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The Psychoanalytic Situation as a Play Situation

Exploration of a multi-faceted clinical situation

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Throughout my years as a practising psychoanalyst the power of the clinical situation has struck me. I found that it was not the theories of psychoanalysis or my interpretative skill that constituted my principal tool, but rather my emotional presence and close listening in a specific situation. The set-up of the clinical situation seems to have a deep impact on the patient and include elements that could give us answers to questions of what the changing factors are.

This kind of observation started already with my own experiences as a patient in psychoanalysis. I found that letting words that emanated from my unarticulated thoughts come into the presence of my analyst had a strong effect on me. Maybe the most important aspect was that somebody was hearing and witnessing my communicating painful affects and, until then, unknown mental states. From those experiences I gained essential knowledge about my own psychic functioning that had consequences for my mind. It changed my psychic balance and made me less vulnerable. That experience made me wonder, what it does to one’s self-image hearing one’s own words being formulated in the presence of someone in the position of an analyst.

When I started my training as an analyst-to-be, I felt a deep anxiety at the outset of my clinical work, and uncomfortable being in the position of a psychoanalyst. I asked myself: what kind of situation have I got myself into? What is expected of me here, just now? What kind of quandary have I ended up in? This was an experience I think every beginner in psychoanalysis shares with me.

What struck me as well was the emotional pressure the situation in itself exerted, an experience I believe I share with most analysts. The more clinical experience I acquired, the more I pondered over what the situation in itself did with my patients and with myself. I sensed a growing need to investigate the significance of the clinical room in itself (Künstlicher, 1996). This interest was strengthened by those occasions when I felt deadlocked and powerless with a patient whose condition appeared to be beyond my understanding. Time and again this situation was transformed and opened up in an un-
expected way, and I was amazed by how patients in a creative way were able to make use of the special relationship provided by the clinical situation. They appeared able to extract essential and new experiences that resulted in psychic changes by their very presence in the clinical situation provided for them. This finding is commonly shared among psychoanalysts, and e.g. Modell (1990) noted that a significant therapeutic gain was mobilized in certain patients who had seemed emotionally blocked, even though he could not use his tools of interpretation. He concluded that the analytic set-up, including the analytic relationship, gave these patients a therapeutic benefit.

My own conclusion was that this observation of the importance of the clinical situation has a general applicability valid for every patient. It is those structures that establish the situation of psychoanalysis that will govern analyst and patient and thus the processes that emerge. Moreover, the clinical situation of psychoanalysis seems to encompass something that in and of itself contributes to transforming processes.

The issue of the importance of the clinical situation is, as far as I can see, accepted as efficacious, but not really investigated in this respect. Systematic investigations of the clinical situation in itself and its influence on the clinical processes have been scarce (Schwaber, 1996; Tuckett, 2006). It thus seems as though psychoanalysts in general are moderately interested in examining their own field of observation. Rather analysts of today seem to take the clinical situation for granted as a silent background that does not need to be examined (Bleger, 1967).

In this work the term clinical situation is synonymous with the psychoanalytic situation and the term “situation” constitutes “a particular relation between two persons who abide by certain rules of behaviour in order to carry out a particular task, which brings out two well-defined roles” (Etchegoyen, 1991, p. 506).

It is a clinical situation that has been basically unchanged since the days of Sigmund Freud. It encompasses the same rituals and technical rules as always, and the actual room is equipped in the same fashion as in Freud’s days. However, this legacy of Freud has been put into question based on several perspectives. Many critics (see e.g. Balint, 1979; Ellman, 1991; Ferenczi, 1932; Winnicott, 1955) assert that the rules for treatment and the rituals associated with psychoanalysis sometimes lack a basis and should be modified. They see the difficulties and inconsistencies that Freud’s work reveals as evidence of the method’s weaknesses. According to some critics (See Ellman, 1991), it has been of paramount importance for generation after generation to put patients on the couch, hold to Freud’s rituals and respect his authority, rather than to view the method with a critical eye. Under such circumstances, the question of what substantial reasons there might be for
the treatment rules and rituals that govern the psychoanalytic practice becomes uninteresting for the analyst-to-be (Ellman, 1991).

I agree in this regard with the critics who think that the foundations for the clinical situation of psychoanalysis have not been fully explored. This kind of criticism underlines that there are strong reasons to examine in what way psychoanalysis has incorporated and made use of the contradictions on which the clinical method rests.

Moreover, there is a general agreement that the connections between the extensive theories of psychoanalysis and the relatively unchanging clinical situation have not been fully elucidated. Among others, Fonagy (2006) brings this out when he concludes that clinical findings show that the classical Freudian understanding of the force that makes psychoanalysis give results is incomplete. He underscores the failure of practise to inform theory. One reason seems to be that we lack a systematic and established body of knowledge about how the structure of clinical practice is related to the psychic processes that arise and the changes that we can observe in our patients (Modell, 1976).

Another source of clinical experience that I had and that aroused my interest in the power of the situation was forced on me from the very beginning of my professional career, when I was working as a child psychotherapist. At that time I had to realize that it was first when I could abstain from doing anything and instead have faith in the clinical situation that the child could make use of me and the situation itself in a creative way. The demand to which I had to submit was to do nothing but to be available and thus receptive to how I could be used by the child in her/his play. I realized that when I let myself be the tool of the child, my approach stimulated the child’s desire to play and to communicate. I found that if I as an analyst or analytically oriented psychotherapist could create and protect a symbolic space and make myself accessible to the child within it, the situation called forth a play activity in the child that in and of itself was of crucial importance. What I then experienced, I soon discovered with embarrassment, was an obvious experience for almost every psychoanalyst who works with children as well as with adults.

This mode of thought resulted in a need to examine the framework of psychoanalysis (see Künstlicher, 1996). One apparent conclusion was that being governed by the situation in itself is tantamount to being governed by a symbolic room, and that is one way of defining play as well. So I came to the conclusion that the clinical situation shows important similarities to the space for play that children negotiate when they want to immerse themselves
in mutual phantasy\(^1\) play. In both situations spontaneous processes emerge that are relatively predictable as to form and totally unpredictable as to content and in both cases a symbolic space is formed through rituals and rules.

In addition, we know that children use playing in order to assimilate new experiences and that playing activity enhances learning. (Anderegg, 1989; Bruner, 1990; Emde, 1991; Giffin, 1984) In other words, it is a well-founded observation that children acquire new knowledge and generate psychic changes through play activity. In their mutual phantasy play they explore different levels of reality and use their imaginations in order to investigate potentialities and limits of their reality. Playing is their tool of exploring, taking them beyond the bounds of their immediate experiences, and enabling them to acquire new knowledge. (Vygotsky, 1978) It helps them to realize what space there is to express their experiences and experiment with their aggressiveness, sadism and other impulses.

Analysts of today work in a room that has an anachronistic set-up surrounded by a system of rules that can appear bizarre to an outside observer. Why do we still work in a room that looks like a 19th century doctor’s office with a couch, the tool of that period for in-depth medical examination? One reason could be that when Freud developed his psychoanalytic method, the situation he formed apparently gave birth to more complex processes than he could anticipate. His own clinical experience taught him that the intensity and intimacy to which psychoanalysis invites the patient gives rise to a field of force that is unpredictable. Seen from this perspective, spontaneous processes in a psychoanalytic situation might have something in common with certain forms of children’s playing. Thus, looking at the psychoanalytic situation as a play situation may give us a potent metaphor for understanding the psychoanalytic process, and a fruitful alternative to traditional conceptions of the psychoanalytic situation. Hence, we may have an answer as well to questions about why analysts have remained faithful to a situation that seems to be outdated.

\(^{1}\) In this context I spell the concept of phantasy with ‘ph’ as it is the common use in psychoanalytic writing. The concept has a number of different implications such as conscious phantasies or daydreams, unconscious phantasies like those uncovered by analysis and as the structures underlying a manifest content (Laplanche and Pontalis 1973).
Question

As a consequence of these thoughts I started to wonder in what ways the clinical situation in itself governs both the patient and the analyst. Furthermore this query led me to ask what the consequences would be if I regarded the psychoanalytic situation as a play situation and if this might contribute to a better understanding of our clinical experiences.

For the growing child, playing and learning are generally held to be part of the same phenomenon (Bruner, 1990). Thus, to be more precise, my question at issue is whether the psychoanalytic situation are best understood as a symbolic place corresponding to a play situation. If so, then playing will be an essential ingredient for initiating psychic changes. It will contribute decisively to what happens in psychoanalysis whereby patients can gain essential knowledge about themselves, knowledge that leads to a deepening of psychic changes.

Consequently, one overall purpose with the present study is to explore the psychoanalytic situation as a play situation. It will therefore be essential for my thesis to delineate those structures of the clinical situation that transform it into a play situation and invite the participants to play. Further, it becomes crucial to identify similarities and differences between the clinical situation of psychoanalysis and a universal play situation, since that will be a crucial step in defining the specific characteristics of the psychoanalytic situation.

The aim of the investigation is developed and elaborated step by step in part one. That part of the thesis primarily concerns a conceptual analysis of the relationship between play and psychoanalytic theory and ends with inferences on the character of the psychoanalytic situation and the historical development of its technique.

The second part is empirical and presents two case vignettes. It explores what kind of understanding the concept of play can provide in these two cases, one where the playing character of the situation is accepted as natural and the other where it is questioned.

