

Free-Association and the Search for Psychological Meaning in Everyday Life

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Please, say whatever comes to mind. Don't judge it. Don't censor it. Don't hold back. Even if you feel it's embarrassing to say, please, speak freely. To speak in a free and uncensored fashion is to create the opportunity to listen to yourself, to overhear yourself.

Freud discovered the repressed roots of neurotic behavior in sexual trauma while his patients were under hypnosis. But they forgot these repressed memories when they emerged from the hypnotic trance. To avoid this problem he invited them to lie down on the couch, relax and free associate. In this state the patient's dreams, fantasies, symptoms and memories began to echo off of one another, not as hard realities and causative factors but as metaphors, analogies, symbols, displacements and condensations. To listen concretely to these concerns was to hear the experience as an event, and the relationships as pertaining to objects. But Freud, was opening up the world of psychology and discovering that emotional realities are not simply rooted in physical facts or events but also in fantasy, experience, relationship, and, as we would say today, in narrative.

A good counseling approach deals with objects and events, consensual reality, external reality and other objective concerns but a psychodynamic psychotherapy deals more with relationships, experiences, internal reality and subjectivity. As I would put it, psychological symptoms, such as depression, anxiety, authority problems, impulsiveness, relationship difficulties, and so on, sit as caps covering untold or unelaborated stories. If we can create the conditions for the patient to speak in a free and uncensored fashion, the patient has the opportunity to talk about what is difficult to talk about or painful to remember and thereby learn to live more comfortably in his/her own skin. So, how do we invite the patient to free-associate?

The patient may ask:

Pt.: What should I say?

T.: Whatever is on your mind.

Pt.: What do you want me to say?

T.: What you would like to say

Pt.: Why don't you talk more?

T.: Because I am listening to you and making room for you to say whatever must be said.

Some will free-associate more easily than others. The invitation to free-associate is inherently anxiety provoking as it means entering the moment and talking about what is difficult to talk about. Some will resist the invitation by looking for a topic to discuss, wanting direction, making jokes, trying to show themselves as intelligent or charming, trying to be chummy, turning the session into a class or a competition and so on. But the therapist just needs to listen, remove the obstacles to free-association - the obstacles to disclosure - and help the patient to speak more freely.

Freud would say to his patient: "... say whatever goes through your mind. Act as though, for instance, you were a traveller sitting next to the window of a railway carriage and describing to someone inside the carriage the changing

views which you see outside. Finally, never forget that you have promised to be absolutely honest, and never leave anything out because, for some reason or other, it is unpleasant to tell it.” (Freud, 1913, 1958, S.E. XII, p. 135)

Now that is Freud, and I would say that free-associating is also like sitting next to a mountain lake and narrating what is happening on the surface of the lake. Waiting for the next fish to jump, the next thought to enter consciousness. If you go down to the lakeshore and try to stir up the fish by finding something to talk about, the fish - the important thoughts and feelings - just swim back down into the depths. So, if you get frustrated about nothing happening, tell me about it and let’s see where it goes.

As you free-associate I want to listen with free-floating attention. I want to listen to the flow of the narrative, listen to the recurring metaphors and listen to the metaphors embedded in my own emotional reactions. It is not my job to respond in kind but rather to experience the dynamic emerging in the session and return it to the patient.

The depth psychologies of Freud, Jung, Adler, Humanistic psychology, Kohut, Klein, Lacan and the rest are all based on the notion of unconscious motivations influencing day-to-day behavior. As such we have the manifest dream content and the latent dream content. We have the self-evident reality and its underlying meaning. The key to unlocking the mysteries of the unconscious is the ability to think in metaphor. There are the metaphors of the body, its functions and all the feelings and stories we build around them. Symptoms are also metaphors. They are displacements from our internal theater and intrapsychic scenarios that seek external expression or confirmation. The transference is a metaphor of a displaced relationship. Dreams are scenarios composed of metaphors constructed by the unconscious. Fantasies are metaphors with deep unconscious roots but modified in conscious awareness. Favorite hobbies, artists, movies, books, stories, TV shows all say something, in metaphor, about the nature of one’s psyche and its dynamics. So when I invite the patient to free associate and to associate to dreams, I am inviting the psyche to enter the analytic space in the only way it can, clothed in metaphor.

