the context of psychotherapy research a patient's increasing power of verbal versatility may be interpreted as a sign of working through and improvement and thus as an objective measure for psychotherapeutic process in both macro- and microanalytic perspectives (Spence 1969; Kächele & Mergenthaler 1984).
For analysts´ vocabularies relatively little work has been reorted so far. We do not know what is the expected size of an analyst´s vocabulary ? Does it relate to his professional training, to the number of books he has read, or did Freud have an unusual vocabulary, or do we have to face that generally the analytic situation does generate a different vocabulary as the situational constraints on language are quite considerably as Laffal (1967) has pointed out ? Of all these questions we can answer very few at the time being.
What we can achieve is report on some aspects of our work we have done on two psychoanalysts with quite different amounts of clinical experience[3].

a) The impact of the setting on the analyst´s vocabulary

Psychoanalysis as a method of treatment takes considerable care in providing a specific setting to allow for uninhibited use of the basic rules for both patient and analyst. We wondered whether the setting has a clear impact on the analyst´s use of emotion words. As in all psychotherapeutic work emotions have been identified as the main domain of change inducing interactions (Greenberg and Safran, 1987) we felt that an investigation on the emotional part of the vocabulary was quite promising.
The affective vocabulary as an empirical correlate of emotion processing was defined as < all words that have an emotional connotation as single word >. Our studies show that the emotional vocabulary of therapy texts comprises

[3]The empirical studies were performed with software tools provided by the ULM TEXTBANK (Mergenthaler & Kächele 1988).

approximatly 10 % of the total vocabulary. This is about 4% of all spoken words (token).
From one analyst (No 011) we had collected a large sample of recordings of initial interviews, a sample from a short term therapy and large samples of recordings from two psychoanalytic long term cases.

Table 1

Patients of analyst 011	**Sessions**
Initial Interview male patients	32
Initial Interview female patients	18
short term therapy male patient	27
psychoanalysis Franziska	108
psychoanalysis Gustav	106

For these materials we analyzed the amount of emotional words used by the analyst and his patients with an instrument called the Affective Dictionary ULM (ADU, Hölzer et al 1992). The results are graphically represented.

Table 2.

The data demonstrate that there is a significant increase in the analyst´s use of emotion words parallel to the increase of session frequency, i.e. the intensity of the therapeutic setting. A closer look reveals that this effect is due to the influence of a distinct category of emotion words.

Table 3.

According to Dahls theory of emotion (1991), from which the construction of the dictionary was derived, two major classes of emotions can be distinguished: So called it-emotions, refering to wishes about objects (like "anger"), and me-

emotions, i.e. beliefs about the status of wish-fullfillment (like "depression"). The strong correlation between speech-emotionality (in the analyst´s vocabulary) and the intensity of the setting is almost exclusively due to an increase in it- (i.e. object-) emotions. Here, it seems fair to speculate, that the number of it-emotions serve well as an indicator of an intensified therapeutic work on object-relationships, including transference. This interpretation is based on our detailed session to session analysis of the short term psychotherapy case (Hölzer et al. 1990) and of the four psychoanalytic cases (Hölzer & Kächele 1996).

b) The private vocabulary

Apart from a general strategy of lecical choice that is influenced by the setting we expect more specific processes of vocabulary impact within a psychoanalytic dyad. To identify these processes it is useful to distinguish two kinds of vocabularies:

1. The Private Vocabulary (PV), i.e., the set of types that are used by only one of the speakers, here denoted as Patient´s PV and Analyst´s PV.
2. The Intersectional Vocabulary (IV), the set of types that are used by both analyst and patient.

Since vocabulary measures have not yet been sufficently validated, up to now their interpretation has been guided only by clinical experience. Still we feel that the following hypothesis has a certain face validity:

> The ability of a therapist to accomodate to the language of his or her patient, to bridge social differences and to empathize with the patient should result in a low Private Vocabulary on his part.

In a recent study using verbatim material from the Penn Psychotherapy Project (Luborsky et al. 1988) we found a significant negative correlation (-. 59**; $p < .05$) for the size of therapists´ Private Vocabulary with therapeutic gain for improved patients as opposed to no significant correlation for non-improved patients. Between the therapist's level of clinical experience and the size of his Private Vocabulary there was a negative correlation in both groups. (Hölzer et al. 1996). Our conclusion is that experienced therapists tend to not distance themselves from the lexical choices of their patients.

c) The characteristic vocabulary

A slightly more sophisticated way to compute the Private Vocabulary results in what we call the "Characteristic Vocabulary". Since there are many constraints operating in the use of language in actual discourse we wanted to have a more specific hence "characteristic" sub-set of the analyst´s´s vocabulary, that part he is actively re-installing within the dialogues not merely following the patient´s lead. Here the decision as to whether a certain type belongs to the "Characteristic Vocabulary" is based on frequency of occurence. A word has to occur in the text of one speaker significantly more often compared to the text of the other speaker to be incorporated in this "Characteristic Vocabulary". Depending on the chosen level of significance, the magnitude of the "Characteristic Vocabulary" may differ considerably. The characteristic vocabulary does not include words used by just one speaker; these would belong to the realm of the Private Vocabulary.

