

PSYCHOANALYSIS AND ARCHITECTURE: EFFECTS OF SENSUOUS SPACE
THE ANALYST'S OFFICE

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ABSTRACT

This paper aims at exploring the interconnectedness between psychoanalysis and architecture through a detailed observation of the physical setting of analysis, and supported by readings of Freud, Winnicott, and other post-Freud thinkers within the discourse of both psychoanalysis and art/architecture. It will argue that the aim of the spatial setup of the consultation room is to imbue the patient with a feeling of ‘*the uncanny*’; concept developed by Freud in his 1919 paper of the same name. This *oscillating* movement between opposing states causes a re-orientation, or *anamorphosis*, of the patient towards the primal *oceanic* feeling of oneness – towards a state of *fusion* with the space itself. In line with the primary narcissistic state of the infant, this feeling of oneness induces what is one of the goals in psychoanalysis: regression into the unconscious.

FUSION AND REGRESSION

1.1 Psychoanalysis and Architecture

If we think of architecture as the formation of material and geometry experienced through our bodily sensations, and psychoanalysis as the exploration of the inner psyche, one would wonder what these two disciplines might contribute to one another. This paper aims at exploring this exchange, by showing that the experience of architecture – our built, physical reality - is not limited to our exterior physical body, just as psychoanalysis is not limited to the inner world of the mind. Instead there is an ongoing dialogue where the physical environment -consciously or unconsciously- has an effect on the psyche, which simultaneously affects one's perception of that physical reality. As such, buildings do not merely provide physical shelter and protection, they also provide a mental mediation between the world and our consciousness, articulating both physical and existential space.

In his writings Freud gives little insight into the nature of the analytic space; the furniture and numerous objects he surrounds himself and his patients with during sessions. However, in this paper the interchange between the physical and mental realms will be explored in the light of a generic space of analysis -as well as Freud's own consulting rooms -and supported by readings of Freud, Winnicott, and other post-Freud thinkers within the critical discourse of both psychoanalysis and architecture. In looking at how the spatial setting of a psychoanalyst's office might affect the outcome of a session, we will attempt to extract the following premise: the role of the space of analysis –the use of the couch, the controlled visual, auditory and tactile environment– is to simultaneously disorient and orient, confuse and enlighten, frighten and shelter the patient; to evoke simultaneous –yet not contradictory- opposing *uncanny*¹ sensations which extract the patient from his or her particular perspective of reality and re-orient them into a state of *fusion* with the space itself. This will be compared to experiencing a work of art, where one becomes fused with the object of observation. It is also not dissimilar from Freud's notion of *oceanic feeling*² which refers to a state of oneness with the universe associated with the baby's contentment during feeding at the breast. The

paper argues that this feeling of oneness is actually an intermediary state (aligning with Winnicottian theory) which recalls the infantile *oceanic* state and resulting in the desired regression of the patient.

1.2 Fusion with object of observation

Freud first refers to the ‘oceanic feeling’ in the opening pages of *Civilization and its Discontents*, in the context of letters exchanged with his friend, now known to be Romain Rolland.

“It is a feeling which he would like to call a sensation of ‘eternity’, a feeling as of something limitless, unbounded—as it were, ‘oceanic’.”³

Considering himself a man of science, Freud analyzes the term as he would any other feeling, namely by exploring that which causes it, or as he put it, he sets out to find its *ideational content*⁴. Tracing it back to the early phase of ego-feeling, or primary narcissism, Freud explains that our present ego-feeling is only a reduced fragment of the earlier more encompassing feeling in which the ego and the outside world are intimately bound. The ideational content of this primitive ego is precisely that of limitlessness and of a bondage with the universe; the same ideas which characterize the *oceanic feeling*.

This state of indissoluble bond, of oneness with the universe, is one that Freud associated with the baby’s contentment during feeding at the breast. For Freud, the primary ego-feeling coexists, as a kind of counterpart, to the narrower and more sharply demarcated ego-feeling of maturity and compares this ego to the vestiges of ancient Rome lying beneath the constructions of later centuries.⁵ In a different- yet similar- conception, for Winnicott, the infant is a mind-body entity⁶ unaware of its separation from the environment- from its mother. At the same time the illusion of oneness in maturity is a necessary phase in the recognition of the state of separateness- of differentiation between self and other.⁷ From either one of these vantages the question that necessarily arises is; what triggers this *oceanic feeling* in maturity?⁸

A successful analytic session embarks in free association and analytic interpretation in order to instigate transference and regression.⁹ Therefore, all that visibly takes place in a session is the verbal exchange of words; as Lacan put it “*reducing it to its bare truth (...) it is merely a question of words spoken*”.¹⁰ But is it just the encouraging words of the analyst that can trigger regression, or are there other environmental factors? Indeed, this paper will argue that there are other factors which come into play during analysis, and it is the sensuous quality of the environment within which the patient is immersed – the analyst’s office - that can trigger the regressive state.

