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The analytic setting today: using the couch or the chair?

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Abstract: This paper re-visits Murray Jackson's 1961 paper in the *Journal of Analytical Psychology*, 'Chair, couch and countertransference', with the aim of exploring the role of the couch for Jungian analysts in clinical practice today. Within the Society of Analytical Psychology (SAP) and some other London-based societies, there has been an evolution of practice from face-to-face sessions with the patient in the chair, as was Jung's preference, to a mode of practice where patients use the couch with the analyst sitting to the side rather than behind, as has been the tradition in psychoanalysis. Fordham was the founding member of the SAP and it was because of his liaison with psychoanalysis and psychoanalysts that this cultural shift came about. Using clinical examples, the author explores the couch/chair question in terms of her own practice and the internal setting as a structure in her mind. With reference to Bleger's (2013) paper 'Psychoanalysis of the psychoanalytic setting', the author discusses how the analytic setting, including use of the couch or the chair, can act as a silent container for the most primitive aspects of the patient's psyche which will only emerge in analysis when the setting changes or is breached.

Keywords: Couch, chair, countertransference, Jungian practice, hidden power of the analytic setting

Introduction

The theme of the *Journal of Analytical Psychology's* 60th anniversary conference held in London in March 2014 was to reflect on papers published during the different decades of the *JAP's* history in terms of their significance and relevance today. Angela Connolly and I were pleased to be invited to choose a paper for a shared presentation, and we decided to re-visit Murray Jackson's 1961 paper, 'Chair, couch and countertransference'. Murray Jackson became a good friend during his later years and he was someone for whom I had the greatest respect; not only for his remarkable psychoanalytic work with a wide range of seriously mentally ill patients on 'Ward 6' at the Maudsley Hospital, but also for his openness and interest in new developments including Jungian theory and practice, even in old age. He was an Australian doctor who came to the UK in 1949 to train in psychiatry

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and it was at the Maudsley that he met a group of Jungians including E. A. Bennet, Anthony Storr, Robert Hobson, Gordon Stewart Prince and David Howell, who became his colleagues and friends. He subsequently trained at The Society of Analytical Psychology (SAP) during the 1950s having his first analysis with Eva Rosenbaum, who worked with him mainly on his dreams using Jung's method of active imagination (Wiener 2011, p. 259). After he qualified, he went into analysis with Fordham which he called a 'proper' analysis that he both needed and welcomed (ibid., p. 259). It was a painful loss for the SAP when Jackson decided to leave the Society in 1962 to re-train as a Kleinian analyst at the Institute of Psychoanalysis.

It is in this cultural context that I would like to discuss Jackson's paper, 'Chair, couch and countertransference' and how attitudes to using the couch in London have evolved during the subsequent decades. He first presented the paper in 1959, and it was published at a time when he may still have been in analysis with Fordham but without doubt he was already thinking of leaving the SAP. My first impressions from reading the paper were that he was trying to be 'a good Jungian', keeping Jung's approach in the front of his mind throughout. Jung's personal views about the use of the couch have been very clearly expressed in Lecture 5 of the Tavistock Lectures:

> in psychotherapy, even if the doctor is entirely detached from the emotional contents of the patient, the very fact that the patient has emotions has an effect on him.... He cannot do more than become conscious of the fact that he is affected.... That is the reason why I reject the idea of putting the patient upon a sofa and sitting behind him. I put my patients in front of me and I talk to them as one natural human being to another, and I expose myself completely and react with no restriction
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> (Jung 1935, para. 319)

In a second quotation, Jung emphasises why he thinks patients need to be able to see their analyst:

> to be able to show my patients that their reactions have arrived in my system, I have to sit opposite them so that they can read the reactions in my face and can see that I am listening. If I sit behind them ... they never know what is happening to me, and then they remain in an auto-erotic and isolated condition which is not good for ordinary people. Of course, if they were going to prepare for an existence as hermits on the Himalayas, it would be a different matter
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> (Jung 1935, para. 321)

Given what we know now 80 years later about the nuances of the analytic relationship, there is good reason to disagree with Jung. We talk to patients as one human being to another, yes of course, but Jung's comment that he exposes himself completely with no restriction takes little account of the skill and training analysts need to process their countertransference affects, what may be seen as the foundations of evolving interpretations, and how best to

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phrase them in language that patients can use. There is cause to question too whether patients do indeed feel as isolated on the couch as Jung suggests and also whether patients can only know what is happening to the analyst when there is eye contact between them.

