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PSYCHOANALYSIS AND ABERRANT FORMS OF PROSODY

Abstract

The psychotherapeutic situation is predominantly a dialogical relation, a speech event. In an analytic situation, the psychoanalyst is faced with a complex interplay between sound (prosody) and meaning of analysand's discourse. In the case of psychoses and primitive mental organisations, the damaged (or malformed) capacity for simbolization (and mentalization) results in a specific appearance of aberrant prosody into the individual's discourse. The speech of borderline patients, as Kristeva notices, is full of acoustic (prosodic) elements. It reveals the process of collapsing of the signifier, its desemantization, "to the point of reverberating only as notes, music" which need to be (thanks to the therapeutic action) built into the language code. In some cases, it would be right to believe that the patient is (with the prosody of his speech) attacking (Bion would say) the analysts' ability to make a link. In the case of primitively organized and psychotic patients, the stability of the function of the poetic and semiotic in his language is been eluded by its aberrant prosody. Thus, when it comes to primitive mental organizations, the aberrant prosody (which in terms of development is adopted before semantics and syntax) predominantly serves to evacuate inner tension not mediated through language. The Kleinian school would call it the evacuation of beta elements.

Key words: aberrant prosody, orality, therapeutic situation

Oral discourse in psychotherapeutic situation and the aberrant prosody

The psychoanalytic situation is a speech relation, a speech event. In the psychoanalytic situation, the therapist is, inevitably, exposed to a complex interplay between meaning and sound. Not rarely, performative effects of language are also involved. Words can actually do an action. Through abstract linguistic units (words), the subject produces a concrete effect, which situates the performative at the intersection between the symbolic and concrete.

Speech implies sound, that is, voice. Sound, says Jakobson, is inseparable from meaning – every linguistic sign is a unity of sound and meaning, or in other words, of signifier (sound-sensory image) and signified (the concept it signifies).

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This close union between sound and meaning is created by means of the phoneme. The phoneme, a linguistic entity without conceptual content and its own meaning, is a tool which serves to establish meaning (Jakobson, 1977).

Developmentally, sound acquisition precedes the acquisition of semantics and syntax. Exposure to speech in a particular environment triggers memory traces that have acoustic characteristics of the native language (Kuhl, 2000, 2001). A memory trace, according to Jevremović, is something presented, mentalised. "What it is primarily about is a (in fact, always mental or mentalised) reality of a (group and individual) subjectivity in statu nascendi. Re-presentation rests on the verbalisation of that which was initially mentalised (Jevremović, 2013, p. 43).

To say something about something presupposes a stable order of re-presentation, that is, stable distinction between the signifier and the signified. Destabilization of the order of re-presentation could potentially bring sound into play. In the case of primitive mental organisations, the collapse of the symbolic function can lead to the intrusion of the acoustic into the speech of an individual. Often, aberrant forms of prosody are at play. Or, the evacuation of unsymbolised material (beta elements), as the Kleinian school would say. This material (mostly) has no meaning but can have an effect on the recipient.

Psychoanalysis and primitive mental states

Psychotherapy is a talking cure. In his metapsychological and other works, Freud will (mainly drawing on his experience in working with neurotic patients) establish a theoretical foundation that makes possible the psychotherapeutic practice itself. The interpretation of the phenomena of normal life (dreams and parapraxes) and the neurotic symptom is possible because the unconscious, by its nature, is semiotic. It is structured like a language, as Lacan would say. In order to eliminate the neurotic symptom, it is necessary to connect the thing-presentation with the word-presentation.

Freud was not insensitive to the difference in semiotic status of dream and psychotic phenomena. In his texts *The Unconscious* and *Metapsychological Supplement to the Theory of Dreams*, he discerns the differences between the dream-work and the utterances of schizophrenic patients (Freud, 1917a, 1917 b). Dream implies topographic regression, schizophrenia does not. The meaning of a dream, unlike schizophrenic neologisms, can be established through interpretation, that is, by relating word-presentations to thing-presentations. As De Saussure would say, by relating the signifier to the signified.

Freud (besides this insight) did not develop a coherent theory of speech and thought in psychotic patients. Hence the absence of a more elaborate story about the pre-narrative, the pre-linguistic²⁹. About those psychic contents which, being

²⁹ Freud did not have a developed theory of psychose. He explained psychotic phenomena by neurotic mechanisms. His text on Schreber demonstrates that this is the case. Cf. Jevremović P. (2019). *Skotom. [Scotoma] Hermeneutički triptih*. Beograd: Gramatik, and Vulević G. (2016). *Razvojna*

beyond the signifier, are not subject to repression and therefore not subject to interpretation either.