To explore this idea further, let us take the example of artistic experience. There have been many accounts by artists who, when describing the creative act, speak of a loss of self and a sense of *fusion* with the object of creation; *art is made at the boundary between self and the world*.¹¹ However, artistic experience can also be extended to the viewing of artwork. In his book *The Power of Form*, the psychoanalyst Gilbert Rose describes the aesthetic experience of viewing art as “*a sense of fusion with the art work. Subject, object and interaction become interwoven in a dynamic system.*”¹²

When observing becomes a creative act itself, it is an immersive experience that weakens the boundary between self and object of observation; the borderline softens, turns penetrable, and allows the world to flow into the viewer and the viewer to flow into the world. This state of *oneness* corresponds to a state of indeterminacy of boundaries, which seems to be the same as that described by Freud as the *oceanic feeling*.¹³ It also coincides with Winnicott’s conception of the intermediary state of *experiencing*; in which the inner and the outer world of a human being coexist in an *interrelated yet separate way*, limited only by a porous *membrane*.¹⁴ Thus, instead of passive reception followed by an outward reaction, in an immersive aesthetic experience, we become an open dynamic system where self and world are embodied in each other.

According to the author of *The Power of Form*, although the sense of fusion with artwork is quite different to that of the original narcissistic fusion of self with mother (in

that there is no genetic source for this experience) this “*inner unity unconsciously echoes the original oneness with the mother.*”¹⁵ Rose also sustains that aesthetic fusion is temporary and followed by the idea of re-separation; the dissolution of boundaries is followed by their re-delineation. He goes on to discussing the experience of aesthetic fusion as involving an oscillatory, pendulum-like, movement between past and present, fantasy and reality; with the artwork acting as a “*transitional bridge between the strange and the familiar*”.¹⁶ When tackling this idea in the context of physical space he finds that it is “*both enveloping, embracing, inclusive and delineating, segregating, exclusive.*”¹⁷

Similarly, the art critic, Adrian Stokes¹⁸ -whose writings were heavily influenced by psychoanalytic theory in general, and Kleinian theory in particular- saw in aesthetic experience the integration of the prototypical experiences of fusion and separation of a child with the mother. Stokes writes that any creative act comprises at once a wish for fusion with the object, an *oceanic* longing for it, but also recognition of the otherness of the object. Thus, it is not that the observer is unaware of the otherness of the object of observation, yet observing artwork in an immersive way has the capacity to place ourselves at the boundary surface between the real and the imaginary, the outer and the inner, allowing both to flow in and through, just as described by Winnicott as a *membrane* limiting inside and outside.

In a psychoanalytic parallel, when the patient feels *stimulated* enough to settle in the space there is potential for the type of aesthetic experience described earlier; there is a possibility for a diffusion of boundaries in such a way that the separation between the patient and the space of analysis softens, while still maintaining an awareness of the otherness of the space. The fusion of self with space, brings the patient back to when it was not possible to distinguish between self and the outside world, where fantasy and fiction, body and mind were a single entity, thus pushing the patient into a state of regression. In Winnicott’s words:

“*The setting of analysis reproduces the early and earliest mothering techniques. It invites regression by reason of its reliability. The regression of a patient is an organized*

return to early dependence or double dependence. The patient and the setting merge into the original success situation of primary narcissism.”¹⁹

Having established that regression is stimulated by a sense of oneness - fusion - with the environment, the purpose of this paper is to explore the origin of this fusion. In aesthetic experience - as accounted, among other, by Rose and Stokes - we have seen how it is the internal oscillatory movement between opposing sensations that triggers a sense of oneness with the object of observation. Can a parallel be made within the setting of psychoanalysis?

1.3 Fusion and regression. The uncanny

The notion of fusion as used in this paper coincides in part with Winnicott’s intermediate state of *experiencing*; where inner and outer reality constantly permeate each other, but it is brought about by an internal oscillatory movement. This movement is much like the way electricity is brought about in an alternating current circuit²⁰; oscillating from one pole to the other in a consistent and imperceptible way. What produces electricity is the very movement from one to the other- neither positive or negative charges are ever experienced in their individual state, and electric current needs both polarities in order to exist. In other words, it is a new state that is brought about by the rapid oscillatory movement between opposing states.

To justify a comparison between fusion triggered by observing art work and fusion triggered in the context of a psychoanalytic session, one must turn to the concept of ‘the uncanny’ as first developed by Freud in his 1919 paper of the same name. Freud’s paper “*Unheimlich*”, literally meaning ‘unhomely’ but translated into English as “*The Uncanny*,”²¹ deals with the notion of domesticity and familiarity, putting forward the circumstances in which the familiar can become uncanny and frightening. In this paper Freud explores the psychodynamics of *that which arouses dread and horror*²² and is particularly interested in the duality inherent in the meaning of the term.