Jackson's paper compares the relative merits of the couch and the chair. The chair, he considers, permits eye contact (and therefore 'I' contact) and then seemingly sets up in the setting a more personal relationship that would not be possible if the patient used the couch. He sees the analyst as a participant observer in the process and it is on the role of eye contact that he chooses to focus.

In making the case for the couch, Jackson emphasises what we might consider to be a traditionally Freudian approach that the couch 'allows the free development of fantasy unimpeded by any extraneous influence … linked with the concept of free association, which is the cornerstone of the psychoanalytic method' (Jackson 1961, p. 36). He points out that the couch is not necessarily a hindrance to successful therapy, although he is clear that for some patients, especially those with borderline or psychotic disorders, analysis on the couch simply may not work, reproducing the traumas of childhood.

Jackson puts forward as his central argument that for analysts to have their patients in the chair can be very uncomfortable, often blocking the use of their countertransference, and leading them then to retreat to the 'safer' environment of having the patient use the couch. As examples, Jackson discusses two cases of patients using the chair who stare at him intensely, making him feel vulnerable and paralysed. There was no naturally, mutually adapted shape and pattern to their eye contact and the staring evoked in him anxiety, irritation and frustration, leading to experiences of self-doubt about his analytic capacities. In the first case, the staring was part of a repetition compulsion connected with the patient's having witnessed violent quarrels between his parents. Interpretation failed to reduce the patient's anxiety. In the second case, the patient alternated periods of intense staring at Jackson with long periods of looking away, a repetition of looking at father in fear who would then become angry, causing the child to smile defensively without looking away. With this patient, Jackson found that working in the transference led the compulsive pattern of his staring and looking away to diminish.

After reading the paper several times, I was left with a residual discomfort. Jackson cannot quite commit himself personally to either the chair or the couch and the reader is left bemused about Jackson's own practice. He does say that 'ultimately, the personality of the analyst may be more important than the matter of chair or couch' (ibid., p. 36), and in the end he does come down rather more in favour of 'the armchair' and Jung's view that the couch can be used defensively by the analyst, but the paper conveys strongly the author's ambivalence.

In an interview I did with him shortly before his death (Wiener 2011, p. 259), Jackson told me that although he had begun to use the couch with some of his own patients, Fordham did not use the couch in his analysis. Jackson did not say that it might have been his personal preference not to use the couch, but

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rather that Fordham himself did not use the couch. It seems not unreasonable to assume then that Jackson's transference to Fordham may have influenced his stance in his 1961 paper.

In a later *JAP* paper of Jackson's (1963), 'Technique and procedure in analytic practice with special reference to schizoid states', Jackson tells us that he holds still to the statements in his 'Chair, couch and countertransference' paper, but moderates his view that it is more likely to be the personality of the analyst that produces defensiveness rather than use of the chair or the couch *per se*. He writes that although the couch may permit patients to detach themselves intellectually from their material, 'the chair, by offering the immediate reality of the analyst as an external figure, may inhibit the development of transference fantasies about him' (Jackson 1963, p. 56).

Fordham's use of the couch

Curious about the context of Jackson's views on the couch versus chair question, I decided to continue my researches into Fordham's use of the couch and how his practice may have evolved over time, since this will likely have influenced the cultural texture in which SAP and other London-based analysts may have practised and indeed practise today. Fordham, like Jackson, was trying to be 'a good Jungian' during the first years of the SAP. Clues as to how Fordham's attitudes were changing may be found in his 1967 paper 'Active imagination – deintegration or disintegration'. Fordham gathers up his observations about eight cases under his care, all in analysis for between five and 20 years, either with him or coming to him after working with another analyst. Most of the patients first had classical Jungian analysis – which Fordham refers to as using a synthetic approach – involving dream analysis and the use of sculpture, painting or writing as part of their active imagination (Fordham 1967, p. 53). For most of these cases, whilst progress had been made, the patients had not had any in-depth analysis of their personal infancy and childhood – what we could call today a developmental approach interested in the roots in infancy of their symptoms and subsequent adult difficulties. Fordham had seen these patients between once and three times a week, and used the chair with patients sitting facing or half-facing him. He followed Jung's technique, treating patients on a 'human' basis with the emphasis on a basic equality of status involved in a joint enterprise of understanding the unconscious. His transition away from 'synthetic processes' to 'reductive analysis' (ibid., pp. 56-57) came during his work with a patient who developed a complex and intense sado-masochistic transference which demanded analysis, and where symbolic representation was often impossible and insightfulness periodic. It became clear that she had to be seen four times a week if analysis were to be possible. Fordham writes, 'I did not use