My investigation ends with a third part that discusses my findings. Further, in this part I try to specify what criteria the analyst must fulfil in order to protect the play area of psychoanalysis.
Mode of procedure

In order to investigate the question at issue I will proceed step by step to elucidate my concepts and my own theory. In the first part, applied to the concept of clinical situation, I give a picture of my understanding of Freud’s reasons for shaping his clinical situation as he did. This will provide us with a background to why we still use the same clinical room as in Freud’s days.

Freud himself never reflected systematically over the situation that he created, but instead gave it form based on pragmatic considerations, where the overriding purpose was to gain access to the patient’s psychic material as a way of gaining information about his inner world.

To give a perspective on how the psychoanalytic method developed I have chosen the case study of the Rat Man (Freud, 1909), as it gives us access to two different perspectives; Freud’s private notes and the published case study. Further, the case is interesting as it gives us an admission to Freud’s evolving method. He lets us follow how he gradually transformed the clinical situation and how this transformation changed the implications of the different rules of treatment in order to handle those clinical problems that appeared. But above all, the case study reveals how Freud distorts his clinical data to make them fit into his theories.

My tentative conclusion is that Freud never quite understood to what extent inherent forces were unleashed by the specific clinical situation he had set up. My proposal is that these forces became unmanageable to Freud and my study demonstrates how Freud changed some of the early characteristics of the psychoanalytic technique in order to handle them. This being assumed, we understand that his need to make things manageable was probably what made him revise his material as well. His description of what he was doing on an explicit level was something quite different from what he really did on an implicit and unconscious level. The latter was governed by his private and unarticulated theories (Canestri, 2006; Werbart and Levander, 2006). Out of the ambition to correct the patient’s distortions the aim to understand one’s own subjective world arises. It becomes a situation characterized by an encounter with various meanings between two parts, a meeting on the level of both reality and phantasy, which gives us a basis to build on the play metaphor.

The question arises, which kind of play concept is being referred to in this context? The concept of play covers extensive phenomena and is problematic to determine. I will take into account some applications of the play
concept in psychoanalysis to demarcate what kind of play phenomena I
make use of in this study. Empirical studies from a social anthropological
perspective support the assumption that children’s play is universal (Good-
man, 1970) and I refer to some developmental psychological models (Emde,
1991; Fonagy and Target, 1996; Gergely and Watson, 1996; Giffin, 1984;
Target and Fonagy, 1996) that are based on a universal interaction between
the small child and those closest to him. From these models I try to create a
theory that connects the universal play situation of children on the one hand
with the specific psychoanalytic situation on the other, and that will make a
point of departure from which to approach and investigate my field of in-
quiry.

Thus, I have to identify the points of correspondence and deviation between
a universal play situation and the psychoanalytic situation. In both situations
an enclosed space is negotiated that gives protection against surrounding
reality. But the similarities between them contain non-evident deviations as
well that will have implications for my thesis.

For instance, there are asymmetric aspects both in playing in general and in
psychoanalysis, but in different ways that have implications and conse-
quences that must be addressed. Accordingly, the asymmetry between the
participants will have a crucial position for my reasoning. For example,
when we follow Freud’s development of his clinical method, we will discern
that the traditional doctor-patient relationship implied a position of authority
that was taken for granted. However, this classic attitude toward the asym-
metric aspect of psychoanalysis and toward the analyst’s objective and de-
tached position became undermined by the complex processes that grew out
of the interaction between the analyst and the patient. Freud and his follow-
ers became painfully aware of this complexity when the psychoanalytic
practice evolved and processes emerged that they could not control. Clinical
reality turned out to be significantly more complex and multi-faceted than
they had imagined.

Consequently, the complicated issue of the asymmetric relationship between
patient and analyst will be dealt with throughout this work, especially as that
aspect in a fundamental way distinguishes play in the psychoanalytic context
from the mutual play situation of children. By the conclusion of the first part,
I will have constructed a conceptual basis to use as a tool for examining my
clinical material.

The second part will be an empirical study of the implications of my concept
of play for understanding two clinical vignettes. Therefore, I will take into
consideration the methodological dilemmas involved in using one’s own
clinical material as empirical data. Here I must address problems of being a
practising psychoanalyst and entering the role of a researcher in the same psychoanalytic situation. By way of exploring the clinical vignettes I want to examine what characteristics of the situation that enable each patient (and analyst) to remain or cease to remain in a play situation. With this in view, I utilize the characteristics of the play concept such as ambiguity, the relation to different levels of reality and enacting phantasies as an instrument of investigation. In this context I make use of the Freudian concept of repetition compulsion in order to examine under what circumstances the playing space is questioned.

In the concluding part I sum up and discuss my results, which have implications for the kind of decisive factors that have to be fulfilled in order to work in a psychoanalytic play situation. This brings me to a reasoning around different models of analogy that we use in psychoanalysis and our utopian phantasies that might erase the boundary between an *as if* and a concrete attitude.
Part I
What kind of clinical situation did Freud leave as his legacy?

When Freud originally organized his clinical situation, it was based on pragmatic considerations and he took the medical examination aspect for granted. The phenomena that he discovered and formed his theories around as well as the multi-faceted relationships that arose between him and his patients were naturally linked to the situation that he set up. He never scrutinized the clinical situation systematically but instead changed it in step with the problems that came along. The intensely contradictory relationship that evolves reflects the inner contradictions of the situation. It is therefore important to stop to consider how this special situation evolved.

Freud took on the traditional doctor role of his times and utilized the then-prevailing medical techniques. An important source of inspiration was Jean-Martin Charcot, a neurologist who it is fair to say was comparable to a celebrity. In 1885 Freud therefore travelled to Paris to study for several months with this prominent neurologist, who devoted great time and energy to the neurological disease hysteria, among other things. There, Freud had a chance to witness Charcot’s famous patient demonstrations at Salpêtrière Hospital. With the help of hypnosis Charcot induced and interrupted attacks of hysteria in his female patients while an audience watched. This gave him an opportunity to study objective bodily changes during the course of the attack (Johannisson, 2004).

What was it that Freud got to see? According to e.g. Ellenberger (1970), the women who were going to be presented to the audience were already well informed in advance about what was expected of them. It was namely so that Charcot’s assistants, behind his back, in order to fulfil what the famous doctor intended, rehearsed the performance with the chosen patient. They did everything to make sure that the performance would be to Charcot’s satisfaction (ibid).

The interaction between Charcot and his patient on the stage was not infrequently transformed into a veritable theatre performance and by confirming Charcot’s expectations the hysterical woman could receive his appreciation.
A game thus came into being with mutual and unspoken expectations and an ambiguous relationship between an authoritarian male doctor and a most often younger woman. She was an object put on display, who was forced to identify herself as sick and accept a degrading role, but who at the same time was an actress who held the audience in the palm of her hand (Johanisson, 2004).

The dramatic performances put on by Charcot and his female patients with the diagnosis hysteria impressed Freud and he was inspired by Charcot and by his way of listening for the unexpected. Freud’s encounter with Charcot therefore became an important source of inspiration for Freudian psychoanalysis.

Freud took his impressions with him to Vienna with the intention of opening his own private practice (Ellenberger, 1970). He saw himself as a doctor for treating nervous disorders, and as a hypnotist, a well-defined and socially accepted role. The patients, primarily women, who sought his help for their “problems with their nerves”, had come to the right sort of doctor. Freud induced hysterical symptoms with the help of hypnotic suggestion, and used the same techniques to try to eliminate the symptoms. He made use of massage and hypnotic suggestion, which were accepted techniques, and took advantage of the authority that a male doctor exercised toward a seemingly passive patient. Looking at the prevailing neurological and psychiatric clinical practices of those times, we can trace how Freud gradually establishes a clinical stage for the emerging psychoanalytic method (Sjögren, 1989).

At this phase of his development, Freud was still deeply rooted in a tradition, where the doctor used the couch for medical examination and consciously tried to use the power of suggestion on his patients. The patient on her side did her part in the hope of obtaining relief for her psychic suffering. On a more unconscious level, both were out to get esteem, sympathy and perhaps love. We become witnesses to a situation that is analogous to the one Freud saw in Salpêtriére, except this time we are in a closed room. Here as well, we can imagine how the respective parties listen for the unspoken, registering each other’s faces, voices and body language (Johanisson, 2004).

Freud noted that his patients, time after time, recalled experiences of improper sexual advances by an adult close to them. On the basis of such narratives he concluded that the ultimate cause of his patients’ illness was their having been victims of sexual abuse in their childhood. This abuse in turn gave rise to unconscious conflicts, which explained the presence of hysteria. He writes in the forward to his collaborative study with Breuer that
“sexuality seems to play a principal part in the pathogenesis of hysteria as a source of psychical traumas and as a motive for ‘defence’—that is, for repressing ideas from consciousness” (Freud, 1895:xxx). In this way he got the etiological connection that he was looking for and that fulfilled his hope of finding a clear and simple causal relationship (Sjögren, 1989).

Freud’s overriding ambition was to solve the mystery of hysteria with the help of his patients. His hope was that his clinical work and his therapeutic successes would confirm his theoretical models. His female patients hungered to find someone who could listen patiently, when they spoke of their psychic suffering, and who could help them in their emotional desperation. The patients therefore wanted Freud to be interested in their feelings, ideas and notions and their own thoughts concerning the cause of their suffering, in short their subjective world of imagination. An intense interaction resulted, in which Freud listens alertly to their narratives, on the lookout for slips of the tongue and fragments that have escaped their own attention. Through his interest in the significance of their inner subjective world and his method of letting this inner world be the main material of focus, Freud satisfied their longings. In exchange, they could give him what he wanted and confirm his assumptions. A dialogue consisting of expectations and a response to these expectations is an act of love and the patient’s hysterical seizure a form of orgasm. Freud thus ‘discovers’ that the origin of neurosis is sexual (Johanißson, 2004).