“In general we are reminded that the word ‘heimlich’ [homelike] is not unambiguous, but belongs to two sets of ideas, which, without being contradictory, are yet very different: on the one hand it means what is familiar and agreeable, and on the other, what is concealed and kept out of sight.”²³

It is through the concept of *the uncanny* that psychology has entered most eloquently into the discourse of architecture. In broad strokes, *architecture of the uncanny* is one that organizes form and space in such a way as to produce unsettling and ambivalent sensations, oscillating between the familiar and the unfamiliar, the alien and the safe, the *unheimlich* and the *heimlich*. Anthony Vidler,²⁴ who was the first to coin the term ‘*the architectural uncanny*’ in his book of the same title, uses *the uncanny* as a metaphor for a fundamentally ‘unhomely’ modern condition and argues that in architecture, the uncanny can be found in the interstices between the *psyche and dwelling*, between *body and space*, between *the unconscious and its habitat*.²⁵

Thus, the spatial quality of the analyst’s consulting room has a significant role in instigating the sense of fusion necessary for regression; its *uncanny* quality of familiarity and strangeness, its embodiment of comfort and discomfort, brings about an internal movement – oscillating from positive to negative- that momentarily fuses the patient with the environment; the space of analysis becomes at once container and content, a modeling and a carving²⁶ of the subconscious. In the following section we will explore the means by which *the uncanny* can emerge from the analytic setting.

THE ANALYST'S OFFICE AS THE UNCANNY

2.1 Winnicott's contribution

Freud never really discussed in any detail the relevance of the physical space of analysis in the process or outcome of psychoanalytic treatment. It was probably Winnicott who first tackled this theme in his 1954 paper, "*Metapsychological and Clinical Aspects of Regression within the Psycho-Analytical Set-Up*". According to Winnicott the *place of regression* had not really been given much importance or space for debate within the world of psychoanalysis, and when it did come up was often dismissed as pertaining to an "*art aspect of psycho-analytic practice*"²⁷

In describing the setting of Freud's work, Winnicott writes a passage that is key for the task undertaken in this paper, which intends to explore the impact the physical milieu has on the psyche during the process of analysis:

*"Now I wish to make clear in what way I artificially divide Freud's work into two parts. First, there is the technique of psycho-analysis (...) second, there is the setting in which this work is carried through. (...) This work was done in a **room**, not a passage, a room that was quiet and not liable to sudden and unpredictable **sounds**, yet not dead quiet and not free from ordinary house noises. This room would be **lit** properly, but not by a light staring in the face, and not by a variable light. The room would certainly not be dark and it would be comfortably **warm**. The patient would be lying on a **couch**, that is to say comfortable, if able to be comfortable, and probably a rug and some **water** would be available."*²⁸

It is of interest that in this short but detailed passage about the analyst's room, Winnicott makes reference to bodily sensations through the conventional human senses²⁹; this room should be *quiet and not liable to sudden and unpredictable sounds* [hearing], *lit properly* [sight], *comfortably warm* (...) *patient would be lying on a couch* [touch], and *some water would be available* [taste]. No reference is made to smell,³⁰ which is somewhat of an interesting absence since Freud actually equated an inability to smell as a means for our consciousness to repress unwanted memories; "*To put it crudely, the current memory stinks just as an actual object stinks; and just as we turn away our sense organ (the head and nose) in disgust, so do our preconsciousness and our conscious sense turn away from the memory. This is repression.*"³¹

2.2 The room's thresholds

The first emphasis Winnicott places is on the non-transient quality of the room. Indeed in entering the analyst's office both the patient and analyst know that something very particular is supposed to happen in that space; it is like the stage for an unscripted unfolding of the unconscious; for a radical transformation of self. In theory, successful treatment would entail a somewhat conventional structure of a narrative with a beginning (first encounter with analyst, exchange of formalities), a middle (the routine sessions) and an end (final unfolding of the unconscious- the cure), which is paralleled by the sequence of arrival, with the thresholds anticipating the beginning of treatment or the beginning of that day's session. The sequence of arrival contains multiple thresholds; subtle and powerful elements in establishing the dialectic between inside and outside. The building lobby, stairs, elevator, reception, and waiting room, are just some of the possible sequential spaces traversed prior to *arriving*. As one enters the building's precinct and proceeds towards the analytic room, layers of space are penetrated; preparing for the inner transformation, and insulating patient and analyst from the outside world.

A threshold is the intersection of different spaces, yet it is a space itself, defining both separation and connection. It can be a literal boundary, with visible presence or just an implied boundary, defined by a ray of light, a scent, a change in material, a piece of furniture, or space between objects—like the distance from a chair to the couch.³² Nonetheless thresholds are fiercely felt both physically and emotionally. In entering the space of analysis, the role of a threshold is that of a connector and separator of the outside world; mediating oneness and separateness.