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the couch, though nowadays, I would do so' (ibid., p. 55). Similarly, with a second patient, he asked her to come more frequently and, 'soon proposed to her using the couch with my sitting behind her … she took to this with enthusiasm and the analysis, though often difficult, has not looked back since then' (ibid., p. 56).

This paper illustrates clearly the process of Fordham's move to more 'affective' work involving the transference and away from the 'explanatory' where the Jungian tradition of working more objectively with images, although potentially creative, could conceal those pathological and undetected disintegrations usually obvious in the transference which needed analytic work. By 1978, in his book *Jungian Psychotherapy,* Fordham comes down clearly in favour of the use of the couch, listing six advantages: physical relaxation; freedom for regression; the relaxation of consciousness; the unfolding of the transference; freedom to be in touch with physical sensations including sexual feelings; and, finally, greater freedom for the analyst to track his or her own mental and emotional processes (Fordham 1978, pp. 65-69). My own views about the merits of the couch echo these sentiments.

Views of the couch today

Angela Connolly's masterly appraisal of the research evidence for and against use of the couch in analysis could be seen to seriously question the value to patients in analysis of lying on the couch. From the evidence, albeit from different perspectives, the reader might expect me to burn my couch as a relic whose value resides only in the practices of former times. But no, I have had a couch in my room since I began to practise privately and I cannot imagine wishing to change that. The creation of my own consulting room was influenced of course by the long and intimate knowledge of the room of the analyst on whose couch I lay for many hundreds of hours. I can never see green and white William Morris curtains now without a host of associations and memories of that particular room. Actually, I have had two analyses, using the couch from the beginning for both. My Jungian analyst placed her chair close to the couch and just to the side so I could look at her should I wish to. It is my impression that this has become the cultural analytic norm of practice within the SAP (and perhaps other London-based Jungian institutes too?). My second psychoanalyst sat behind me. There was another chair in his room, though its size and shape suggested it was meant for coats and bags and would be exceedingly uncomfortable to sit on, certainly not conducive at all to the unfolding of unconscious material.

I am grateful to a small group of colleagues – most, though not all, from the SAP – who agreed that I might photograph their consulting rooms to see how they configured a couch and chair(s). Two of the photos (Figure 1 and Figure 2) are shown here:

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(Photo. Freddie Brazil)

Figure 1. Analyst's consulting room – example 1

(Photo. Freddie Brazil)

Figure 2. Analyst's consulting room – example 2

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and illustrate my learning that most contemporary London-based Jungian analysts have a couch in their room and tend to sit to the side rather than behind it. Only two of the other photos showed the analyst's chair behind the couch and one of these could be for reasons of economy of space. Nearly all these analysts had a second chair in the room, over and above their own, in principle offering their patients a choice of location. I observed too that those shops and companies involved in the selling of Turkish carpets and Kelims are missing a trick by not using analysts as a key marketing tool! All had chosen remarkably similar styles of carpet to 'dress' their rooms.

I agree with Michael Parsons (2014, p. 154) when he distinguishes the actual consulting room of the analyst from what he calls, 'the internal analytic setting as a structure in the analyst's mind'. There is a couch in my room, but it is only one aspect of the setting that exists in my mind as my particular way of practising analysis. It is not the only way, but it is my way. Parsons (ibid., p. 99) quotes Bertram Lewin (1955, p. 171), 'the narcissism of sleep corresponds with the narcissism on the couch – not pathology but rather a "self-absorbed" state of mind … necessary for a certain kind of psychic work: dreaming on the one hand, analytic work on the other'. To my mind, the couch facilitates this both for patient and analyst. Later, Parsons (ibid., p. 154) makes the point that, like entering a theatre, a children's playground or a church, there is a need for a boundary 'which tells us that the reality we are going to meet on the inside works differently from the reality outside'. Patients' use of the couch can be seen as framing and facilitating a particular kind of dialogue with their analysts.