To speak in free-association is to speak in stream of consciousness, to come undone, to fall apart, to unravel, to unpack. For an experience of depth, we want to look into the theater of the mind - abstract the patterns, unearth the memories, liberate the affects. Free-associating is like sifting the desert sands in search of ancient pottery shards. Each association - or pottery shard - sits as an idle partial reflection of a time long ago that is somehow still present. But as we begin to collect the shards, we discover that some of them fit together and we begin to make reconstructions. But these reconstructions are not of static ceramic pieces. They are more like relationship dynamics, pieces of scenarios, partial narratives, fragments of autobiography, or personal myths loaded with meaning.

The reconstructed scenario is the repetition compulsion - a recurring drama in intimate relations, relations to authority, relations to friends and so on. It is an abstraction of the patient’s recurring problems in intimate relationships, repetitive difficulties at work and so on. The repetitious nature is due to the fact that the scenario conceals an untold or unelaborated trauma of early childhood. Therapy is an opportunity to tell, retell, abreact and elaborate the story and work it through. The repetitious scenarios may change characters but the drama is basically the same.

The repetition compulsion might be organized around betrayal, envy, abandonment, lack of connection, conflict, etc. While the patient may prefer one role in the scenario, roles can often be reversed but the scenario continues. It’s like acting in a theatrical play that goes on the road. It is always has the same storyline, even when new actors join you on the stage. Each show is just a different version of the same story. The dynamics can be thought of as having parallel contours or being echoes of one another.

A patient spoke of how her parents always blamed her for everything and how this has left her always feeling guilty. She then quickly changed the subject and began speaking angrily about a negligent driver she saw on the freeway. I said, “You’re angry with the negligent driver the way you feel your parents were angry with you.” And she replied,

“Oh, that rhymes!” Yes, the dramas rhyme. The storylines echo. The dynamics have parallel contours. Each repetition is a different version of the same scenario.

When dealing with the interpretation of dreams and unconscious motivations we want to be both curious and skeptical. The correctness of an interpretation is not based on the credentials of the therapist or his/her conviction or persuasive powers. It is based on how explanatory the interpretation is, what additional doors it unlocks and how it fits emotionally. When making interpretations we want to take a playful attitude toward the dream, the fantasy, the symptom and the repeating scenarios in the patient’s interpersonal relations. When a patient tells a dream I’ll always ask for the patient’s associations to the dream elements. To do otherwise is to conduct a wild analysis. In a wild analysis the patient is given the therapist’s interpretation of the patient’s dream based on the therapist’s associations. Wild analysis is not Freud’s technique. We must always solicit the patient’s associations to the dream elements.

People often come into therapy describing a problem like shame, fear, anxiety or depression as though one could have these troublesome states surgically, chemically or even magically removed. But an actor with stage fright does not get rid of the stage fright but rather transforms it into the power of the performance. The child does not get rid of his monsters under the bed but learns how to accept his split off erotic and aggressive impulses. The depressive does not get rid of the depression but takes title to his/her self-critique and finds a creative use for aggression. Part of the psychotherapeutic process is learning that we are not damaged products in need of repair, defective machines in need of a new part or malfunctioning computers in need of reprogramming. We are humans being. We have the bodies of animals with minds that symbolize, think and feel. We are born of culture and contribute to culture. We are the stories we tell about ourselves.

Psychological problems sit like caps on top of untold or unelaborated stories. Therapy is about talking about what is difficult to talk about. The therapist listens to what the patient says, how it is said and how some things are not said. The work of the therapist is to help the patient to talk about what is difficult to talk about, whether it is barricaded behind sadness, embarrassment, shame or any other obstacle to disclosure.

Many come into therapy speaking of the problematic objects and events of their lives and view their own reactions to these as objects as well. To become psychologically minded is to understand that we each see the world differently. To think psychologically we need to make the leap from seeing the world of people and things as self-evident objects, to seeing them as our relationships to them.