It is not only through the visible spectrum that we can locate or re-orient ourselves within the context of space, the auditory canal can help us understand the non-visible depth of the space, allowing us to perceive the existence of spaces beyond what our eyes may reach. Differently shaped rooms, different materials, different textures, reverberate sound differently. As such, sound can measure quality as well as

quantity of space, making its scale comprehensible; “we stroke the edges of the space with our ears.”³³

In referencing sound when describing the analyst’s setting, Winnicott brings a certain domesticity into this otherwise professional setting, implying that somehow *ordinary house noises* might be the familiar background which could give the patient certain comfort. Indeed, comfort seems to be the prevailing quality that according to Winnicott the analyst aims to provide. Although this paper will argue that it is the combination of both comfort and discomfort which are key to a successful analytic session, Winnicott’s mention of domesticity is worth noting, as it points to the very domesticity in which Freudian discourse of psychoanalysis is produced. Indeed, Freud’s consultation rooms, both in Vienna and later in London, were adjacent to the domestic spaces he shared with his family. Domestic sounds were thus likely to have been an indirect part of his sessions with patients.

Yet another threshold is given by the presence of the window in the consulting room. It mediates the interior and the exterior, providing both a view to the outside world and a reflective surface which, at a given moment, may reflect back our sense of self. If the window is very large we can imagine there being more of the outside in the room than the inside, and it could also be a cause for distraction. Too small an opening, however, might have a claustrophobic effect in the patient, and cause a feeling of imprisonment from which one would want to escape. One could make a parallel between the role of the window and the analyst as both being mediators of inside and outside, and also capable, at the necessary moment, of providing a reflection of self to the patient.

2.3 The couch

Although Freud does not enter into details of the spatial organization of the analytic setting he does provide reasons for the use of the couch and the position of the analyst behind the reclined patient. The first motive was personal; he did not wish to be looked

at for long periods of time, but on the professional level he wrote that he did not want to give the patient any material for interpretation by reading the analyst's facial expressions.

*"I insist on this procedure, however, for its purpose and result are to prevent the transference from mingling with the patient's associations imperceptibly, to isolate the transference and to allow it to come forward in due course sharply defined as a resistance."*³⁴

Indeed, one of the most common images associated with the process of psychoanalysis is the patient lying on the clinician's couch. The couch as an object within the spatial setting of the analyst's consulting room is heavily embedded with meaning; its physical presence is powerful not merely due to size but because it is intimately related to the process of regression and personal transformation. Freud used the couch as a tool to encourage regression; to accompany the journey into the unconscious and recovery of the repressed. Analysts after Freud have long recognized that the positioning of the patient on the couch facilitates regression to earlier modes of psychic organization, in part because the recumbent position resembles the position of sleep. In describing the analytical setting, Rene Spitz, claimed that with the use of the couch and free association Freud had created a surprising parallel to the infantile situation: *"The couch on which the patient lies in the infantile situation, without seeing, but hearing the analyst, having to address his appeals and expressive manifestations into the emptiness of space like the infant"*³⁵

However, from the patient's point of view there is also something very alienating and disorienting about being in a semi-horizontal position within the relatively foreign environment which is the analyst's office. This ungrounded position implies a certain instability; a shift from being upright, mobile and physically in control to being passive, in a state of suspension and induced self-observation.

*"As soon as we become motionless, we are elsewhere; we are dreaming in a world that is immense. Indeed, immensity is the movement of motionless man. It is one of the characteristics of quiet daydreaming"*³⁶

In this quote Bachelard uses of the term *immensity* to reference the loss of boundaries that corresponds to the *daydreaming* state. Although there is passivity to being in this state of suspension, it is with the shift from grounded to ungrounded that the perspective of the room shifts; it changes the room from being a mere container of static objects to a palpating space fully participant in the dynamic transformation of self. In effect by completely re-orienting the patient physically there is also a re-orientation of mental space.

This Freudian radical change in orientation, re-orientation, or reversal of space, was coined by Lacan's use of the term *anamorphosis*³⁷. Used in reference to the viewing of art, *anamorphosis* implies a distortion of perspective requiring the viewer to change vantage point or use other mechanism in order to understand that which is being looked at.³⁸ An eloquent example is Hans Holbien's depiction of the skull in the painting *The Ambassadors*; when we look at the painting in a direct frontal way, the skull appears as a meaningless stain, only acquiring the contours of the known object when we change our position and look at it from the side. This notion of *anamorphosis* also ties back quite strongly to Freud's thoughts on the baby's first turn from the frontal, always available, view of the breast to the profile view which satisfies only imaginarily and allows for normal development in the baby.³⁹ James Grotstein also pointed out how by recommending the analysts to place patients on the couch, Freud had in effect discovered the right side of the brain; shifting the patient from a highly organized mode of thinking, now associated with the left brain, to the free-floating, field-dependent right side of the brain.⁴⁰