My argument in favour of the couch would be that it is more than simply an icon and remains important for reasons greater than its cultural heritage within the SAP and other institutes. The main work of the analyst concerns unconscious communications; as Freud put it 'to catch the drift of the patient's unconscious with his unconscious' (Freud 1923, p. 239), and I think this is facilitated if the patient uses the couch. Analysts are certainly not blank screens and need to be fully present emotionally in an embodied way, using their own affects and physical sensations to 'catch the drift'. I try to accompany my patients on their journey as fully as I can. For most patients, issues of closeness and distance in analysis are paramount and it is up to the analyst to find subtle ways to titrate what they offer to facilitate the analytic process. Sometimes, this may mean that the couch is not used but generally, in my personal experience, use of the couch facilitates the unfolding of the transference; not the only arena of significance for unconscious communications, but for me a very important one.

I like Ogden's (1996, pp. 883-86) framework for considering unconscious communications when he talks of 'overlapping states of reverie…. it is in the space occupied by the interplay of reveries that one finds the music of psychoanalysis…. I have come to view the use of the couch as an important

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contributing element to the creation of the conditions in which reverie might be generated and utilised'.

Unlike Jung, Ogden considers that the analytic relationship is not symmetrical, but rather that both patient and analyst need the privacy afforded by the use of the couch in order to find their states of reverie. I am not sure I agree with Jackson's idea that recommending the use of the couch for patients is necessarily defensive on the part of the analyst. I would put it another way: why shouldn't analysts use the couch if the work is made more comfortable and easier?

The majority of my patients use the couch and nearly all who come three or more times a week. I tend to introduce the idea of the couch in the first session; not insisting on its use, but letting them know that this is part of the way I work – my personal internal setting. I see two patients once a week who sit in the chair and with whom I would describe the work as an adapted form of analysis. The way patients use the couch and my countertransference affects are inevitably part of the analytic process. Some patients take to the couch like a duck to water in the first session – perhaps compliant with what they expect of a 'proper analysis'. They find their unique ways of using the couch, some always taking up the same position: arm behind their head in a relaxed and open stance; arms folded over their tummy looking stiff and wooden; in one case a patient moving the cushions down the couch so that her feet hang over the end and my couch cover is not dirtied by her shoes. Some patients use the couch like a chair, needing to have eye contact at particular times, depending on what is happening between us in a session.

For some patients, their feelings and fantasies about the couch are such that they spend time first in the chair. I recall a patient some years ago who used the chair, but I noticed she would often look longingly at the couch. Eventually I took this up with her, and she told me shamefully that during her first consultation for therapy, she had been told by her assessor that she should begin in therapy once or twice a week; nothing too deep. For her, using the couch was associated with a depth of work not yet permitted. She actually wanted to increase the frequency of her sessions and use the couch, but could not ask, imagining that I too would feel as cautious as her assessor about welcoming a deepening of the work with her on the couch.

Barbara Taylor's moving and searching account of her own breakdown and recovery in her book *The Last Asylum*, talks of her own relationship with the couch and the withdrawal of a projection:

> In the corner, directly across from the door was an executive-style reclining chair, and in front of it a couch, THE couch, which I ignored for 8 months … V was standing behind the recliner. He greeted me and waited to see where I would go. I walked across the room to the leather sofa, as far from the couch as I could get without actually climbing out of the window … the couch was not mentioned, but my eyes kept drifting towards it. Eight months later I walked into the room, went straight to the couch, and lay down in the standard position, facing away from him. I enjoyed

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> the look of surprise I caught before I lost sight of him. For years after he would ask me – why that morning? Why then? 'You tell me', I would snap back. Then one day, I had the answer: 'I knew you wouldn't eat me'. 'Yes, that was a good discovery'.
>
> (Taylor 2014, pp. 5-6)

Taylor (ibid., p. 61) came to experience using the couch (along with other aspects of the setting) as 'containers for the uncontainable; solid supports for emotional chaos'.