Freud’s interest in the inner subjective world’s significance for the symptomatology of hysteria stood in sharp contrast to the prevailing medical examination methods of those times and was a radical break with the then-prevaling point of view (Johanißson, 2004). The dialogue is being driven in another direction than the usual interaction between an authoritarian male doctor and a helpless female patient. The intense patient-doctor interaction and Freud’s absorption in what he is doing calls forth an intimacy that becomes increasingly troublesome. Together with his patients he discovers that when sexuality works in an intimate interaction it cannot be reduced to a simple cause-effect relationship.

Freud both wanted to bring out the patient’s subjective perspective and to maintain the traditional clinical situation. But the clinical situation that Freud formed demanded that the patient’s psychic reality would come up. A complex course of events emerges where it becomes difficult to distinguish the connections between Freud’s seduction theories that he offers to his young female patients and the seductive forces brought into play in the psychoanalytic room (Blass and Simon, 1994; Laplanche, 1989). Nor could Freud completely understand that the narratives, which he was given a chance to share, could also be a commentary on what was going on between him and
the patient on the couch (Blass and Simon, 1994). He did not as yet have any notions or concepts that could help him describe to what extent their reciprocal seduction attempts affected the clinical practice. He did however draw the conclusion that our wishful thinking infiltrates our perception of reality, that is the perceptions of the internal world become regarded as the reality.

After some time, the painful insight gradually forces itself upon him that he himself is to a great extent a participant in the narratives that are emerging. His patients understand and accommodate their narratives to what he wants to hear. He also realizes that the power of his own phantasies influences his perceptions and his comprehension of the reality that he has been observing. This makes him more and more self-critical and causes him to question his theories (Blass and Simon, 1994). Freud has realized intuitively that his own subjectivity influences the process, while at the same time he has no theory that can describe what is going on. Instead, his clinical experiences lead to his making changes in the clinical setting.

A new function for the couch

His insight about the significance of the reciprocal influence no doubt contributes to the way Freud feels more and more disturbed by ‘having his patients staring at him’ (1913). The disturbing feeling that he is experiencing is probably also a reaction to his own fear of being seduced. Freud deals with the problem by asking his patients to lie down on the couch in front of him and he seats himself behind their heads where they cannot see him. By having neither eye nor body contact with his patients, Freud wants to avoid his and their becoming visually or emotionally entangled in each other. The function of the couch has transformed from being a place where hypnotic suggestion and other manipulative techniques can be used to a space meant to keep the parties separated (Moraitis, 1995)

Freud worked under the generally accepted premise in the medical profession that the doctor-patient relationship rested upon a factual asymmetry, where the doctor with his indisputable knowledge was the objective party, while the patient was a victim of her infantile desires. Freud believed that he could protect his status by placing himself out of sight, where he could calmly and objectively take in the patient’s psychic material without letting himself be moved. This set-up also facilitated the analyst’s ability to immerse himself in free floating attentiveness. Both parties would get the space to observe their own feelings and thought processes, which was also an element of Freud’s rationalization for placing himself out of sight (1913). The new arrangement thus helped to protect the respective status of both parties
and, along with that, the prevailing asymmetric relationship. Clinical experience also came to show that the patients’ desire to say whatever came to their minds was fulfilled to a greater degree. In this way feelings and thoughts, or the subjective world, could take the foreground.

By changing the function of the couch the seduction of the situation took another form. As the patient did not see the person to whom she communicated, the asymmetric aspect was strengthened with deepened phantasies. That is, rather than seductive forces being eliminated, they now became even more in focus. At the same time the attention to non-verbal communication was reinforced.

Psychic reality is placed in focus

Through his clinical experiences, Freud had arrived at the conclusion that his patients’ reports of improper sexual advances and attempts at seduction in childhood were not based solely on actual facts. Their accounts were also an expression of their own sexually tinged childhood phantasies such as they were given form in the analytic situation: a subjective perception of reality that was experienced as actual, which Freud designated as the psychic reality. Freud’s view of the causality behind psychic symptoms moved from his concern with the events of the patient's life to the psychic consequences of the mental experiences that are related to those events (Michels and Roughton, 1985). It was the conflict between an actual reality and a subjective experience that became the focus of Freud’s interest. Accordingly, he regarded external reality as the reality and psychic reality as a distortion or misrepresentation of the truth. The task of the analyst was to correct the distortion, to help the patient see reality more clearly, so that the latter’s psychic reality would be adjusted to the external reality, leading to an improved adaptation (Michels and Roughton, 1985).

Freud’s basic assumption was that if the patient allowed herself to give voice to all the thoughts and feelings that came to her mind, she would thereby come into contact with and express repressed unconscious conflicts, the origin of which was childhood sexual wishes. Here Freud defines the unconscious desire with its accompanying phantasies as the patient’s psychic reality (Laplanche and Pontalis, 1973). In the psychic reality these wishes take on the import of having been fulfilled – a notion that to wish is to have.

We can follow how Freud uses his clinical setbacks to change his theoretical models and to come up with new technical approaches. It is easy to discern how his theoretical assumptions reflect his struggle with the processes that
arise in the clinical situation. As far as I understand it, he solves the incompatibility between his scientific ideals and his clinical reality by introducing two contradictory realities. One reality is put on stage in analysis. Its source is sexually tinged childhood phantasies consisting of a mixture of unsorted and unfulfilled desires with traumatic features. The other reality is an external, factual and limiting reality. Freud states in his *Introductory Lectures on Psycho-Analysis* (1916-17) that the problems of a hysterical neurotic depend on a confusion around different levels of reality:

> the low valuation of reality, the neglect of the distinction between it and phantasy. (..) When [patient] brings up the material which leads from behind his symptoms to the wishful situations modelled on his infantile experiences, we are in doubt to begin with whether we are dealing with reality or phantasies. If, however, we leave him, till this piece of work is finished, in the belief that we are occupied in investigating the real events of his childhood, we run the risk of his later on accusing us of being mistaken and laughing at us for our apparent credulity.” Freud ends by stating that “these mental productions (..) possess psychical as contrasted with material reality, and we gradually learn to understand that in the world of the neuroses it is psychical reality which is the decisive kind (ibid: 368).

In order to define and describe the emergence of distortions in the neurotic’s perception of reality, Freud proposes that the two realities correspond to two different worlds of thought. He designates the one as the primary process’s principle. It characterizes dreams and the thought world of the unconscious, whose source is unconscious desire. The other is the secondary process’s principle, which characterizes rational thinking.

Primary process thinking has its own inherent logic of thought, where wishes and fulfilment of wishes coincide (Freud, 1900). However, for the wishes to be fulfilled in real life, with its limitations, possible consequences must be considered carefully before the action is carried out. In other words, the wish must be connected to the limitations of external reality. It is the demands of this reality level that constitute the guiding principle in the world of thought directed by the secondary process. Accordingly, it is by waiting and taking the time to reflect over one’s own ideas and over the possible consequences of actually carrying out wish fulfilment that a person brings her secondary process thinking into being. Thus both worlds of thought constantly interchange with each other.

According to the way psychoanalysis understands the human being, she therefore finds herself in an incessant conflict between her desires or sexual wishes and the demands of the surrounding world, which forces her to repress such drive-based wishes as are in opposition to what is expected. However, being forced to abstain from satisfaction means frustration and psychic pain, which bring about a psychic conflict. Consequently, every human be-
ing, according to Freud, must take a position in the conflict between a psy-
chic reality governed by passions and wishful phantasies on the one hand
and a rational limitation-based everyday reality on the other. This is the con-
flict that psychoanalysis places in focus.

This conflict perspective is the basis upon which Freud describes the psychic
trauma of childhood. When frustration or psychic pain becomes so over-
whelming for the child that he is no longer able to handle the conflict, the
conflict becomes repressed and its content is denied. There is no longer any
space for self-reflection. Instead, the psychic consequences of the event con-
tinue to exist on an unconscious level. Every time the adult is reminded of
the trauma, without always being conscious of it, the unconscious interpreta-
tions of the trauma are regarded as the reality and press forth automatic ac-
tions and psychic symptoms. In order to avoid traumatic repetition, the one
who is afflicted tries to avoid the conflict by interpreting the world according
to his own wishes.

Freud now uses his clinical method in order to psycho-analyze, i.e. to at-
tempt to dissect the psyche’s perceptions of reality into their basic compo-
nents and thus help the patient understand her confusion. The idea is that
making the patient conscious of traumatic memories should make the symp-
toms fade away. However, as we see, another theoretical model begins to
make an appearance, a model that makes room for both the original theory
and a theory that says the conflict is caused by frustrated infantile desires. In
the latter case, the goal is no longer to get the patient to bring memories to
the surface but rather to have her reflect over her desires (Friedman, 1991).