Freud lacked a theory of psychoticism, which Melanie Klein will later develop, in her own distinctive manner. More or less integrated parts of the personality, according to Klein, could simultaneously co-exist with more primitive, psychotic ones. She says: "My experience has showed that full integration is never achieved, but the closer the subject gets to it, the greater his insight into his anxieties and drives, the stronger his character and the greater his mental balance." (Klein, 1977, p. 274). Psychoticism is thus an inherent dimension of subjectivity.

Neither Freud nor Melanie Klein had a theory of lacunae in mentalisation work. It should be added, they did not even have complete theories of mentalisation. Lacunae are places of raw, mentally unmediated tension. Lacunae are (figuratively speaking) gaps in mentalisation. Psychotic phenomena such as insanity and hallucinations, are thinkable and relatively analysable. Lacuna is unthinkable. It is characterized by a specific (certainly not hysterical) mutism. Lacuna is the birthplace of alexithymia. Lacuna is what lies behind autistic disorders and primitive somatizations (Jevremović, 2007).

The theory of the coexistence of the normal and the psychotic in the order of subjectivity must be supplemented with a theory of the simultaneous coexistence of the re-presented, the present (psychotic) and the unmentalised. The speech of the subject of analytic experience will largely be determined by the functionality of the alpha and beta functions.

I will use a clinical vignette to illustrate this.

Clinical vignette

Marija's father had long suffered from leukaemia (over fifteen years). His condition would worsen and improve over the years, so Marija hoped that he would eventually defeat the disease. Although he was fading away day by day and his death was imminent, it nevertheless surprised Marija. She felt the news of his death as a blow. She did not cry. She did not feel sorrow. All she felt was what she described as a *tense emptiness*. She hoped that she would cry at her father's funeral and that tears would bring her relief. That did not happen. There was no relief for that unbearable state of *tense emptiness*. She thought that unnamed thing caused a rash on her skin. It was a severe rash.

It was a serious tension that could not be named and therefore could not be evacuated, a tension that implodes into the body and gives rise to primitive somatisations. The *tense emptiness* is a *lacuna* in mentalisation.

psihopatologija. [Developmental Psychopathology] Novi Sad: Akademska knjiga, pp. 111-134. A germ of a theory of psychotic mechanisms is found in Freud's paper *The Loss of Reality in Neurosis and Psychosis*. In it, Freud states that the mechanism of disavowal (*Verleugung*) of reality is something specific to psychoses: "Neurosis does not disavow (*Verleugung*) the reality, it only ignores it; psychosis disavows it (*Verleugung*) and tries to replace it. (Freud, 1924, p. 185).

Over time (although she still could not feel sadness or cry), Marija's *tense emptiness* became more bearable. Gradually, the *lacunae* were filled with mentally mediated material. The raw tension (*tense emptiness*) was at this stage presented through sound. Marija's voice (otherwise clear and well-modulated) *became fainter*. Whatever she was talking about, she spoke in a low, barely audible voice. The prosody of her speech did not match the sound of a lament. Her speech was a speech of a dying person. If we were to stick to Freud's theory, we would say that Marija identified with the lost object.

Grieving is based on the experience of inaccessibility (otherness, loss) of an object. By identifying with the lost object, the person (potentially always pathologically) *makes the absent present*. In this way, the loss is *denied*. Therefore, the possibility of verbal articulation of grief for the lost object is abolished.

The poetic of sorrow and the acoustic

Greek tragedians, according to Segal, drew on the function of song in an oral culture as the ritualized expression of pain. "By absorbing the cries of grief into lyricism of choral lament, the tragic poet is able to identify the emotional experience of suffering with musical and rhythmic impulse of choral dance and song...Tragedy's transformation of cries of woe into song constitutes at least part of the creative power of the *poietes* (poet-as-maker) and of his divinity, the Muse. Pindar is perhaps aware of this process when he relates how the wail for the dying Medusa is transformed by Athena into the flute song performed at musical competitions. (*Pythian 12*) (Segal, 1993, p. 16)".