To appreciate the results of this approach a few clinical remarks on the patient help:

> Amalie X came to psychoanalysis because her low self-esteem had contributed to a neurotic depression in the last few years. Her entire life history since puberty and her social role as woman had suffered from the severe strain resulting from her hirsutism. Although it had been possible for her to hide her stigma - the virile growth of hair all over her body - from others, the cosmetic aids she had used had not raised her self-esteem or eliminated her extreme social insecurity. Her feeling of being stigmatized and her neurotic symptoms, which had already been manifest before puberty, strengthened each other in a vicious circle; scruples from compulsion neurosis and different symptoms of anxiety neurosis impeded her personal relationships and, most importantly, kept the patient from forming closer heterosexual friendships.....
> Clinical experience justified the following assumptions. A virile stigma strengthens penis envy and reactivates oedipal conflicts. If the patient´s wish to be a man had materialized, her hermaphroditic body scheme would have become free of conflict. The question "Am I a man or a woman?" would then have been answered; her insecurity regarding her identity, which was continously reinforced by her stigma, would have been eliminated; and self image and physical reality would then have been in agreement. It was

> impossible for her to maintain her unconscious phantasy, however, in view of physical reality. A virile stigma does not make a man of a woman. Regressive solutions such as reaching an inner security despite her masculine stigma by identifying herself with her mother revitalized the old mother-daughter conflicts and led to a variety of defensive processes. All of her affective and cognitive processes were marked by ambivalence, so that she had difficulty, for example, deciding between the different colors when shopping because she linked them with the qualities of masculine or feminine" (Thomä & Kächele (1992, p.79).

We identified the analyst´s characteristic vocabulary at the beginning of the analysis based on 18 sessions. From a total of 13311 token we found 1480 types. The analyst´s characteristic vocabulary comprised 36 nouns and 80 other words; this is about 10% of his vocabulary. Discussing the results of this study we reproduce the English translation and then the original German word and the frequency of occurence in brackets. This analysis used a "lemmatized" version of the text. This means that all inflected words have been reduced to their basic form, e.g.: The plural form "women/Frauen" has been replaced by the singular form "woman/Frau".

As no surprise the famous "uhm/hm" used by all analysts all over the world came out the most frequent and the most characteristic (976). There are any number of words that betray the analyst´s so called minor encoding habits like "yes/ja" (678), the dysfluency indicator once studied by George Mahl "ah/äh" (395), "also/auch" (238), "that/dass"(200), "something/etwas" (66), "this/dieser, dieses" (60), "than/als" (58), "uhuh/aha"(31), etc. Analyzing a second set of 18 sessions at the end of the analysis and checking these characteristics again, we did not find much change with these particles; they remain the linguistic fingerprints of any speaker out of conscious control. They are bad, but minor habits. However some of them make for the tedious reading of transcripts. These particles are in no way specific to the analyst´s task though they may be used for detective reasons especially when countertransference issues are the focus of an investigation (Dahl et al 1978). Nouns as elements of style inform us about the subject of a dialogue, they tell what the two participants were conversing about and how one of them tried to shape it. Therefore the characteristic vocabulary of the analyst in terms of his nouns is very telling. In the 18 sessions from the beginning of the analysis we found the

following nouns as being highly characteristic ($p \leq 0.01$) for the analyst:

dream (Traum 88)
woman (Frau 31)
theme (Thema 18)
thought (Gedanke 17)
question (Frage 16)
anxiety (Angst 16)
hair (Haar 13)
cousin (Cousin 9)
demand (Anspruch 8)
madonna (Madonna 8)
notary (Notar 7)
insecurity (Unsicherheit 7)
seduction (Verführung 7)
comparison (Vergleich 7)
claim (Forderung 5)
mortification (Kränkung 5)
relief (Entlastung 5)
spinster (Jungfer 5)
tampon (Tampon 5)
breakout (Ausbruch 4)
conviction (Überzeugung 4)
dog (Hund 4)
intensity (Intensität 4)
lawyer (Jurist 4)
toilet (Klo 4)
uneasiness (Beunruhigung 3)
candidate (Prüfling 3)
shyness (Scheu 3)

Ordering the nouns into semantic fields we may distinguish the following:

Technical items: dream theme thought question demand comparison claim conviction
Emotional items: anxiety breakout mortification relief insecurity intensity uneasiness shyness
Sexual/bodily items: woman seduction spinster tampon toilet madonna hair
Topical items: cousin notary dog lawyer

From this tabulation we may infer that the analyst in these first 18 sessions characteristically emphasizes in his interventions four classes of nouns: *Technical nouns* that are part of his task to invite the patient´s participation in the special analytic point of view; *emotional nouns* that are part of the analyst´s technique to intensify emotions. *The sexual bodily linked nouns* clearly refer to the patient´s embarrassing sexual self concept and a few *topical nouns* that are stimulated by the patient´s life situation as reported in the first sessions.