The role of eye contact

Returning to the role of eye contact referred to in Jackson's paper, one of my patients, John, comes three times a week and does not wish to use the couch. He talks sometimes about the couch, about gearing himself up to use it, but fears that if he does, it will tip him into a state of persecutory anxiety as if drowning in green algae, with such strong fears of loss of control that he would experience himself in a near-psychotic state. I have never pushed him as I truly believe that John needs to be able to see my face, my eyes and to experience an analyst with a real body in order to sustain a sense of me close by as someone who will continue to show interest in him and receive what he brings with care. We might say that he needs basic mirroring and until now, he can only find a sense of himself through me. He comes from a background steeped in deprivation and neglect, the victim of paternal cruelty and bullying from an older brother and frequent abandonments from his earliest years. He does not stare like Jackson's patients, but until now I have been needed as a real presence to remind him that he exists in the eyes of 'the other'.

James Astor (2007, pp. 182–205) writes about a patient of his who did not wish to use the couch. K, who had worked previously with Fordham, came to Astor when the analysis reached an impasse. Astor talks of K as a patient who 'did not want to be translated, (but) wanted to be received'. K (2007, p. 208) wrote a personal response to Astor's paper in the *JAP*, making it clear that Fordham, his previous analyst, had 'set about analysing me before I was ready or had truly given permission'. K indicates that with Astor, he sat in the chair with a need to be able to see and be seen:

> I became aware that the person sitting opposite was not merely listening intently. He was listening in an unusual way. It was as if moment upon moment, he was allowing every part of himself – body as well as mind – the involuntary twitch of a leg, a shift in posture, the slight raising of a hand – to register the import of what I was saying and what I was like
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> (ibid., p. 212)

Like my patient, John, K used the chair when the couch simply would not do.

Sometimes, then, eye contact can facilitate the unfolding of the unconscious within the patient/analyst relationship. It is well-known that the mother's face plays a crucial role in early infancy and is essential for the beginnings of the

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development of a sense of self. Facial expressions play a key role in generating meaning and representation for the baby. Kenneth Wright (2009, p. 143) describes how the mother's face is a reflective surface for the child and that 'the infant discovers himself in the other's response and … finds in the medium of her face, an external form for his own feeling'. This strengthens the case for face-to-face sessions, but then we do not have actual infants in the room with us and, as Jeremy Holmes (2012) emphasizes, in analysis the analyst is usually an inner mirror rather than an actual mirror. I find in my own practice that my tone of voice, my subtle movements and body posture compensate remarkably most of the time for the absence of easy eye contact. In Holmes's words, 'this metaphorical mutual gaze helps to validate and bring the patient's experience to life' (ibid., p. 5).

When the setting speaks

There is a danger that the couch/chair question can become overdetermined rather than being viewed as part of a wider context that we would call, broadly, the analytic setting. In a paper by José Bleger (2013), published originally in 1967 and called 'Psychoanalysis of the psychoanalytic setting', Bleger points to the benefits of considering the role of the couch within a broader framework of the analytic setting as a whole. He includes within his concept of the setting the role of the analyst, spatial factors, temporal factors and part of the technique that includes the establishment of session times, fees, breaks etc. These are the constants within which the more variable process of analysis proceeds. The rest is the analytic process that we study, analyse and interpret. Bleger thinks that, for the most part, the constants of the setting remain silent or mute; as he puts it, the setting 'does not cry' (ibid., p. 230). However, he considers that patients unconsciously project many of their symbiotic needs – I imagine here that he means infantile needs or primitive processes – into the setting where they often go unnoticed. They are only revealed when the setting changes or is broken. Lemma (2014), in a paper developing Bleger's ideas, puts forward the idea that the body of the analyst too can be seen as part of the setting, and changes in the analyst's physical appearance (for example, a haircut) may also breach the setting, revealing primitive feelings until then disguised through projection into the setting.