A person might say, “My mother is mean and that is just the way she is.” But we won’t be surprised to discover that someone else with a different relation to her will see her differently. No matter how many children there are in a family, each child will see the mother differently because each one has a different relationship to her. She is not a self-evident object but someone with whom to have a relationship. Similarly, we do not perceive events as ultimate truths. The events of our lives are perceived as experiences. To move out of the concrete view of the world is to see that we do not deal with objects and events but rather with relationships and experiences. This is essential to understand when it comes to free-associating because it helps the patient to see that what is talked about is not just a concrete reality but a constructed reality as well. This does not mean that what the patient says is not factually true but rather that it carries the storyline of a personal relationship and experience and has a personal point of reference embedded in the psychology of the patient.

Pt.: But what should I say?

T.: Whatever comes to mind.

Pt.: But nothing comes to mind.

T.: And when nothing comes to mind what are you left with?

Pt.: I am wasting your time. You're going to send me away. Someone else has more important things to say. My problems are unimportant. My father said I'm a non-entity. I don't want to bore you. What is really on my mind is embarrassing and you will not like me if I tell you.

T.: I invite you to speak freely but you are afraid I don't mean it because you worry that, like your father, I will think of you as a non-entity.

Pt.: He was a son-of-bitch. I'm sorry about my language.

T.: I invite you to speak in a free and uncensored fashion.

Pt.: Okay, you have that picture on the wall. It's ugly. Every time I see it, it looks ugly.

T.: What is ugly about it?

Pt.: I hope you're not insulted.

T.: You seem to think I am very fragile and will be wounded by your words.

Pt.: Well, my mother would have a fit if she heard me talk like this.

T.: I don't suggest that you free-associate anywhere other than here.

Pt.: Yeah, well my mother would have a fit and that picture reminds me of a picture we had in our garage. It's very primitive and it scares me. Something violent. It's painted on burlap but reminds me of tense muscles. I don't know.

T.: You want to erase your associations with "I don't know".

Pt.: Well, I DON'T know.

T.: Yes, it's hard to tell what it is but perhaps what you feel is something primitive, violent and muscular.

Pt.: Where are you going with this?

T.: I'm following you.

When we begin to interpret the emotional subtext of our day-to-day concerns as expressions of our conflicts regarding erotic and aggressive impulses, family dynamics and the relationships and experiences of a lifetime, we begin to make connections and make meaning. But to read the subtext, we need to think analogically, that is, in analogy. We need to move from the concrete to the metaphorical and from the literal to the figurative.

It will not be unusual to discover similar dynamics between your love life and the dynamics in your parents' marriage; or between your love life and the dynamics in your relationships to your father and mother. But there is not a cause and effect relation between your early childhood relations and your relationship to your spouse. There is an analogical relation. It is a parallel dynamic, a similar scenario, an echo, a rhyme.

Yet, still you wonder, what should you talk about? How can you free associate? You feel like you are talking about what's on your mind but just don't have anything to say today. Well, in addition to talking about whatever is on your mind, please feel free to also talk about, what I call, the in between thoughts. Remember how Freud invited us to imagine we are sitting in a railway carriage narrating all that is passing by? Well, that includes the big tree, the church, the mountain and all the other major features on the landscape but it also includes the weeds, a piece of paper, a stray dog, and any little inconspicuous anything along the way.

When you speak of your day-to-day life I'm listening for patterns, dynamics, scenarios, metaphors. I'm listening to what you say, how you say it and how you're not speaking - how you are avoiding speaking about what is on your mind. I listen for the subtext, read between the lines and, as Theodor Reik would say, I try to listen with the third ear.

The day-to-day life is full of your psychology but it is often more difficult to see the psychology behind it all because the seduction of reality insists that the problem is not you or your projections, it is the world out there. To see the psychology in day-to-day reality we want to see the same dynamic repeating in multiple arenas. But people often find it easier to see their psychological dynamics in dreams or fantasies where the connection to the hardness of reality tends to be a little looser.

Freud called the interpretation of dreams the royal road to the unconscious. Dreams tell us about the psyche in metaphor. Dreams can be interpreted interpersonally as pertaining to you and the important people in your life. They can be interpreted as a commentary on the therapy. Or they can be interpreted intrapsychically personifying impulses, prohibitions, and object relations.

Fantasies do something similar but many people have a narrow interpretation of the word “fantasy” thinking primarily in terms of sexual fantasies or fantasies of fame and fortune. These fantasies are rich fields for self-exploration but a wider view of fantasy can yield a rich harvest of other insights. Worries about what might happen in the future, for example, are often metaphors for current concerns. Fantasies, that is, our personal psychology, even colonize hobbies, interests, passing thoughts and every passing association as well.