To deepen our understanding we next subjected the use of the noun "dream" to a more thorough examination. In the beginning of an analysis it has to be conveyed to the patient that the analytic dialogue is an unusual dialogue insofar that the analyst may used highlighting as a style of interventions. As the word "dream" was a prominent characteristic part of the analyst´s vocabulary compared to the patient

we hypothesized that the analyst tried to intensify the patient curiosity about dreams as a special class of reported material. Formally the hypothesis was: we assumed that in each of the sessions when the patient reports or speaks about a dream the analyst focuses his verbal activity using the noun "dream" relatively more frequent than the patient. To avoid circularity - our hypothesis is build on the findings from the 18 sessions - we extended the database from the original 18 sessions to include 29 sessions that cover the period from the first hundred sessions. The results confirmed our hypothesis: In 25 out of 29 sessions the analyst uses the noun "dream" more often, based on the proportion of his speech activity.

The patient´s use has a mean of 0.13% (s = + 0.02) of all words; the analyst´s use has a mean of 0.57% (s = + 0.35)[4]. Certainly the result may be partially explained by the fact that the analyst uses shorter interventions, while the patient details his material.
Based on these findings we assume that in the opening phase of the analysis there is a systematic relationship between the patient talking about dreams and the analyst´s efforts to stay close and even sometimes to intensify the work on the reported dream. Whenever the patient uses the noun «dream» there is a variable response of the analyst which is in the majority of instances even numerically above the level of the patients use. This may mean that within a few sentences the analyst will point to the phenomena more explicit. Analyzing a sample of sessions at the end of the treatment the noun "dream" no longer was part of the characteristic vocabulary of the analyst.

Coda
Techniques of lexical investigation allow to identify the analyst´s preferred conceptual tools. The analyst´s vocabulary is a part of a complex linguistic task in a specially designed setting. Its study may help us to better understand what "analysts at work" are doing. There is no standard vocabulary, but there might be components of verbalization that are an essential part of the analytic technology for its task to transform theory into practice.

[4]The t-test for paired samples proves the significant difference ($p \leq 0.000$)˜