My patient John discovered himself most comfortable in the chair in my consulting room, but it was a very particular change in the setting which later led to a huge eruption of feeling. I redecorated my consulting room about two years ago, deciding to warn my patients of the imminent change. Later, and again with some warning to patients, I also introduced two new consulting room chairs. While John had appreciated the newly decorated room with no feelings of disruption, his reaction to 'his new chair' was a shock to us both. It was as if the experience of the loss of the shape, the feel, and the smell of the 'old' chair ruptured what had come to be for him a stable and containing experience, holding him warmly swaddled in the arms

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of his analysis. His growing sense of attachment to me through the chair as concretely part of my body was suddenly and violently breached. It was as if I had sold his childhood home without telling him first and I had failed to understand the significance of that worn and familiar environment, the known setting in which he had felt safe with me. How could I not have known? I instantly became a selfish and unpredictable mother, revealing early and primitive aspects of his relationship with her, previously masked by his preoccupations with his violent father and brother. For John and for other patients too, aspects of the setting – not only the couch – have the potential, if there is a change, to reveal powerful and primitive feelings previously contained silently. As Bleger (2013, p. 235) put it, 'the catastrophic situation that the analyst's disruption of the setting (always) entails (creates) a 'crack' through which reality is introduced, which is catastrophic for the patient'.

Conclusion

I would like to end with a quote from a psychoanalyst colleague, Rosemary Davies (unpublished paper), 'there is a strange uniqueness in the ideally normal setting every analyst provides; the couch, the room, and space we frequent every day of our working lives and in which we practise our clinical work'. The juxtaposition of these two phrases 'strange uniqueness' and 'ideally normal setting' suggests a paradox of strangeness and normality that is the heart of the analytic setting. As analysts, we are the custodians of that setting and make decisions about our own practices within it. Our internal setting – including the decision whether to offer our patients use of the couch, whether to allow them to discover it, or not to use it at all – creates our own analytic reality.

Jackson's 1961 paper contains within it issues that remain alive for analysts working today. What do we retain from Jung that continues to hold relevance for us or indeed from our own personal analysts and those who founded our Societies? From our contributions, the reader may observe that Angela Connolly and I have trained in different analytic cultures with different histories, different relationships to Jung and also to the setting in which we practise. I would not like to say that one mode of practice is better than another. It looks as though Angela Connolly has moved from her Jungian heritage towards a more relational or inter-subjective approach? I continue to integrate, in my own way, aspects of Jungian and post-Jungian thinking and practise with psychoanalysis. Our views about the setting overlap sometimes but are also different. My 'strange uniqueness' is that the couch retains a central value in the setting that is my way of practising analysis. Far from being a relic, it remains a precious place in my room where, if patients are able, we work together to catch the drift of unconscious communications in the transference and put meaning to them. I hope that in

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re-visiting Murray Jackson's paper, I have managed to convey something of why my attachment to the couch is more than just a cultural heritage and continues to hold a rationale that comes from its role in the promotion of the analytic relationship and not just from habit or ritual.

I offer my grateful thanks to James Astor, Frederick Brazil, Catherine Crowther and Rosemary Davies for their help with this paper.

Translations of abstract

L'article revisite celui de Murray Jackson de 1961, dans le *Journal of Analytical Psychology,* « Le fauteuil, le divan et le contre-transfert », dans le but d'explorer le rôle du divan pour les analystes jungiens en pratique clinique aujourd'hui. Il y a eu, au sein de la *SAP* et de quelques autres sociétés londoniennes, une évolution de la pratique depuis les séances en face à face avec le patient au fauteuil, comme Jung le préférait, vers une pratique où les patients sont sur le divan avec l'analyste assis à côté, plutôt que derrière selon la tradition en psychanalyse. C'est en raison des liens que Fordham, fondateur de la *SAP*, avait avec la psychanalyse et les psychanalystes que ce glissement culturel s'est produit. En s'appuyant sur des exemples cliniques, l'auteur explore la question divan/fauteuil à la lumière de sa propre pratique ainsi que le cadre interne comme structure de sa pensée. À propos d'une référence à l'article de Bleger (2013), « Psychanalyse et cadre psychanalytique », l'auteur examine comment le cadre analytique, incluant l'usage du divan ou du fauteuil, peut opérer comme un contenant silencieux pour les aspects les plus archaïques de la psyché du patient, qui n'émergeront en analyse que lorsque il y aura rupture ou changement du cadre.

Mots-clés: Contre-transfert, divan, fauteuil, pouvoir caché du cadre analytique, pratique jungienne.