What Freud discovers is the power of the patient’s unconscious desire. Her
desire is to get her infantile conflict transferred into the psychoanalytic situ-
tation, where she thus hopes her infantile wishes will be fulfilled. In this case a
dilemma arises between the demand to get her basic desires fulfilled and the
demand of psychoanalysis to reflect on these desires. Freud renders the di-
lemma in this way:

Anyone who forms a correct appreciation of the way in which a person in
analysis, as soon as he comes under the dominance of any considerable trans-
ference-resistance, (..) how he forgets the intentions with which he started the
treatment, and how he regards with indifference logical arguments and con-
cusions which only a short time before had made a great impression on
him—anyone who has observed all this will feel it necessary to look for an
explanation of his impression in other factors besides those that have already
been adduced. Nor are such factors far to seek: they arise once again from the
psychological situation in which the treatment places the patient. (…) The
unconscious impulses do not want to be remembered in the way the treatment
desires them to be, but endeavour to reproduce themselves in accordance
with the timelessness of the unconscious and its capacity for hallucination.
Just as happens in dreams, the patient regards the products of the awakening
of his unconscious impulses as contemporaneous and real; he seeks to put his passions into action without taking any account of the real situation. The doctor tries to compel him to fit these emotional impulses into the nexus of the treatment and of his life-history, to submit them to intellectual consideration and to understand them in the light of their psychical value. This struggle between the doctor and the patient, between intellect and instinctual life, between understanding and seeking to act, is played out almost exclusively in the phenomena of transference. It is on that field that the victory must be won—the victory whose expression is the permanent cure of the neurosis. It cannot be disputed that controlling the phenomena of transference presents the psycho-analyst with the greatest difficulties. But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest (1912:107-8).

Here Freud ascribes to the clinical situation a power of its own that presses forth infantile desires: ‘they arise once again from the psychological situation in which the treatment places the patient.’ At the same time, he wants the clinical situation to be regarded as a reality guided by rational reflection, as when he complains that the patient ‘seeks to put his passions into action without taking any account of the real situation.’

We may ask what Freud is referring to when he speaks of the real situation. My impression is that the real situation is what he wishes it to be. Accordingly the struggle between Freud and his patients seems to be not only an expression of the patient’s resistance but also of Freud’s own resistance toward the irrational forces that are put into play in his patients and most probably in him as well. However, he also notes, ‘But it should not be forgotten that it is precisely they that do us the inestimable service of making the patient's hidden and forgotten erotic impulses immediate and manifest.’

Some years later he goes full circle and perceives the patient’s deep longing as the very motor that drives analysis:

I shall state it as a fundamental principle that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes, and that we must beware of appeasing those forces by means of surrogates. (…) It is, therefore, just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed. The course the analyst must pursue is neither of these; it is one for which there is no model in real life (1915:165-6).

Here Freud indicates what is required of the analyst, a requirement that has turned out to be hard to live up to, a circumstance that I intend to come back to further on.

We have a clinical situation that invites the patient to immerse herself totally on the phantasy level and where the analytic frame, with the analyst’s posi-
tion as neutral and objective, is meant to represent the factual and frustrating reality. The patient has the freedom to express everything that comes to her mind, that is to say, the freedom to give expression to all the wishes and desires that are awakened to life. At the same time, he/she is made to refrain from trying to get his/her passions and wishes satisfied in a concrete and direct manner.

Freud has created a clinical situation where he supposedly represents factual reality. It is a situation that invites the patient to awaken something to life that is outside control and the frame is meant to function as a protective shield. Freud enters as though he were a parent and then the patient becomes a child filled with a child’s dreams and wishes. The patient’s psychic conflicts, rooted in the traumatic experiences of childhood, or conflicts between desires and the frustrating limitations of reality, are thus driven up to the surface. The patient’s psychic reality comes to the fore.

Freud now emphasizes that the patient should transfer his infantile wishes and desires and bring them to life in the analytic situation. It is as though he to some extent has unconsciously designed the clinical situation to achieve this end. Freud has become an analyst who with the help of the Fundamental Rule deliberately urges his patient to give expression to his desires but also to reflect on them by means of the clinical method. As the quotation from 1915 expressed,

> a fundamental principle [is] that the patient's need and longing should be allowed to persist in her, in order that they may serve as forces impelling her to do work and to make changes and it is just as disastrous for the analysis if the patient's craving for love is gratified as if it is suppressed.

The patient is encouraged to give expression to his desires, even though the analyst already knows in advance that they are not going to be satisfied, not in the way that the patient expects. The purpose here is to lay bare the illusory aspects of the patient’s hopes. Freud has now broken away from his original clinical model and encourages the patient to be dependent on him in a way that would be considered unethical for doctors in general (Friedman, 1991).

Now he lets two separate notions govern his analytic work: one that is neutral and non-manipulative and one that has built-in seductive features. The latter clashes with his ideals, which Freud most probably has not articulated for himself, and thus the clash does not become clear to him. As a result, for one thing, his psychoanalytic work takes direction based on differing clinical models along with the theories supporting them. Lawrence Friedman examines this matter in his article *A Reading of Freud’s Papers on Technique* where he concludes that
Freud had discovered that a treatment designed to aid memory finds itself mainly tied up in difficulties of love. One finds that the transference is the guts of treatment trouble. That is a portentous discovery because, as it happens, what one makes out of the fact will decide one's model of treatment (1991: 571 italics in original).

If the aim of the analysis is changed then other demands are placed on the role of the analyst. For example Michels (1985) points out that Freud’s conception of psychic reality is affected by his use of different models. It is thus problematical for him to understand what kind of reality is being enacted in the psychoanalytic room or what kind of role is being attributed to him. Michels adds that the role of the psychoanalyst varies depending on which model of psychic reality he implicitly works with. The analyst’s understanding of the asymmetric relation will be different if he sees his task as helping the patient to correct his distortion and see the world more clearly versus helping the patient to know his own subjective world as deeply and fully as possible.

An implicit model evolves that threatens to be problematical for Freud since it requires the analyst to make himself available to participate in the patient’s psychic reality. In effect, the analyst would need to let himself be drawn into the patient’s internal reality. However, to Freud this course of events clashes with his necessity to see himself as a neutral and objective observer. Such an ideal calls for being able to face reality without illusions, which corresponds to the goal of psychoanalysis, namely: to analyze how the patient’s distortions, desires and cravings affect his notions about himself and the world around him, to help him see his past and repressed experiences with open eyes. This implies that the position of the analyst guarantees his objectivity. The analyst should remain relatively unmoved and let his attention float freely as he sits there in silence in order to allow an unconscious communication to take place. To Freud this status of the analyst guarantees an objective position.

By holding on to his conviction about the position of the psychoanalyst, Freud could continue to be assured that his scientific engagement did not influence his clinical work. He held that all he was doing was observing the intrapsychic dynamics of the patient (Cavell, 1998). He therefore saw the interplay of passionate desires, those coming from the patient as well as those coming from the analyst, as disturbing, i.e. something that he wanted to tone down. This position made it hard for him to gain access to concepts or theories that would have made it possible for him to describe the interplay between the patient’s psychic world and his own psychic reality. His way of defining and applying the analyst’s position contributed to intensifying the patient's conflict. Freud’s own position was part of the problem.
Instead, he tried, as we saw, to protect his position by changing the clinical scene so that the patient’s psychic material would be manifested in an undisguised way, without being affected by his presence. His own interests were not to interfere with the work. To put it simply, he put a parenthesis around his own unconscious motives and passions. Nonetheless, the question remained: how can an unconscious communication arise without involving the analyst’s own subjectivity, including his unconscious desires and conflicts?

However, as his career continues, Freud is forced time and time again to realize how his own unconscious motives affect the course of events in a highly tangible way. He expressed this insight in an extraordinarily cogent manner in the words previously quoted. He makes it clear to us how surprised he is that the psychoanalytic situation he has set up awakens such strong forces. He thus devises technical rules to help protect himself and his patients from the intensity and uncertainties that he saw himself being subjected to and to assure himself that his vision of the psychoanalytic method would prevail. By establishing rules for his treatments, he could guard the integrity of his method. Given this background, we can understand the introduction and the changing of these rules. (Thomä and Kächele, 1987)

We discern how both explicit and implicit theories are guiding Freud in his actual work. He applied implicit theories that were useful at certain moments and, as long as they remained unarticulated, partly inconsistent clinical theories could stand up side by side (Sandler, 1983). Sandler is of the opinion that implicit theories are closer to the reality of clinical experience. However, as I understand it, the fact that Freud tried to stay on several different theoretical tracks at the same time made it hard for him to follow the guiding rules that his clinical method, in its further developed form, stipulated. A gap occurred between what he believed he was doing and what he actually was doing.

Instead, he tries to bridge the gap between what he wants to do and what he is actually doing by changing the implication of the treatment rules. The implication of the Fundamental Rule undergoes a tacit transformation. To instruct the patient to say anything that comes to his mind without exercising any self-censorship not only unleashes latent thoughts and past experiences but also, and first and foremost, suppressed and unacknowledged desires and passions, and they are directed at the analyst (Friedman, 1991). As a response to this phenomenon, Freud formulates the Rule of Abstinence. Underlying the rule are both a theory and a condition. The theory asserts the necessity of frustrating the patient so that he can come into contact with repressed drive impulses while the condition stipulates that the forces thus unleashed may only be expressed verbally. The rule is both a treatment strategy and a normative regulation to prevent the treatment from suffering be-
cause of the passions that the clinical situation evokes. One sees how the clinical situation changes in step with Freud’s deepening understanding. He examines and questions certain aspects of the situation but he never places the situation itself under scrutiny.

However, as Freud adds new technical elements to his method, these are accompanied by other clinical problems that in their turn stimulate him to further develop his theoretical assumptions. Freud never stops to rest but rather surges forward on a constant research mission. But what Freud saw as a testing and a scrutinizing process was treated by his successors as law. As Thomä and Kächele among others point out, the technical rules came to be used to create security in an insecure and contradictory situation.