Holbein. *The Ambassadors*



George Moraitis provides another interesting interpretation of Freud's use of the couch; equating it to a protective shield for the analyst whose private space becomes invaded by the patient's transference expectations. In his view the patient's horizontal position gives the analyst a protective shield that prevents the premature disclosure of the analyst's limitations and vulnerabilities as they emerge in the analytic situation. When the use of the couch is viewed in the light of these considerations, the frequently

encountered reluctance of patients to use the couch may indicate an effort to remove the analyst's protective shield; *“The use of the couch has traditionally provided the psychoanalyst with a private domain that protects the practitioner from the unrealistic demands of his patients.”*⁴¹

In his *Papers on Technique* Freud admits that there were frequent refusals from patients to using the couch. Since then there have been a number of psychoanalysts⁴² who have put forth cases and elaborated on the meaning attached to this. Vision, or lack of vision, seemed to play a predominant role in many of the reported cases, given that most patients feel the need to be able to see the analyst during sessions.⁴³ But there have also been extensive objections due to the sexual connotations the couch may have for some patients, who may feel vulnerable, exposed, and on display when reclined on the couch. In *“A Phobia Of The Couch: A Clinical Study Of Psychoanalytic Process”*, Nancy Kulish discusses various analysts who have written about their patient’s refusal to use the couch, and goes into extensive detail regarding her own experience in treating Ms.S who refused to use the couch during the first three years of treatment.

Without getting into the details of these cases it seems fair to say that, refusal or acceptance of the couch, there seems to be an overwhelming ambivalence in regards to this iconic object. In line with this paper’s thesis the couch appears to play a central role in the *uncanny* setting of the analyst’s office; simultaneously soothing and irritating, comforting and threatening, orienting and disorienting the patient. This oscillating movement anticipates the state of *oceanic* fusion with the object itself; thus the patient becomes the couch and the couch becomes the patient. This goes beyond pure symbolism of what the couch might represent (the analyst, the mother) instead the couch *becomes* anything that the patient wants to project onto it while in regression; it is an *object of possibility*. For Winnicott;

*“In so far as the patient is regressed (for a moment or for an hour or over a long period of time) the couch is the analyst, the pillows are breasts, the analyst is the mother at a certain past era. In the extreme it is no longer true to say the couch stands for the analyst.”*⁴⁴

2.4 Objects within the space

As a means of framing the thesis, at this point it will be particularly fruitful to consider the specific interior environment of Freud's own consulting rooms. As can be seen from the extensive photographs taken of his *Bergasse 19* office in Vienna⁴⁵, Freud had a vast collection of antique sculpture and imagery from ancient Greece, Rome, Egypt and the Orient, which he arrayed on every available surface. Primitive work is supposed to encourage memory and regression, which might be a reason why Freud engulfed his patients with it. The significance of the collection in his work is also evident in Freud's use of archaeology as a metaphor for psychoanalysis.⁴⁶ Nonetheless some critics⁴⁷ suggest that the presence of these artifacts is less for the interest of the patient and is more about Freud's own exteriorization of his psyche. Indeed, these interiors are so placated with relics that they seem to be a space of a refuge for the collector,⁴⁸ where in some instances the patients themselves become part of the collection.



Freud's study in Vienna

In a detailed analysis of Freud's consultation room in Vienna, Diana Fuss⁴⁹ points out how patients would have their first consultation with Freud in his study. They would be seated at a small table adjacent to his writing desk, which was full of collected objects, particularly primitive heads and busts. Across from the table there was a small mirror placed in the plane of the window, which would reflect the image of the patient as if to make a bust of the patient which would temporarily join the multitude of his collection.⁵⁰

The London office, where Freud spent his last year, was arranged much like his consultation room at *Bergasse 19*, yet it did not have a separate study. The consulting room and the study were combined together, with the couch situated opposite his desk. In this space a large collection of primitive heads was placed adjacent to the end of the couch, where the head of the reclined patient would be during analysis. Curiously, the reclined patient would not see the heads, it would be Freud to see the head of his patient



Freud's consulting room in London

almost align with his collection; a somewhat similar effect caused by the mirror had in his Viennese study. To a certain extent, Freud's consulting rooms constitute the interiorized scene of his analytical technique; the scene of a relation between subjects mediated by objects.

As we have seen from exploring the role the analyst's office plays in the unfolding of analysis, the space and the objects it contains are of a paradoxical nature capable of producing oscillating opposing feelings of comfort and alienation; it is a space of *the uncanny*. This spatial *uncanniness* pushes the patient into an intermediate state between self and other, becoming in effect a Winnicottian membrane; where things from inside and outside pass through allowing for the emergence of regression.