Der Beitrag nimmt Bezug auf Murray Jacksons Artikel im *Journal of Analytical Psychology,* 'Chair, couch and countertransference' und verfolgt die Absicht, die Rolle zu untersuchen, die die Couch heute für jungianische Analytiker in ihrer klinischen Praxis spielt. Innerhalb der SAP und einigen anderen Londoner Gesellschaften gab es eine Entwicklung weg von der Praxis des sich während der Stunden Gegenübersitzens, wie Jung es bevorzugte, hin zu einer Behandlungsweise, bei der die Patienten auf der Couch liegen, während der Analytiker seitlich davon sitzt, anstatt dahinter, wie es in der Psychoanalyse Tradition war. Fordham war Gründungsmitglied der SAP und es war auf seine Verbindung mit der Psychoanalyse und Psychoanalytikern zurückzuführen, daß es zu dieser kulturellen Verlagerung kam. Mit Hilfe klinischer Beispiele untersucht die Autorin die Couch-/Sesselfrage unter den Bedingungen ihrer eigenen Praxis wie, auch als internalisiertes Setting, als eigene innere Struktur. Unter Bezugnahme auf Blegers (2013) Aufsatz 'Psychoanalysis of the psychoanalytic setting' diskutiert die Verfasserin, wie das analytische Setting, einschließlich der Benutzung von Couch oder Sessel, als ein stiller Container für die primitivsten Aspekte der Psyche des Patienten fungieren kann, die nur dann in Analysen auftauchen, wenn das Setting wechselt oder verletzt wird.

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Schlüsselwörter: Couch, Sessel, Gegenübertragung, jungianische Praxis, verborgene Macht des analytischen Settings

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In questo lavoro viene rivisitato uno scritto di Murray Jackson del 1961 apparso nel Journal of Analytical Psychology: "Poltrona, lettino e controtransfert" allo scopo di approfondire il ruolo del lettino oggi nella pratica clinica fra gli analisti Junghiani. All'interno della SAP e in altre Società che hanno la loro sede a Londra, c'è stata una evoluzione della pratica dalle sedute viso a viso con il paziente sulla poltrona, cosa che Jung preferiva, a una modalità di pratica dove i pazienti usano il lettino con l'analista che siede al loro fianco invece che dietro loro, come era tradizione nella psicoanalisi. Fordham fu il membro fondatore della SAP e fu per via di questo legame con la psicoanalisi e gli psicoanalisti che si formò questo movimento culturale. Utilizzando esempi clinici, l'autrice esplora la questione lettino/poltrona nei termini della sua propria pratica e del setting interno come una struttura della sua mente. Riferendosi al lavoro di Berger (2013), "Psicoanalisi del setting psicoanalitico" l'autrice discute sul come il setting analitico, incluso l'uso del lettino o della poltrona, può agire come un silenzioso contenitore per gli aspetti più primitivi della psiche del paziente, che emergono in analisi solo quando il setting cambia o è interrotto.

Parole chiave: lettino, poltrona, controtranfert, pratica Junghiana, potere nascosto del setting analitico.

Статья вновь возвращается к материалу Мюррея Джексона, напечатанному в «Журнале Аналитической Психологии» в 1961 году «Кресло, кушетка и контрперенос», исследуя роль кушетки в клинической практике юнгианских аналитиков сегодня. Внутри «Общества Аналитической Психологии» (SAP) и других лондонских обществ наблюдалась эволюция практики – от встреч с пациентом лицом к лицу, когда работа велась в кресле, как предпочитал Юнг, к той модели практики, в которой пациенты используют кушетку, а аналитик сидит рядом (а не сзади, как это принято в психоаналитической традиции). Фордэм был одним из основателей SAP и именно благодаря его связям с психоаналитиками и психоанализом стал возможен такой культурный сдвиг. Используя клинические примеры, автор исследует тему «кресло/кушетка» в ракурсе своей собственной практики и того внутреннего сеттинга, который существует как структура мышления. Ссылаясь на статью Блежера (2013) «Психоанализ психоаналитического сеттинга» автор обсуждает то, как аналитический сеттинг, в том числе использование кушетки или кресла, может служить молчаливым контейнером самых примитивных аспектов психики пациента, которые являются и оказываются предметом анализа только в тех случаях, когда сеттинг изменяется или нарушается.