Rules are justified not by their usefulness, which was Freud’s reason, but by the fact that they are anchored in psychoanalysis theory. (...) The analyst’s need for security and problems of identity encourage him to absolutize the rules (1987:218).

Because the generations proceeding Freud apply the rules as though they were laws, the clinical situation becomes a place with a predetermined scenography that is enclosed by stipulated rules and rituals. But laws are taken for granted and do not stimulate critical scrutiny. In this way the inconsistencies and contradictions with which Freud struggled risk becoming unreflectively incorporated as part of the frame. Here the analyst’s attitude toward the rules, whether he sees them as inflexible laws or as something to hold the situation together, becomes a matter of vital importance. It is therefore essential for me to understand the nature of the internal contradictions that we have injected into the clinical situation, since I regard these built-in contradictions under which we work as a part of the situation’s quality of play.

To elucidate the implications of these built-in contradictions for the psychoanalytic method, I would like to stop and examine how Freud applied his analytic method in the case of the Rat Man (1909). This can give us a foundation upon which to examine the process leading to the discrepancies I have hinted at. As I see it, his case study sheds light on the dilemmas and the contradictions that continue to put their stamp on the psychoanalytic practice of today and, as I believe, are part of the creative potential of psychoanalysis.

To attempt to trace the development of the psychoanalytic method via Freud’s case study of the Rat Man seems natural since he in regard to that case openly and to some extent inadvertently gives an account of his difficulties as well as his intentions. The Rat Man is the only case study for which Freud’s own working notes have been preserved as background material for the published version. We are thus able to compare the two descrip-
tions, which give us a unique inside view and an illustration of how Freud works using an explicit theory in parallel with implicit theories that guide his clinical work in an unapparent way. By having the two different perspectives on the same case, we have conditions that make it possible to study his technique, to discern what he is stressing and to sense what he is unconsciously disregarding (Mahony, 1986).

This analysis takes place over a period of intensive change and sheds light on Freud’s difficulties in integrating his theoretical models with the applied practice. At this point in time (1907) Freud needed to present convincing case studies to the scientific community in order to receive confirmation of the scientific status of psychoanalysis and of its therapeutic effectiveness. The rifts between the practice that he more or less is supposed to be following and the deviations that he is making show his inner struggle. They also show how he is on the way to creating a radically different paradigm.
The Case of the Rat Man

Of the cases published by Freud, *The Case of the Rat Man* (1909) stands out as one of the most central within the intellectual legacy of psychoanalysis since it recounts a psychoanalytic treatment process in such a detailed and faithful way. The documentation available to me thus includes the daily working notes taken by Freud, which came to lay the ground for the published case study. We get an overview of what he was struggling with and of how he regarded what he was doing. We also see how he distorted and edited his data in order to achieve his specific goals (Mahony, 1986; Künstlischer, 1998).

Because Freud needed a successful analysis that could convince others of the validity of his theories, he welcomed it when the Rat Man (Ernst Lanzer) emerged. In addition, Ernst Lanzer had previously been treated by one of Vienna’s most well known psychiatrists, Wagner-Jauregg, without success, which must have inspired Freud to create a psychoanalytic prototype (Mahony, 1986). The Rat Man would be the first obsessive neurotic to be described in detail and Freud stated in a footnote that he “was completely restored”. The question of what Freud can have meant by ‘was completely restored’ is never answered in the case study. But Freud kept himself informed of how things were going for the Rat Man who, while the analysis was going on, began his professional career in law. Some years later he married his ‘lady’. After that there is no information. But in a footnote, written in 1923 and added to later publications of the case, Freud writes,

> The patient's mental health was restored to him by the analysis which I have reported upon in these pages. Like so many other young men of value and promise, he perished in the Great War. (1909: 249)

The following is the way Freud describes his first meeting with the Rat Man, in an interview where it is to be decided whether they will begin psychoanalysis:

> A youngish man of university education introduced himself to me with the statement that he had suffered from obsessions ever since his childhood, but with particular intensity for the last four years. The chief features of his disorder were fear that something might happen to two people of whom he was very fond—his father and a lady whom he admired. Besides this he was aware of compulsive impulses—such as an impulse, for instance, to cut his
throat with a razor; and further he produced prohibitions, sometimes in connection with quite unimportant things. He had wasted years, he told me, in fighting against these ideas of his, and in this way had lost much ground in the course of his life. (1909: 258)

The Rat Man next gives an account of his sexual life, which he considers to be dull and irregular. When Freud “asked him what it was that made him lay such stress upon telling me about his sexual life, he replied that that was what he knew about my theories.” Here Freud ends his report of the interview, but in his working notes he adds, “After I had told him my terms, he said he must consult his mother. The next day he came back and accepted them.” (ibid: 255)

Freud’s question shows that he has understood that the Rat Man is trying to adapt himself to what he thinks Freud expects. The additional comment that he must ask his mother first points in the same direction: an inclination to want to subjugate himself. However, as we soon will be made aware, he also has a need to revolt against this inclination. What we see is how each of them tries to negotiate in order to have his own needs satisfied.

When Freud begins the first session by informing the Rat Man about the Fundamental Rule for psychoanalytic work, we can see that his way of expressing himself goes right to the core of the Rat Man’s conflict,

The next day I made him pledge himself to submit to the one and only condition of the treatment—namely, to say everything that came into his head, even if it was unpleasant to him, or seemed unimportant or irrelevant or senseless. I then gave him leave to start his communications with any subject he pleased, and he began thus. (ibid: 159, Freud’s italics)

Freud has clearly communicated his demand and his expectation that the Rat Man will do as he says. The Rat Man responds by telling Freud about two male friends.

He had a friend, he told me, of whom he had an extraordinarily high opinion. He used always to go to him when he was tormented by some criminal impulse, and ask him whether he despised him as a criminal. His friend used then to give him moral support by assuring him that he was a man of irreproachable conduct, … (ibid p. 159)

The other one was a university student, a four- or five-year older man who liked him and flattered his self-image so much that he felt like a genius. Only later did the Rat Man figure out that the student was showing interest in him in order to gain access to his home and become a private tutor in his family. The student was namely interested in one of the Rat Man’s sisters. Once he had attained his goal, he treated the Rat Man like a fool, making him feel humiliated and exploited.
For a more modern reader there are several ways of listening to the Rat Man’s introductory narrative. It is possibly a commentary on Freud’s demands and the contradictoriness of his way of formulating the Fundamental Rule pertaining to free associations. The Rat Man is free to express whatever thoughts come into his mind but at the same time he must unconditionally subjugate himself to this rule. In this light we can see his narrative as a way of responding to what he might see as an older male friend’s (Freud’s?) double nature. He might be friendly and supportive or maybe he is also domineering and penetrating, a manipulator and a seducer. Perhaps it is Freud who wants to exploit the Rat Man?

To read the dialogue by looking at what each of them wants and at how the one tries to influence the other to fulfil his desires was still an unarticulated line of thought for Freud. He was not at yet putting his focus on how his own posturing contained messages that generated direct responses.

During the second session, the Rat Man’s narrative touches upon the torture by rats about which he has heard about and from which the name of the case is derived. When he tells this story, a story that is extremely painful and has awakened so many feelings in him, it is obvious that he is filled with anxiety. He feels forced by Freud to go into detail and he experiences Freud as cruel and domineering, something that puts its mark on their continued cooperation. Next follows a remarkably confusing narrative about a lost pince-nez that goes on during sessions two and three, as is clear from the working notes. Freud edits all of this material down to one session, ostensibly to make the narrative more literary and coherent. As a result, all the confusion that characterizes their dialogue seems to come from the Rat Man (Mahony, 1986).

Right from the start of these introductory sessions, we become witness to Freud’s intense activity level and pedagogical enthusiasm, which indicate that he is driven by his task, his goal of convincing others of the therapeutic possibilities of psychoanalysis. A consequence of this goal-directed eagerness is that it awakens a counterforce in the Rat Man. The two parties are on their way to rigging up a stage for the power struggle that is to be. It is as though Freud senses this and he therefore begins the fourth session by declaring,

The true technique of psychoanalysis requires the physician to suppress his curiosity and leaves the patient complete freedom in choosing the order in which topics shall succeed each other during the treatment. At the fourth session, accordingly, I received the patient with the question, ‘And how do you intend to proceed to-day?’ (ibid: 174)
Here Freud stresses the importance of letting the patient’s own spontaneous ideas steer the material to be analyzed in order to make space for free associations. After this invitation the Rat Man does indeed try to take up a thread but Freud interrupts him before long in order to assert his interpretation that includes a theoretical conclusion as well. This instance also confirms for us how Freud seems so preoccupied with his own thoughts that he is incapable of stopping himself. One conclusion that Freud draws based on his clinical experiences of e.g. the Rat Man is that abstinence is essential for the analyst as well.

It is also at this point in time that Freud declares at one of his recurring meetings with his colleagues in Vienna’s psychoanalytic society,

> The technique of analysis has changed to the extent that the psychoanalyst no longer seeks to elicit material in which he is interested, but permits the patient to follow his natural and spontaneous trains of thought. (Nunberg and Federn, 1962: 227)

Federn adds in a footnote, “Here, for the first time, we have a report of an analysis which was carried out with the help of free associations.” (Ibid.)