However, it is important to stress that from this paper's point of view, this *uncanniness* is not a fixed symbolic quality of the space or the objects within it, rather, as elaborated by Winnicott, it is a fluctuating dynamic process. For Winnicott what is important is not the symbology of external objects but their actuality, their condition of possibility. Thus we are rejecting the view that would reduce external objects, spaces or buildings, to Kleinian symbolizations of good or bad breasts, and advocating for a Winnicottian view of *space of possibility* where what is activated during regression is the *actual* not the symbolic.⁵¹

Thus, the space of analysis is not just a passive context for treatment; it is an active participant in the analysis. The room activates daydreaming while protecting and sheltering the daydreamer, functioning as a safe haven and shelter for the patient but also as a stimulant of regression. This stimulation is necessarily achieved by enveloping the patient in an environment imbued with qualities of *the uncanny*, as described by Freud himself in his paper on the subject.

DETERRITORIALIZING PSYCHOANALYSIS

3.1 Setting versus technique

As a counter-argument to the thesis presented in this paper, one could mention the lack of consideration of other non-spatial aspects necessary for fusion and regression. As Winnicott points out, there has to be in the patient “*an organization which enables regression to occur,*” and only one of the four conditions Winnicott lists deals with aspects of the physical setting.⁵²

However, from the start this paper sets out to only tackle one of the two parts in which Winnicott divides Freud's work;

“*First, there is the technique of psycho-analysis (...) And, second, there is the setting in which this work is carried through.*”⁵³

This paper focuses on the second aspect- *the setting*- leaving out all other *-technique-* aspects of psychoanalytic work. Therefore, in discussing the emergence of fusion and regression, there is a necessary assumption with regards to the preexistence of the above mentioned *organization* in the patient.

3.2 Spatial Subjectivity

One of the foundations on which psychoanalysis is built is the idea, or hope, for the uttermost objectivity from the analyst. As we have seen from the previous descriptions of the physical milieu in which analysis takes place -particularly Freud's interiors- one could legitimately question the success of this premise. Isn't the choice of art work, books, furniture, upholstery, a clear manifestation of subjective preferences? Isn't the analysis room thus exuding with the subjectivity of the analyst?

The analyst's office can be intimidating for some because it is spatially perceived by the patient as the analyst's territory. In describing Freud's consulting room in Vienna, Diana Fuss writes: “*When patients arrived at Freud's office, they entered an overdetermined space of loss and absence, grief and memory, elegy and mourning. In short,*

they entered the exteriorized theatre of Freud's own emotional history, where every object newly found memorialized a love object lost"⁵⁴. From this point of view, Freud's analytic room was like a spatialization of his own inner psyche, even though it is supposed to set a neutral stage for the exteriorization of his patient's psychological interior.

In response to this claim one must momentarily look beyond the context of psychoanalysis, and consider the subjective contribution that an architect or designer makes when designing a space or structure for a client. Can all design decisions be tagged as 'subjective' purely because they are made by a subject? This brings us to the threshold of a long and heated debate around the projection of subjective preferences within design professions. Without entering in the specifics of this debate, the point being made here is that, the analyst, in arranging the physical setup of the consulting room, is being no more subjective than the architect who originally designed the structure within which the room is located.

3.3 Deterritorializing psychoanalysis

As we have seen, the setup for psychoanalytic treatment, as created by Freud and followed with minimal change thereafter, is like an assemblage of carefully orchestrated *uncanny* elements, conducive to provoking regression and the reproduction of the unconscious. These elements –the room, the analyst , the patient -follow a rigid spatial disposition within the traditional setting of psychoanalysis. Moraitis finds it to be paradoxical that since Freud there has been significant change in psychoanalytic theory but very little change in the practice of psychoanalysis, among which he mentions the use of the couch.⁵⁵ As a result, one cannot help but wonder what would happen to psychoanalysis if this setup was reconfigured; if psychoanalysis were - to use a Deleuzian term- *deterritorialized*.⁵⁶

In the context of Deleuze and Guattari, Adrian Parr⁵⁷ describes the concept of *deterritorialization* as being potentially physical, mental or spiritual and entailing a freeing up of fixed relations between the components of a body. In the most literal

comparison, if the *body* in question is the setting of psychoanalysis and its components are; the room, the analyst, the patient- deterritorializing psychoanalysis would mean, among other things, stripping it of the use of the couch, questioning the referential art pieces and reconfiguring the accepted *analyst-sitting-behind-the-patient* approach. If this were indeed possible, what would remain of psychoanalysis? Would it even be possible to refer to what is left as *psychoanalysis* if the components that helped define it are radically transformed?