Tragic poetry, through aestheticization of pain, aims to produce *terpsis*, or pleasure. This paradox, Segal says, extends the Homeric paradox of "joy in lament" not only because it gives it a new intensity (especially in its choral lyric), but also because the tragic Muse is present in it in the form of negated *music*." All three tragedians use the rhetorical figure of negated song (unmusic singing, lyreless Muse, unchorused dance, or the like) to express these paradoxical relations between art, beauty, ritual, and tragic suffering. These oxymora call attention to the fact that joyful songs and dances being performed have as their goal the representation of joylessness. They thus point to the fruitful tension between the mythical threats of the disorder in self, city, and world enacted on the stage and order-enhancing celebration of community inherent in the civic performance itself (Segal, 1993, p. 17)".

Euripides, continues Segal, is particularly fond of the figure of negated song. In *The Trojan Women*, Hecuba lamenting for lost Troy, the death of her husband and children, calls her lament a *joyless song*, a *song for those in misfortune*.

"Ah me, ah me! What lament is there that I cannot utter, unlucky woman that I am? My country is gone, my children, my husband! Great pride of my ancestors, now cut short, how slight a thing you were after all! What should I wrap in silence,

what should I not wrap in silence? (What should I lament?) How luckless I am, how miserably my body recline, my back stretched out on its hard bed. Alas for the temples of my head and for my sides! How I long to roll my back and spine about, listing now to this side of my body, now to that, as I utter continually my tearful song of woe! This too is the music for those in misfortune, to utter aloud their joyless troubles (119-121)."³⁰

The cry becomes *the music for the unfortunate*. With such music, the joy of dance is *impossible*. *Hecuba does not dance*. Instead of a dance, *stretching of the body* takes place. Repetitive movements like *rocking*. Battezzato says on this: "Instead of a dance, Hecuba now longs to twist her back and spine 'on both sides of her limbs, in endless tearful laments'. She complains of the 'Music' that sings of a *joyless* trouble; a paradoxical music, because the troubles do not know the joy of dance'. The aristocratic muse of her past is now replaced by monotonous music of sorrow (Battezzato, 2005, p. 9).

By this transformation of cry into music, the potentially unarticulated voice becomes *organised*. And thereby – *aestheticized* as well. And as such, lament pacifies (at least partially) the disorganisation of self and the *socium* caused by the loss and brings relief from pain.

The lament is addressed to the (lost) *Other*. It is the (poeticised) cry of *someone for someone*. The lament implies a stably maintained order of re-presentation, the difference between subject and object, signifier and signified.

The acoustic, pre-narrative penetrates the lament. The effects of the lament come from the interplay of meaning and sound. The poet *intentionally* uses rhythm and melody to produce a certain effect.

The destabilization of the order of re-presentation, as has been indicated before, potentially brings *aberrant forms of prosody* into play. In the case of the mentioned patient, narcissistic identifications produce a specific *sound*. Her voice is *dying down*. Beyond any reflexive intentionality, the state of her *external* (and internal) objects is *presented* through prosody. It is a specific *mimesis*—their demise, loss of life, is presented through sound.

Melancholia, mentalisation and language

Freud says that narcissistic identifications with a lost, ambivalently invested object play a key role in the psychodynamics of melancholia. In the case of melancholia, the shadow of the object falls upon the ego. Hence the tension between the ego and the ego-ideal. Reproach (self-reproach) initially directed at the lost objects is now re-directed by the ego-ideal to the ego instance.

Freud's theory of narcissism is characterized by vagueness analogous to the vagueness of his theory of psychosis. As Jevremović rightly remarks: "At least

³⁰ Euripides's verses are quoted according to Kovac' s translaton. Cf. Eurpides. *Trojan women, Iphigenia among Taurians, Ion*. Ed. and transl. Davic Kovacs London: Harvard University Press, 1999.

in principle, any neurotic distortion of meaning (even with the inevitable delay) is subject to interpretation. More precisely, to the analytic procedure. On the other hand, the mirror state of narcissistic investment, which is developmentally constituted beyond the Oedipal structure, irreversibly abolishes the possibility of commonly accepted understanding (and interpretation) of mental disorder (Jevremović, 2019 a, p. 70). In the case of narcissistic identifications, the psychodynamics of the symptoms are different.

In melancholia (as Lacan would say) we find the dialectic between the narcissistic and the symbolic (Lacan, 1993). The ability of a subject to convey his relation to his own self via language indicates that he is situated in the symbolic order. Self-reproaches as well as hysteric's question are situated in the place of the Other³¹.