For example, there are fantasies embedded in the kinds of books you like to read, the scenes that impress you, and the scenarios you prefer. Those that go for detective novels and spy stories tend to be hypersensitive, pay attention to details and may be a bit suspicious as well. Readers of war history tend to project their personal conflicts onto an international stage. The demands of reality are sometimes a heavy load for readers of fantasy and science fiction. Frustrated erotic yearnings find secret satisfactions in romance novels. Budding ambitions find pleasure in stories of adventure. Early life experiences of any kind can find parallel scenarios in history. And on and on it goes. These linkages I am offering are formulaic and should not be taken too concretely but rather used as examples to explore the psychological function of your preferred topic of reading. What kinds of books do you like to read? What does that say about you and your personality? How do the books you read soothe your soul? Confirm your personality? Or offer a compensation for what is lacking in your life?

My friend, the late Linda Goettina was a children’s librarian before becoming a psychoanalyst. She knew the children’s literature inside and out. When she became a psychoanalyst she would always find an appropriate moment to ask about an adult patient’s favorite book in childhood. Inevitably the characters and storyline or favorite scene were found to be spectacular metaphors for the patient’s object relations and repetition compulsion. Try it. What was our favorite book in childhood? How is it a metaphor of your life, your conflicts, your hopes and fears?

Some people are sports enthusiasts. But get a group of people in a room watching a game and each one is watching a different game depending on his/her personality structure. Look at the range of emotions that get stirred up. Some delight in the competition, win or lose. For others there is either triumphant victory and gloating over the vanquished or bitter humiliation. Others focus on the aesthetics of the athletics and try to ignore the competition. Some identify with a team like an identification with a parent or a tribe. Some see in the opponent all the rivals of a lifetime. Others look for a potential lover out on the field. One man said he watched the game with his eyes constantly on the referee. And can you guess the role he played in his family?

What about music? Years ago I discovered something really quite amusing. I often wake up with a song in my head or find a tune playing in my mind throughout the day. If I hum along or sing along, it has a soothing quality but if I stop and ask myself, “Of all the songs I know, why is this one in my head right now?” Maybe the melody matches my mood. But more often than not, if I just ask myself, “What are the words to this song?” I suddenly become aware that ‘the soundtrack specialist of my psyche’ had unconsciously chosen this song to accompany my mood.

How about movies? What kind of movies do you like? What kind do you not like? What does this say about you? What movies were you impressed by in adolescence or early adulthood? Too many movie dates end with “Did you like the movie?” “Yes. Did you?” “Yes, I did too. Where shall we go to eat?” But no two people watch the same movie. They have different experiences of the movie and when they share those experiences they soon begin talking about themselves. And, of course, that is when the date really begins! What is the scene that impressed you most and why? What does it have to do with you? What does it remind you of? What scene did you not like and why did you not like it?

Many therapists avoid talking about religion with their patients. On the one hand, they want to be sensitive to the patient's religion and, on the other hand, may have their own belief system that limits their capacity to listen to such material analytically. But religion and religious texts offer a panorama of personal scenarios and a pantheon of character types all in mythic form. A young woman preoccupied with Armageddon was attempting to convert her friends to Christianity before it was too late. No one wanted to listen, so she parroted the same prefabricated lines over and over. One day I invited her to tell me in more detail what interested her about Armageddon and the Book of Revelations. She fed me a few of the familiar proselytizing lines and then suddenly confessed to me that the world had in fact already ended during her last psychotic episode when her universe had come unraveled and completely collapsed.

A handsome and somewhat seductive man wanting to maintain his marriage and yet frustrated with its erotic limitations, soothed himself by reciting his favorite prayer "And lead us not into temptation, but deliver us from evil."

A young woman desperately struggling to separate from her mother and find a way to become her own person recalled for me, "In Islam we say Paradise is at the feet of Mother."

When we ask our religious patients about their favorite religious stories, songs, or prayers we learn of their deepest most intimate concerns in religious metaphor. We don't want to reduce their religious life to a psychological interpretation but similarly we need not ignore the psychological roots of their religious orientation.

When a patient goes to a museum on a date I always recommend that the two of them tell each other the stories they imagine taking place in the paintings they see. That way they end up learning more about each other than about the paintings.