Ключевые слова: кушетка, кресло, контрперенос, юнгианская практика, скрытая сила аналитического сеттинга.

El presente trabajo propone una revisión del ensayo de Murray Jackson, publicado en 1961 en el *Journal of Analytical Psychology*, 'Silla, diván y contratransferencia', con el

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objetivo de explorar el rol del diván en la práctica clínica de analistas junguianos en la actualidad. Al interior de la SAP y de otras Sociedades londinenses, ha habido una evolución en la práctica desde las sesiones cara –a-cara con el paciente en la silla, tal como había sido la preferencia de Jung, hacia una modalidad en la que el paciente usa el diván con el analista sentado a un lado, en lugar de atrás tal como es habitual en la tradición psicoanalítica. Fordham fue miembro fundador de la SAP y dicho pasaje cultural se produjo debido a su ligazón con el psicoanálisis y los psicoanalistas de entonces. Utilizando ejemplos clínicos, la autora explora la cuestión del diván/silla en términos de su propia práctica y el dispositivo interno como estructura en su mente. En referencia al trabajo de Bleger (2013), 'Psicoanálisis del dispositivo psicoanalítico' la autora discute cómo el dispositivo analítico, incluyendo la utilización del diván o la silla, puede actuar como un contenedor silente para los aspectos más primitivos de la psique del paciente, los cuales emergerán en el análisis cuando el dispositivo cambia o se ve modificado.

Palabras clave: diván, silla, contratransferencia, práctica Junguiana, poder escondido del dispositivo analítico.

References

Astor, J. (2007). 'Fordham, feeling and countertransference: reflections on defences of the self'. *Journal of Analytical Psychology*, 52, 2, 185–205.

Bleger, J. (2013). 'Psychoanalysis of the psychoanalytic setting'. Ch. 6 In *Symbiosis and Ambiguity: A Psychoanalytic Study*, eds. J. Churcher & L. Bleger. New Library of Psychoanalysis. London: Routledge, Taylor & Francis Group.

Davies, R. (2015, in press). 'Closeness and distance within the analytic setting: whose frame is it anyway?' Paper presented in Stockholm at 28th *EPF Annual Conference*, March 2015.

Holmes, J. (2012). 'Seeing, sitting and lying down: reflections on the role of visual communication in analytic therapy'. *Psychoanalytic Psychotherapy*, 26, 1, 2–12.

Fordham, M. (1967). 'Active imagination – deintegration or disintegration?' *Journal of Analytical Psychology*, 12, 1, 51–67.

——— (1978). *Jungian Psychotherapy.* Chichester: John Wiley and Sons.

Freud, S. (1923). 'Two encyclopaedia articles'. *SE* 18, 239.

Jackson, M. (1961). 'Chair, couch and countertransference'. *Journal of Analytical Psychology*, 6, 1, 35–45.

——— (1963). 'Technique and procedure in analytic practice with special reference to schizoid states'. *Journal of Analytical Psychology*, 8, 1, 51–65.

Jung, C.G. (1935). 'The Tavistock Lectures: on analytical psychology, its theory and practice', Lecture V, *CW* 18.

'K'. (2007). '"What works?" Response to the paper by James Astor'. *Journal of Analytical Psychology*, 52, 2, 207–33

Lemma, A. (2014). 'The body of the analyst and the analytic setting: reflections on the embodied setting and the symbiotic transference'. *International Journal of Psychoanalysis*, 95, 2, 225–44.

Lewin, B. (1955). 'Dream psychology and the analytic situation'. *Psychoanalytic Quarterly*, 24, 169–99.

Ogden, T. (1996). 'Reconsidering three aspects of psychoanalytic technique'. *International Journal of Psychoanalysis*, 77, 883–99.

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Parsons, M. (2014). *Living Psychoanalysis: From Theory to Experience*. New Library of Psychoanalysis. London: Routledge, Taylor & Francis Group.
Taylor, B. (2014). *The Last Asylum: A Memoir of Madness in Our Times*. London: Hamish Hamilton/Penguin Books.
Wiener, J. (2011). 'An interview with Murray Jackson'. *Journal of Analytical Psychology*, 56, 2, 255–67.
Wright, K. (2009). *Mirroring and Attunement*. London: Routledge.

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