Freud discovers after some time that he is not living up to the technical instructions that he has formulated. He confirms this in a letter to Karl Abraham, written the same year as he concludes analysis with the Rat Man,

> It has often been my experience that just those cases in which I took an excessively personal interest failed, perhaps just because of the intensity of feeling. (Letter of 12/26/08 to Abraham, Freud, 1965: 63)

**Freud’s distortions of his material**

If we examine the differences between Freud’s published version and his private notes, we are struck by the obvious distortions. We find them on several levels. Certain themes are highlighted while others that seem to have great significance are toned down. Chronologies are rearranged to make everything fit into the model of interpretation that Freud has chosen. The process is reconstructed to produce a certain impression. For example, he wants to make the reader believe that the analysis has been spread out over a much longer period of time than what is in fact the case. He also wants to make it seem that individual processes have taken a longer time than in reality because he wants to achieve a more consistent case description (Mahony, 1986).

He concludes the presentation of the history of the Rat Man’s illness with the following words, “This is as much of the present case history as I am able to report.
in a detailed and consecutive manner. It coincides roughly with the expository portion of the treatment; this lasted in all for more than eleven months” (ibid. p. 186). However, Mahony (1986) has followed up this question in his research and has concluded that it is only the interview and the subsequent seven sessions that Freud recounts in extenso. They take up more than one-fourth of the edited case description. The working notes recount more or less regularly the sessions from October 1 to January 20. Freud then saw Ernst Lanzer on an irregular basis up to April. It would thus be more accurate to say that the analysis was three to six months long instead of the eleven months claimed by Freud.

Freud’s working notes give us access to his private theories, which help us to trace how he edits and distorts his data in order to attain specific goals (Mahony, 1986). By means of his editing approach, Freud conveys his intentions, his struggles and his view of his work. In other words, he says more about the process, of which he himself is a decisive part, than he is conscious of when he presents his material (Michels, 2000; Tuckett, 1993).

Freud has created a metatheory that gives form to theoretical basic assumptions. These serve as a framework that governs his interpreting activity, but on another level implicit theories and unconscious conflicts collide with his metapsychology. Freud’s problem ends up being that his theories function as a filter for the observations that are supposed to form the basis for his theoretical models (Werbart, 2000).

We see how contradictory ideas that stand up side by side simultaneously influence Freud’s work even when it comes to primary theoretical foundations. Freud considered that the spontaneous ideas and associations that came to the surface during treatment gave staging to unconscious conflicts. Psychic symptoms convey a compromise between irreconcilable and unconscious intentions. He asserted that these could be interpreted and thus rendered comprehensible. The symptom then becomes a narrative about the patient’s unconscious understanding of his own psychic reality and a source of ideas, notions and actions. Seen this way, the symptom possesses another form of rationality than normally prevails, or as Freud writes,

> Obsessional ideas, as is well known, have an appearance of being either without motive or without meaning, just as dreams have. The first problem is how to give them a sense and a status in the subject's mental life, so as to make them comprehensible and even obvious. The problem of translating them may seem insoluble; but we must never let ourselves be misled by that illusion. (ibid: 185)

Freud is convinced that each individual has a unique way of coping with his psychic conflicts and that psychic symptoms say something about how a
given individual comprehends his dilemma. To see the symptom as an expression of the psychic reality’s conflicts calls for another perspective than that of traditional medicine, which rests upon simple causal relationships.

At the same time as Freud comes up with such a remarkable theoretical innovation, we get a chance to follow how he also searches for the direct cause of the disease. The direct-cause approach is supposed to explain the Rat Man’s symptom by connecting it to an external event. We observe how Freud now has ‘forgotten’ that a symptom is multi-determined and triggered by inner dynamic conflicts. It is not only the story of the rat torture that Freud chooses to identify as the triggering factor. On another occasion it is the Rat Man’s father’s death and on still another it is his paternal aunt’s death or his fiancée Gisela’s rejection of him. At the same time, Freud contends that a symptom can never be understood by pinpointing individual external factors since in the psychic reality these can take turns with each other ad infinitum. Because he uses differing and incompatible theoretical models in his attempt to find explanations, Freud goes astray.

According to my reading of the case study, analysis with the Rat Man demonstrates how Freud’s implicit, in part unconscious, world of ideas presses in upon him, creating uncertainty about how to integrate his new clinical discoveries into the theoretical model that he has already defined. Freud’s letter to Abraham confirms how he in retrospect feels that his eagerness has encroached upon his work. It is in this light that I believe we must regard Freud’s excesses, that they are a reaction to the complexity of the clinical situation. I see this complexity as one of the most essential legacies from Freud to his successors. It stems from the way he has set up his clinical situation and from the intense interplay thus generated.

The case study exposes how differing, often contradictory, theories about what is happening in the analysis room guide Freud’s understanding and interpretations. He pursues his analytic work with clear strategies and goals at the same time as other lines of reasoning are awakened based on his own unconscious conflicts. In addition, he observes clinical phenomena that in their turn cause new unarticulated theories to crowd in upon him. Freud is thus working on two planes that must be integrated if his method is to be consistent. This means that we can read Freud’s editing and distorting of data as his attempt to make different elements agree with each other. Using this perspective, we can understand that his two descriptions are pulling in different directions, and that they point to a divergence between what he thinks he is doing and what he actually is doing.

Freud had several reasons for editing his material. In this context I would like to emphasize that one reason concerned the difficulties he was experi-
encing in handling and holding on to the powerful and surprising processes that analysis brought to life. Freud became involved in a way that forces him to defend himself. When he speaks of the Rat Man’s resistance to his theories, he is at the same time saying something about his own resistance against the forces that the clinical situation is unleashing.

The case description thus illustrates how Freud is struggling to make different theoretical levels be consistent with each other and in this way also illustrates how the complexity of the clinical situation is evolving. Freud made changes, as was noticed, in his account in order to underscore and give the impression that the theoretical level is integrated with the practical. His adjustments cause inner contradictions to be both deepened and hidden. In an attempt to make this process clear, I would like to go into some detail on how Freud’s convictions concerning the position of the psychoanalyst in relation to the patient influence the Rat Man’s transferences.

The father complex

Freud makes full use of the authoritarian aspect of his position because he feels compelled to convince the Rat Man of his method’s validity. By doing so, he opens the door for and reinforces the Rat Man’s father–son conflict. His maintaining of an asymmetric aspect of the analytic relationship thus plays a significant role in the confusion that takes hold between his patient and himself. By discussing this conflict I wish to stress the ambiguity of the asymmetric position. The illusory elements illustrate in an unquestionable manner that two psychic realities are interacting when the father complex is staged.

Freud bore a deep conviction that it was part of his responsibility as an analyst to help every patient arrive at the truth about himself. Moreover, this psychic truth or self-insight should concur with Freud’s theory. This conviction connected Freud to the established authority position of the analyst, which guaranteed and supported his need to have a control over defining reality and truth. One gain for Freud from this posture was that he could retain the picture of himself as a neutral and objective observer. This also gave him justification for his way of working but it forced him to be blind to how his own irrational side, infused with his ambitions and desires, trickled through.

That Freud wanted to ward off insight concerning his own unconscious intentions was therefore part of the situation’s nature. However, this also meant that he braced himself against seeing to what degree his own irrational
side affected what was happening. The analyst’s (and the doctor’s) asymmetric position came to his aid here because it protected the notion of the analyst’s being a neutral observer. To question this notion would have undermined his method’s credibility in his own eyes.

As we saw, in the fourth session Freud underscored the importance of letting whatever came into the patient’s mind govern the material to be analyzed. However, we also saw that he was so preoccupied by his own line of thought that he was not capable of controlling himself. Consequently, his ambition to show his readers the validity of his theories gets in his way and causes him time and time again to break into the Rat Man’s associations. For example, when the Rat Man talks about his father’s death and his guilt about not being present at his deathbed, he seems to be approaching something central to his case, but Freud cuts him off as though he cannot bear to listen to the guilt feeling that the Rat Man is communicating. Instead, using a pedagogically slanted explanation, he informs the Rat Man of a theory whereby an affect such as a feeling of guilt actually belongs to another area, namely an unconscious death wish directed at the father.

Freud makes a claim that concurs with a theoretical construction and in the next session the Rat Man says that he finds Freud’s interpretation to be of great interest. However, he allows himself to express some doubt as to how Freud can know that his interpretation is correct. He also ventures to wonder about the healing effect of this ‘knowledge’. The dialogue develops into an intense power struggle in which Freud is determined to ‘prove’ to the Rat Man that he is right. Freud’s manner of interrupting and his urgency seem to induce a counter-reaction in the Rat Man, who now denies that Freud’s interpretation is accurate. According to Freud this very denial means that he is acknowledging the accuracy of the interpretation. Freud’s theory says that a patient’s denial is synonymous with unconsciously speaking out about something that he does not want to admit. When met with such a response from Freud, the Rat Man is hardly able to come up with any more objections, since whatever he does can be called a confirmation of Freud’s interpretation. Freud reminds him that,

He must never lose sight of the fact that a treatment like ours proceeded to the accompaniment of a constant resistance; I should be repeatedly reminding him of this fact. (ibid: 184)

In retrospect we may ask ourselves whose resistance Freud is actually describing. He pursues the thesis that the Rat Man’s obsessive masturbation behaviour is connected to castration anxiety and guilt about his father’s death. However, in the working notes, conflicts having to do with women assume a much more prominent place. In this context, the connection between masturbation and his relationship with the ‘honoured woman’ – the
Rat Man’s fiancée – and with his dominating mother, not least, becomes clear. However, the intimate and ambivalent relationships with his mother and with the ‘honoured woman’ fall into the background in the published case study (Künstlicher, 1998).