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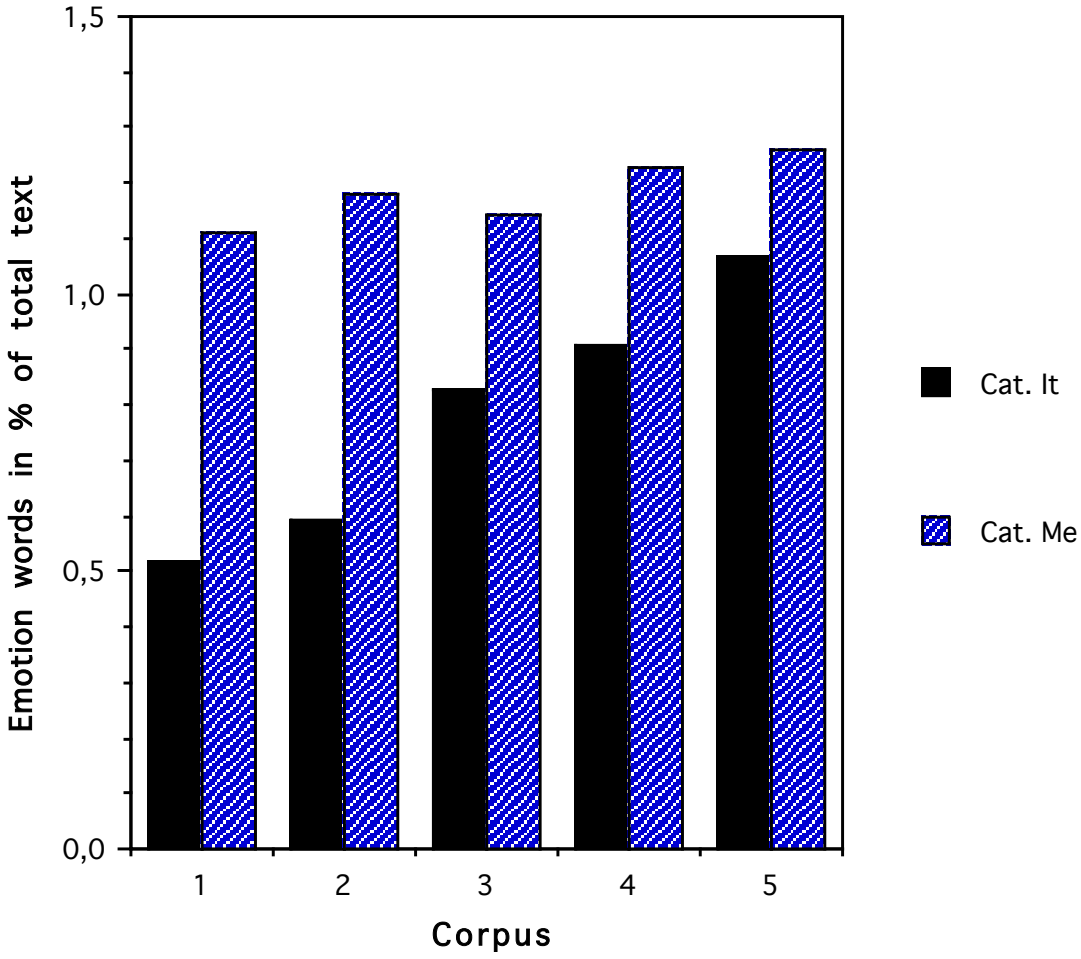
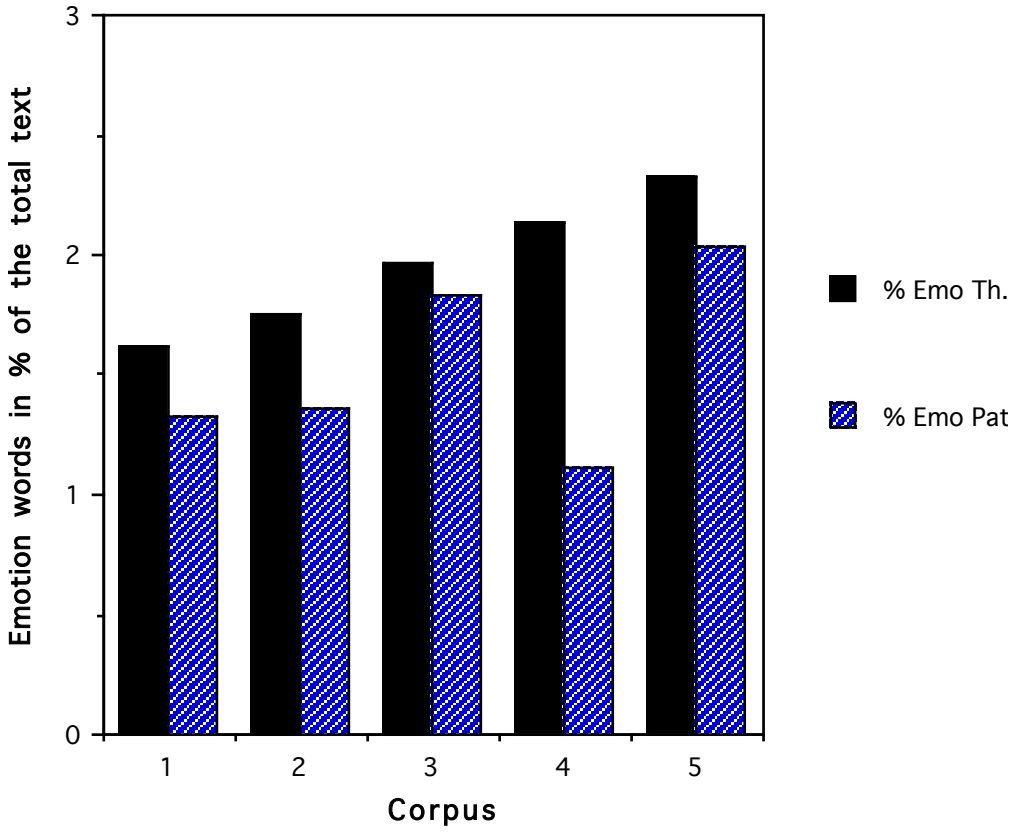


Tab. 3: It- and Me-emotion words of therapist utterances in % of the total text. Corpus 1: Interview (male p.); 2: Interview (fem. p.); 3: Short term therapy; 4: Psychoanalysis (male p.); 5: Psychoanalysis (fem. p.).



Tab. 2: "Affective Density", i.e. number of emotion words in % of token. Corpus 1: Interview (male p.); 2: Interview (fem. p.); 3: Short term therapy; 4: Psychoanalysis (male p.); 5: Psychoanalysis (fem. p.).