The mentioned patient does not suffer from melancholia. In her case, the loss of a loved one leads to the destabilization of the inner container, and thus to the (temporary, partial) collapse of mentalisation and symbolisation functions. The period of tense emptiness (a lacuna in mentalisation), as has been said before, was followed by the mediation of the internal content through sound. This progress did not occur as a result of the withdrawal of cathexis from the lost object, but as a result of the increased capacity for mentalisation. Soon, it became possible for her to symbolise her inner state. The patient begins to dream about water. In these recurring dreams, there was water overflowing from jugs, taps from which water flew uncontrollably, flooded bathrooms. These dreams, in terms of their function, are analogous to lamentation. Through an image, it was possible to evacuate and (potentially) communicate the suffering caused by the loss of an object.

As Melanie Klein would put it, Marija arrived at the depressive position.

Mourning, destruction and the effects of speech

The ability to endure loss (especially the traumatically excessive one) rests on the capacities necessary for overcoming destruction available to the subject. My patient (Maria), as we have seen, was painfully overwhelmed by devastating destruction. A destruction in its most concrete (somatic, symbolised and unmentalised) form. In her case, the loss did not intensify depressive anxieties. It triggered persecutory fears - fears of annihilation. The fear of annihilation arising from the death instinct does not result in the feeling of sadness but in the feeling of horror. It is the feeling of horror that led to the collapse of her inner container.

Thereafter, the tension is mentalised and evacuated by means of sound. Based on the prosodic characteristics and effects of her speech, through which, as has been noted earlier, she presented the state of her objects, and her identification with them, an insight into the psychodynamics of her phantasies could be gained.

³¹ For more on hysteric's questions cf. Lacan J. (1993). *Psychoses. The Seminar of Jacques Lacan*. Ed. Jacques-Alain Miller. New York: W.W. Norton & Company.

Identification with the lost objects stems from the need to negate the loss. In that situation the testing of reality is (at least temporarily) compromised. In Freud's opinion, reality testing plays an important role in the process of mourning. In his paper *Mourning and Melancholia*, Freud says: „In mourning time is needed for the command of reality testing to be carried out in detail, and that when this work has been accomplished the ego will have succeeded in freeing its libido from the lost object“ (Freud, 1917 c, p. 252, italics mine). In the same paper, discussing reality testing and the economics of pain, Freud further says: “Each single one of the memories and expectations in which the libido is bound to the object is brought up and hypercatheted, and detachment of the libido is accomplished in respect to it. Why this compromise by which the command of reality is carried out piecemeal should be so extraordinary painful is not at all easy to explain in terms of economics. It is remarkable that this painful unpleasure is taken as a matter of course by us (Freud, 1917 c, p. 245).

Melanie Klein, building upon Freud's observations from *Mourning and Melancholia*, developed her distinctive approach to this matter. According to Klein, during the depressive position, the child, having internalised his whole objects (which Klein thought are felt by the child as living beings within his own body), fears that he has destroyed or will destroy them by his aggression. His internal world and the objects it contain are not capable of being directly perceived by him. The doubts and fears that arise as a result of this, prompt the child to increasingly rely on his perception of the external objects in order to know his internal world, which originates from the external world. The visible mother, thus, continuously points to the characteristics of the internal mother, her anger, tenderness or vengefulness. The degree to which external reality can diminish anxieties relating to internal reality is an indicator of normal development.

With her father's death, Marija's destructive phantasies coincided with reality. Her feeling that she had hurt her objects, and that they were injured, dying or dead, was confirmed. By denying her loss, she also denied her own destruction. Only her voice betrayed her feeling of deadness of her inner world.

Conclusion

What follows from all the above, is a clearly important conclusion for clinical practice: in working with fragile unstable structures that are in a state of acute stress, it can be observed, in addition to the preserved ability to symbolise, that there are contents that escape from the symbolic order. These contents can be presented through sound, so it is important to move away from the content of free associations as the most important starting point for interpretation and focus on the prosodic effects. Analysts of the Kleinian school would say that interpretations that rely on free associations alone would not lead to progress in the analysis, because they would only deal with those better integrated, mature parts of the

patient's personality. Analysts are expected to carefully observe and interpret their countertransference reaction, and to verbally articulate the content of the material that patients project onto them.

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