Freud’s interpretations are based on his own preoccupations and the analysis reveals that his own conflict with his father is in focus and becomes intertwined with the Rat Man’s ambivalence and longing for his father. As readers we then begin to witness how the father–son conflict is allowed to dominate the scene while other emotionally charged themes are relegated to the background or disappear altogether in the published version. The mutual struggle appears to be irresistible for both parties. Thoughts and ideas that do not fit Freud’s interpretation are taken to be an expression of resistance on the part of the Rat Man.

Freud is thus confronted in his clinical work with the fact that he as an analyst is inevitably preoccupied with his own psychic reality, just like each and every one of us. In addition, he also struggles with the conflict between an inner reality governed by passions versus a rational, more objective posture. His distortions tell us how he perceived his position as a psychoanalyst and give us his picture of the transference aspects. If we wish to understand the analyst’s complex position and its significance for the clinical situation, we must also scrutinize how Freud confronts the Rat Man’s transferences.

**Birth of the transference concept**

On a conscious level, Freud was totally geared to understanding the Rat Man’s internal psychic world, as though it could be isolated from the situation in which they found themselves and from the mutual influence that they were exerting upon each other. The set role of the analyst also prevented Freud from becoming conscious of what forces and feelings the Rat Man’s transferences elicited in him. However, this is the time during which the transference phenomenon in the patient being analyzed, but likewise in the analyst, comes more and more into the focus of Freud’s attention.

When we compare the two versions of the case study, it becomes evident how Freud wards off the insight that his psychic reality is getting enmeshed in what is happening. At this point in time, Freud lacks understanding of how two psychic realities interact, i.e. how each party transfers his unconscious notions to the other. He has not yet formed a picture for himself concerning how his own person is involved or how his own actions relate to the
Rat Man’s earlier experiences. Freud’s view of the Rat Man’s transference is that his feelings toward his analyst are derived from a ‘false connection’ between an important person of the past and the person of the analyst (Sandler, 1983). From such a standpoint he is not able to pick up what the Rat Man desires of him, but instead sees the overheated emotional atmosphere in the room ‘here and now’ solely as a reflection of the Rat Man’s relationship to the punitive father.

The Rat Man’s transferences are perceived as troublesome interferences, but they are also taken by Freud as describing how his patient repeats and transfers his infantile desires and conflicts. Seen thus, the analyst is made to represent an archaic figure. Sandler points out that while Freud first regarded [transference] as a source of resistance in the analysis, transference came to be seen as playing ‘a decisive part in bringing conviction not only to the patient but also to the physician’ (1983: 39).

This inner urge in the patient to be allowed to stage a fundamental conflict exerts pressure on the analyst to provide space for the analysis and working through of this conflict. This means that the analyst must put himself at the service of the patient, something that met resistance on the part of Freud. He fended off allowing his own person to come into focus, thus also blocking what would be necessary in order to go more deeply into the various aspects of transference. Moreover, when what is being staged in the room is seen only to reflect the past, Freud is not able to understand that the struggle between them lays bare not only the Rat Man’s psychic reality but also his own. The clinical processes force themselves upon Freud, and make him realize in retrospect his own participatory role, and how this role influences the process.

As long as the Rat Man perceives Freud as a “cruel and domineering” father figure, there is no space available that could help both of them examine how Freud’s own behaviour can have reinforced that imagination. Retrospectively, it is obvious how intimately the Rat Man’s manifestations of transference are conditioned by Freud’s insistence on being the sole possessor of the truth. It is equally obvious how this authoritarian posture induces the Rat Man’s infantile desires. His childhood conflicts and longings are enacted in the room together with Freud and both of them become so deeply involved that Freud turns into the father. This illusion charges him up with characteristics that make it meaningful to formulate and direct questions to him.

I think that Freud clings to his authoritarian position in order to protect himself from the confusion that the intimate interaction of analysis brings to life. By means of his stance, he unintentionally communicates both that he is omniscient and that he supports the significance of the father. This commu-
nication becomes intertwined with the Rat Man’s ambivalence and father-longing. What we see is how two psychic realities join in interaction and how Freud’s stance reinforces the Rat Man’s disadvantaged position.

In other words, it is the clinical frame, including Freud’s picture of himself, that induces the little child’s needs and passions in the patient and these are staged via the father-son conflict. The case study is permeated with their mutual staging and with Freud’s loss of the distance that ensures the as if quality. Instead he is perceived as an actual father.

In short, Freud’s psychoanalytic method creates a space that in turn awakens a need to allow something to be expressed. What wants to be transferred and expressed consists of infantile desires and unconscious conflicts, calling for a role casting, where the analyst is drawn in as a central figure. Thus we have the definition of the transference concept in psychoanalysis. It is a process of actualization of unconscious wishes by using specific objects in the analytic situation. In the transference, infantile prototypes re-emerge and are experienced with a strong sensation of immediacy (Laplanche and Pontalis, 1973: 454).

In summary, we can conclude that the case study serves as an illustration of how the psychoanalytic method evolves. It confirms my assertion that the clinical situation’s complexity forces itself upon Freud. The forces that the clinical situation unleashes surprise him. He is not yet able to comprehend, how his stance as an analyst and his demands on the patient to submit himself to certain rules of treatment induce characteristic responses. The Rat Man makes contact with and gives expression to an infantile sexual phantasy, in this case concerning the punitive, cruel and domineering father figure. In a corresponding manner Freud identifies with this aspect of the infantile phantasy and thus they both share a phantasy about the significance of the father figure. This interplay of unconscious phantasies and desires helps create confusion in the Rat Man about who Freud is for him. At the same time Freud is struggling to orient himself to see who he is in relation to the Rat Man. Consequently, the question of what are real versus what are illusory aspects of the asymmetric relationship becomes a crucial dilemma and one to which I will return.

Transference refers here not only to the staging of a memory but also, via the special interplay between the analyst and the patient, contact with something unconscious, i.e. a repressed desire, which is experienced as both familiar and alien (Freud, 1912, 1915). Freud also asserts some years later, out of painful experiences, that the female patient’s love directed toward the analyst,
which occurs without fail and which is, as we know, one of the foundations of the psychoanalytic theory, may be evaluated from two points of view, that of the doctor who is carrying out the analysis and that of the patient who is in need of it. For the doctor the phenomenon signifies a valuable piece of enlightenment and a useful warning against any tendency to a counter-transference which may be present in his own mind. He must recognize that the patient's falling in love is induced by the analytic situation (1915:160-161).

Here Freud emphasizes the importance of the psychoanalytic situation but, as far as I know, he is never precise about what it is in the clinical situation that enforces the patient’s love. However, he calls attention to the psychoanalyst’s transferences (counter-transferences) and informs the analyst that it is the analytic situation and the method on which it rests that give rise to love, not the analyst’s actual person. If the analyst imagines such a thing, there is reason to undergo self-analysis.

**Freud created a multi-faceted clinical situation**

Now afterwards we can follow how Freud’s case study exposed the rift between what he believed he was doing and what he was actually doing. He hence produced another form of case study than he had imagined (Michels, 2000). Perhaps it is precisely the flaws that I have pointed out that make the Rat Man one of the most fruitful case studies accessible to us. It gives us background data for the new perspective on the clinical method that Freud was on his way to creating. Through the case study he gives us a possibility of following the birth of a clinical method.

The case study demonstrates for us how Freud explicitly gives an account of his method and the processes he is observing. At the same time, on an implicit level, an unarticulated parallel process is at work. This process touches a field that he is not yet conscious of and therefore cannot analyze. The different levels of thinking go on in parallel and oscillate unceasingly with each other. The psychoanalytic method consequently puts different levels of reality into play in both the analyst and the patient and these different levels reflect Freud’s theory on primary and secondary process thinking.

The complex interaction that evolves undermines his notion of the analyst’s and the patient’s fixed positions. The quotation above also shows that Freud questioned his original notion of the analyst’s predetermined authority position since clinical experience has forced him to realize that the notion is not well grounded. In addition, Freud emphasized that the clinical situation in itself is of decisive importance for the method that he is trying to apply. Its
particular set-up is what triggers impassioned feelings. From this it follows that the situation’s structure affects what the patient transfers. In other words, the transference processes are dependent on the situation Freud has formed, including how his own psychic reality crowds its way in and taints the interaction and thus the transference.

Freud tried to resolve the situation’s paradox by modifying his technical rules. For example, we could follow how the Fundamental Rule of psychoanalysis started to take form and be articulated during the analysis with the Rat Man, and how its implication was transformed when Freud’s understanding of the clinical situation was deepened. The essential rules that tie together the treatment itself were modified, when Freud changed focus. When the analyst’s position is no longer a matter of course and the technical rules are no longer as self-evident, the space for uncertainty about what is happening between the analyst and the patient increases.

We can thus trace how an unconscious cooperation between Freud’s explicit and implicit theories causes his clinical thinking to forge onward (Sandler, 1983). That is to say, incompatibilities that stimulate new discoveries are in place between the two levels (Canestri, 2006). Freud to some extent seems to have been unaware of the fundamental rifts that were built in and established as part of the method. The unawareness of the gap between the two levels contains both a creative potential and a vulnerable point. Already established private theories function as schemata for perception and interpretation of new as well as past experiences (Werbart, 2005), which served as an obstacle to a critical evaluation. This tendency was reinforced by the fact that Freud was a pioneer and laid claim to defining the nature of psychoanalysis. His claims and the interaction between him and his successors lay the groundwork for an idealization of his theoretical thinking and clinical method, something that would impede a continued critical scrutiny of the method’s inner contradictions.