In the light of this paper's thesis- which places emphasis on the *uncanny* quality of the consultation room- deterritorializing the psychoanalytic setup would not necessarily imply a radical transformation of psychoanalysis itself. As long as what replaces the current setting has the same potential for inducing *the incanny* in the patient, psychoanalysis is not reliant on the physical setup. Indeed, some contemporary clinicians believe that the couch itself does not define psychoanalysis, which could in effect occur without it.⁵⁸ However, the fact that the setup has remained substantially similar to that first devised by Freud, points to evidence of a certain difficulty in finding an equally *uncanny* substitution.

As we have seen, psychoanalysis and architecture come together through the concept of *the uncanny* as explored in context of the analyst's setting. Interestingly, both disciplines are cultural discourses that in themselves embody uncanny qualities; they deal with that which can simultaneously be visible and invisible, comforting and alienating; orienting and disorienting. As such, they are less distinct and rigidly defined than one would initially imagine; architecture – our built, physical reality - is not limited to our exterior physical body, just as psychoanalysis – the study of the interior psyche - is not limited to the inner world of the mind. Both psychoanalysis and architecture are activated through the mediation of physical and existential space.

NOTES

¹ Concept of the *uncanny* as extracted from Freud's 1919 paper "The Uncanny"

² Freud first refers to this 'oceanic feeling' in *Civilization and its Discontents*, mentioning letters exchanged with his friend now known to be Romain Rolland, letter of December 5, 1927

³ Sigmund Freud, *Civilization and its Discontents*, p.11

⁴ *Ibid.*, p.12

⁵ *Ibid.*, p.69-70

⁶ Donald Winnicott. "Mind and its Relation to the Psyche-Soma" in *Through Pediatrics to Psycho-Analysis*, p.243

⁷ According to Winnicott, it is the integration of two types of mothers ('the environmental' and 'the instinct' mother) that permits what he calls the distinction between fact and fantasy.

⁸ Or: what instigates the primary ego to emerge in maturity? What enables the illusion of oneness?

⁹ Although beyond the scope of this paper, one could similarly look at the notion of *transference* as a fusion with the analyst; whereby the patient becomes identified with the analyst through the unconscious redirection of feelings without losing the awareness of the otherness of the analyst

¹⁰ Jacques Lacan. "The Direction of the Treatment And The Principles Of Its Power" in *Ecrit: A Selection*, p.227

¹¹ Taken from a lecture by Finnish architect Juhani Pallasmaa in which he quotes Salman Rushdie in the text that he wrote in memory of Herbert Read in 1990.

¹² Gilbert Rose. *The Power of Form*, p.13

¹³ Although beyond the scope of this paper, there is potential for relating the Kleinian concept of *projective identification* with this *oceanic state*; both entail a melting of boundaries between self and other.

¹⁴ Donald Winnicott. "Transitional Objects and Transitional Phenomena" in *Through Pediatrics to Psycho-Analysis*, p.230

¹⁵ *Ibid.*, p.92

¹⁶ *Ibid.*, p.195

¹⁷ *Ibid.*, p.235

¹⁸ Adrian Stokes was in analysis with Melanie Klein from 1930 to 1937, and although the writings of this period do not make specific reference to his analysis with her, he was deeply influenced by Kleinian theory.

¹⁹ Donald Winnicott. "Metapsychological and Clinical Aspects of Regression" in *Through Pediatrics to Psycho-Analysis*, p. 286

²⁰ AC current is produced through a constant change in amplitude and polarity of the electric charge.

²¹ The English term is not an exact equivalent of the German one; '*unheimlich*' is translated throughout this paper by the English 'uncanny', which translates literally as 'unhomely'. According to the Oxford English Dictionary, there is a similar ambiguity attached to the English 'canny', which may mean not only 'cosy' but also 'endowed with occult or magical powers'

²² Sigmund Freud, "The Uncanny" in *The Standard Edition of the Complete Psychological Works of Sigmund Freud*, Volume XVII, p.219

²³ *Ibid.*, p. 224-5

²⁴ Anthony Vidler, is dean and professor at Cooper Union School of Architecture in New York.

²⁵ Anthony Vidler. *The Architectural Uncanny*, preface

²⁶ Here we are adopting Stokes' reference to *carving* and *modeling*; using it in the context of architectural space evokes the intermediary and multivalent spaces that arise between the modes of *carving* and *modeling*

²⁷ Donald Winnicott. "Metapsychological and Clinical Aspects of Regression" in *Through Pediatrics to Psycho-Analysis*, p. 278

²⁸ *Ibid.*, p. 285

²⁹ We are referring to the five senses (sight, hearing, touch, smell and taste) as *conventional* because there are believed to be many more primal human senses.

³⁰ The absence of reference to smell in Winnicott's passage allows us to assume that he shares Freud's position on the matter and therefore the sense of smell of a repressed patient would be impaired during treatment, and only full recovery would cure the olfactory canal.