What does your world become when you step inside your car? Do you sit back and enjoy the scenery or grumble about the state of the world? Do you reflect on your concerns, fears and doubts or drown them out with the radio? Do you listen to classical music, heavy metal, an insulting shock jock or do you join the fray in political argument? Do you hum a tune or yell at the 'stupid idiot' in the next lane? Is driving for you a graceful dance or an extreme sport? And what is it about traffic that bothers you - I mean, really bothers you? Traffic problems are a world of metaphors and what bothers you on the road is likely to bother you in life. The youngest of three children is distressed when she cannot find a place to park in the same way that it was difficult for her to find a place of her own at home. The one that fears anal assault and people breathing down his back can't stand those tailgaters. The one who is frustrated with her mother always getting in her way, can't stand it when a car drives slow in front of her. The man with spiking castration anxiety can't tolerate being cut off. The woman who defies her parents in every way she can, drives over the speed limit and commits driving infractions as a way of always staying close to the prohibitions without following them. And the man who finds a secret pleasure in arriving at the tollbooth and taking his time to slowly pull his money from his pocket is often, not surprisingly, constipated. What bothers you when you are behind the wheel? And how is it a metaphor of what bothers you in life?

When invited to speak to a group of clinical psychology students working on their dissertations, I suggested that a good dissertation topic is both a symptom and an effort at healing through sublimation. We could say the same about any hobby or special interest.

And what about politics? If we were to listen carefully to a group of people talking about politics, it would not be long before we could notice that each one has his or her special interest that is, in fact, autobiographical. They speak of politics but each one is speaking about him or her self in a political metaphor.

When I lived in Venezuela I saw a couple in marital therapy. They presented with a communication problem in which the wife did not feel she could really trust her husband to be there for her and the husband felt that her hypersensitivities were a burden to their advancement in life. I asked if they ever talked about this together and they said “No” but added that they talk all day long, over the phone and in person. “And what do you discuss?” I asked. They said in unison, “Politics.” The wife said that the Chavez regime had brought a lot of crime and insecurity to Venezuela and that she no longer felt safe in the country. This was true enough and would be confirmed by most anyone in the country but it also described in metaphor her number one problem with her husband. She felt unsafe with him. And what was his political concern? He said the Chavez regime was like a heavy weight around the neck of the small businessman - weighing him down. Again his complaint was true enough but it was also his number one frustration with his wife.

My point is that even when the patient has difficulty free-associating, I will attempt to induct the patient into an analytic dialogue by listening to the fantasies embedded in the narratives of everyday life and striving to help elaborate them.

When some patients are invited to free associate they will talk about their fear of saying the wrong thing, worry about offending us, imagine we are judging them, attend to the therapist’s appearance, reflect on our physical attributes, criticize our voice, speak of a dream, or share a masturbatory fantasy. They may speak of their dreams or recall a scene from childhood or complain about a tyrannical boss. A patient who had always been successful seducing men had a fantasy that I was gay, married or a priest when I did not capitulate to her seduction. But the fact that I did not capitulate created the conditions for her to speak freer and to remember how she had been seduced as a child by her father.

A young man became nervous about his hostile fantasies toward me and when I discovered this, I invited him to speak about how the fantasy would play out. He was a very large and athletic man who had already benefitted from the treatment and with my encouragement he was able to narrate his imagined assault on me. His fantasy began with a body block and was followed by punches and kicks and reached its crescendo when he would throw the coffee table on top of my head. While that was the crescendo his fantasy did not end until he imagined me picking up the phone, calling the police and declaring him crazy. In other words, he worried I could not tolerate his aggression anymore than his parents had.

The literal, concrete, consensual, external reality is the domain of good counseling. But the figurative, metaphorical, imaginal, internal reality is the domain of depth psychology and the analytic therapies where meanings are discovered and meaning is made.

Thus it is through the patient’s free-associations and the metaphorical interpretation of those associations that we make our way toward the psychoanalytic goal of making the unconscious conscious.

Reference:

Freud, S. (1913, 1958) On beginning the treatment (Further recommendations on the technique of psychoanalysis). Standard edition of the complete psychological works of Sigmund Freud. Volume XII. London: The Hogarth Press.