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- ³¹ Sigmund Freud. "Letter 66, Extracts from the Fliess Papers" in *The Standard Edition of The Complete Psychological Works of Sigmund Freud*, Volume I, p.269
- ³² Here, an indirect reference is being made to the *threshold* between analyst (chair) and patient (couch)
- ³³ Quote attributed to the architect Juhani Pallasmaa, source unknown
- ³⁴ Sigmund Freud. "On Beginning the Treatment" in *Complete Psychological Works*, p. 134.
- ³⁵ Rene Spitz, "Transference: The Analytical Setting and its Prototype" in *International Journal of Psycho-Analysis*, 37 p.382
- ³⁶ Gaston Bachelard. *The Poetics of Space*, p. 184
- ³⁷ Juliet Maccannell, *FreudSpace Architecture in Psychoanalysis*. *Ann. Psychoanal.*, 33:93-107
- ³⁸ The four fundamental concepts of psycho-analysis By Jacques Lacan, p. 85
- ³⁹ Juliet Maccannell, *FreudSpace Architecture in Psychoanalysis*. p.98
- ⁴⁰ George Moraitis in the Prologue to the *Psychoanalytic Inquiry*, p.277, describes James Grotstein's affirmation of Freud having discovered the right brain.
- ⁴¹ George Moraitis, *The Couch as a Protective Shield for the Analyst*, p.412
- ⁴² to name a few: Fenichel, 1941; Glover, 1955; Goldberger, 1995; Greenacre, 1959; Greenson, 1967; Hogan, 1990; Rothstein, 1990; Stone, 1961; Orens 1965; Weissman in 1977; Bergel 1984; Frank 1992
- ⁴³ As admitted by Freud in *On Beginning Treatment*: "A particularly large number of patients object to being asked to lie down, while the doctor sits out of sight behind them. They ask to be allowed to go through the treatment in some other position, for the most part because they are anxious not to be deprived of a view of the doctor"
- ⁴⁴ Donald Winnicott : "Metapsychological and Clinical Aspects of Regression" in *Through Pediatrics to Psycho-Analysis*, p288
- ⁴⁵ Asked by August Aichorn to secretly photograph Freud's living and working environment, the young photographer Edmund Engelman, at great personal risk, took a set of historic photographs of Freud's quarters just before Freud and his family left Vienna after the Nazi occupation of Austria.
- ⁴⁶ One example of this is given in the catalogue of the Freud Museum in London: *Freud's explanation to a patient that conscious material 'wears away' while what is unconscious is relatively unchanging*: "I illustrated my remarks by pointing to the antique objects about my room."
- ⁴⁷ Charles Rice describing Diana Fuss' interpretation of Freud's antique collection, in *The Emergence Of The Interior: Architecture, Modernity, Domesticity*, p.48
- ⁴⁸ *Ibid.*, p.42
- ⁴⁹ Detailed description of Freud's consulting room in Vienna can be found in "Freud's Ear: Berggasse 19" by Diana Fuss (a psychoanalytic critic) and Joel Sanders (an architect), in *The Sense Of An Interior: Four Writers And The Rooms That Shaped Them* ed. Diane Fuss, p.71-106
- ⁵⁰ Diana Fuss. "Freud's Ear: Berggasse 19" in *The Sense Of An Interior: Four Writers And The Rooms That Shaped Them*, p.82
- ⁵¹ To employ symbolism there has to be a clear distinction between fantasy and fact, inner and outer – something which is absent during the state of fusion, where this separation does not exist
- ⁵² Donald Winnicott : "Metapsychological and Clinical Aspects of Regression" in *Through Pediatrics to Psycho-Analysis*, p.281. The quote which mentions setting goes as follows: "Specialized environmental provision, followed by actual regression."
- ⁵³ *Ibid.*, p. 285
- ⁵⁴ Diana Fuss. "Freud's Ear: Berggasse 19" in *The Sense Of An Interior: Four Writers And The Rooms That Shaped Them*, p.79
- ⁵⁵ George Moraitis, "Prologue" in *Psychoanalytic Inquiry*, , Vol.11, p.277
- ⁵⁶ Deterritorialization is an attempt to move away from rigidly imposed hierarchical categories towards a rhizomatic zone of multiplicity and fluctuant identity, where meanings are constantly changing, resulting in a dynamic entities with fluctuating boundaries.
- ⁵⁷ Adrin Parr. *The Deleuze Dictionary*, p.67
- ⁵⁸ Nancy Kulish, "A Phobia Of The Couch: A Clinical Study Of Psychoanalytic Process" in *Psych. Q.*, 65: p.490

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The Ambassadors by Hans Holbein, frontal and anamorphic view: p.13

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Freud's study desk at Bergasse 19, found in *The Emergence Of The Interior: Architecture, Modernity, Domesticity*, p.43: p.15

Freud's Couch at the Freud Museum in London. Photo by Peter Aprahamian: p.15

Found on museum's website: www.freud.org.uk/photo-library/detail/40070/