In this work I have chosen to focus on how the situation was shaped when the groundwork of the clinical method was laid. But Freud continued to develop his method during his lifetime and thirty years after the analysis with the Rat Man he writes that the analytic work consists of two quite different parts that take place on two different scenes, involving two persons each of whom has his task assigned to him (1937). Nevertheless, taken as a whole the situation has remained the same even if our understanding of it has changed. And there is a continuity regarding the application of the method with its inherent contradictions. What interests me in this study is what this design of the situation does to the persons involved.
Tentative conclusion

To be sure, I am well aware of the multiple studies that attempt to deepen our understanding of the clinical situation. Still, there is a lack of a systematic and critical scrutiny of psychoanalysis’s clinical situation that has put obstacles in the way of a deepening of our understanding. According to my comprehension, the inconsistencies and incompatibilities with which Freud struggled are an expression of the character of the clinical situation. This investigation suggests it is the situation’s very contrariety and ambiguity that constitute its strength in a manner that Freud could not foresee. A significant part of Freud’s theoretical innovation rests, to a much greater extent than he himself realized, upon the inherent force that is unleashed through the specific clinical situation that he set up. That means, the force is inherent in the clinical situation’s in-built paradoxes and is a source of the specific processes that arise. Further, I regard these paradoxes as reflecting the clinical set-up’s quality of play. Here is a source of multiple meaning that must be explored if we wish to understand the extent of its significance.

Freud wanted to develop a method for examining the influence of unconscious thought processes on a person’s notions of himself and his existence. The focus for Freud was the patient’s subjective reality, or the psychic reality according to his own terminology. Granted we can establish the fact that the patient’s dreams, phantasies and desires are explored in this context, along with the question of how these infiltrate language and notions about ‘objective reality’. However, what Freud shows us via the case of the Rat Man, among others, and what over one hundred years of clinical empiricism have confirmed, is that the patient’s subjectivity cannot be understood without taking the influence of the analyst’s subjectivity into account.

The psychoanalytic method is built upon a fundamental paradox, namely that the patient is invited to enter into a situation in which the analyst is supposed to abstain from satisfying the patient’s infantile desires. At the same time, the situation in itself is set up to affirm precisely these desires, with the patient having the ‘open arms of a parent’ right there behind his head. My conclusion is that Freud’s conflicting aspirations, coupled with his contradictory roles, placed him in an irresolvable dilemma. This prevented him in turn from fully understanding to what extent the situation itself, that he had orga-
nized, could contribute to eliciting the confusion about realities that he with his method was trying to cure. For in the interaction that the psychoanalytic situation encourages, the analyst is inexorably drawn into the patient’s psychic reality and vice versa. When neither of the parties involved is sure any longer of the boundary between what is factual and what is illusory, a fundamental and, I would like to add, a fruitful, ambiguity is created (Friedman, 2005).

What we become aware of is the energy that develops from the intense interaction between two people who are communicating with each other in an actual reality, and at the same time on a level where a subjective reality permeated with desires and phantasies is allowed to take centre stage. It is thus when the patient’s as well as the analyst’s transferences are put in play with parallel processes that the interaction becomes so intense that a fundamental uncertainty arises over the level of reality on which the interaction is taking place (Friedman, 2005).

My working hypothesis is thus that the set-up of psychoanalysis’s clinical situation induces a confusion or an ambiguity about different levels of reality, the purpose being to create a space in the course of the analysis in which this confusion can be analyzed and comprehended.
The symbolic room

What we have found is that Freud created a specific place for a particular purpose. Among others, Modell (1990) pointed out that to enter into a reality that is set apart, that is separated in space and time, is a distinguishing trait of psychoanalysis. It creates a space where a person’s need and desire to play with different levels of reality can be fulfilled. To create a space in order to explore the boundaries between different levels of reality is a general definition of play as well (Modell, 1990). On this point there is a consensus in the psychoanalytic community.

To create particular and temporary spaces meant for play and other ritual purposes is a universal phenomenon, which culture historian Johan Huizinga describes in this way,

...the consecrated spot cannot be formally distinguished from the play ground. The arena, the card table, the magic circle, the temple, the stage, the screen, the tennis court, the court of justice, etc. are all in form and function play-grounds i.e. forbidden spots, isolated, enclosed, hedged round, hallowed, within which special rules obtain. All are temporary worlds within the ordinary world, dedicated to the performance of an act apart. (Huizinga 1955:10).

This definition applies both to children’s playing and psychoanalysis as they take place inside a temporary world according to rules that separate them from the ordinary world.

It seems that children’s need to create play situations is an activity that precedes establishing symbolic spaces. The drive in children to create a space for play is observed in all cultures. The human need to create enclosed symbolic spaces with established boundaries in time and space is universal and indispensable for the continued existence of our culture. Thus, children’s play is a universal phenomenon, a form of cultural activity that is at the same time a way for them to incorporate the culture that surrounds them. They mimic activities through dramatic play and through observation and imitation the culture of childhood comes to include versions of adult values. In these dramas they practice their understanding of different roles (Goodman, 1970). Through their spontaneous desire to play, children acquire various vital skills thanks to, among other things, their constantly ongoing play ne-
giances by which they make agreements concerning the common play area. The negotiation itself becomes a part of playing, which gives them competence to be used in future social situations. In play, different, seemingly mutually exclusive, levels of reality are structured and bridged over and the boundaries between these different levels of reality are explored.

**Negotiating a symbolic room**

The power of a play area is its potentiality to be a joint third area from which different perspectives of reality may be examined. This third area is a phenomenon that unites children’s playing and the psychoanalytic situation. For that reason I will start to specify in what ways negotiating a mutual play area between children in their play overlaps versus is different from when a mutual area is negotiated in psychoanalysis. This will be my first step to define a useful concept of play in this study.

One feature that thus unites the child’s play area with symbolic spaces in general, including the clinical situation in psychoanalysis, is that they require an implicit pact or agreement. This is a negotiation that is of paramount importance in order to ensure that the character of the space is preserved. The child’s explicit negotiating is transformed into implicit cultural codes that come into use in social encounters in general, such as in the courtroom, in the classroom or when the relationship in psychoanalysis comes into being.

One common characteristic that connects children’s play, the theatre and the psychoanalytic process is the intention to create a mutual stage, where a script can be brought to life. By way of negotiating, the participants in play or in psychoanalysis consider if they can find a starting point for a mutual play script (Janson, 1999). That means that the negotiation also encompasses an implicit agreement that this space is to be protected from intrusion by ordinary reality. A shared narrative or a text will be evolving that can be enacted in order to delve into the existential questions that are relevant to those involved on the given occasion.

This invitation to suspend ordinary reality implies an awareness of different realities and can be seen as a play signal (Solnit, 1987). Only then can children and adults alike make the situation into a space that can include other forms of actions than the usual ones, a space that can bring about surprising consequences and open up new perspectives on what it means to be human. That means, to establish a space to stage a narrative about someone’s internal world and approach something that can contain painful and threatening
affects, something that has remained incomprehensible, and as yet not formulated, we must be able to suspend ordinary reality.

The symbolic space of psychoanalysis

The main objective of analysis is to throw light on the patient’s internal world, which means that the purpose behind the negotiation in psychoanalysis is to mark out a mutual area, where a person’s internal world or subjectivity can be explored. In other words, the area of investigation in psychoanalysis concerns the rationality of the inner psychic world with an empirical approach that is based on an oscillation between immersing oneself in one’s own subjectivity and critically assessing this subjectivity as seen from without. The analyst can only achieve this oscillation by involving his own psychic reality in the process (Green, 2000). This comes about by means of transference that forces the analyst to get involved. This description of the course of events includes of course an ideal goal, never possible to reach.

It is important to underline that the understanding of the patient’s feelings and thoughts, which constitute the material we work with in psychoanalysis, is dependent on the context in which these feelings and thoughts arise, namely the psychoanalytic situation. The context is a given and it must be studied in its own right since it influences the subjective processes that are being explored.

When I refer to the clinical situation of psychoanalysis, I include the frame that surrounds it and the processes that arise within the frame. What does this frame consist of? Usually the frame enclosing psychoanalysis is described in broad terms like stipulated time and room and explicit rules. The presence of the analyst with his listening and interpreting activity becomes a part of this frame. However, it is a specific way of listening and thinking that is guided by the notion of the unconscious (Caper, 2009). The theory is that unconscious thoughts and phantasies are fathomed through the patient’s communication. However, this description is too vague, as it does not take the context into consideration. One must make the specific structure of the situation more precise to be able to make use of the description. For this reason I aim to explore certain aspects of the frame that are relevant to my work and in this way gain a more profound understanding of the clinical situation.
A play definition

Before I specify the concept of play used in this study I will briefly touch upon how the play concept has been used within psychoanalytic thought.

There has always been an interest in the play phenomenon among psychoanalysts. However, even though Freud discusses play in various contexts, he never tries to incorporate play as a psychoanalytic concept in the formation of his theories. An important reason for this omission is most probably that theories of psychoanalysis concerning manifestation of unconscious phenomena that come forth in the clinical situation – what are designated as transference–counter-transference manifestations – have created their own concepts that in other contexts would be characterized as play.

Even though it seems natural to claim that the Fundamental Rule emphasizes the play quality of psychoanalysis, this claim has never established itself in classical theory. If the patient were asked to say what comes to his mind, selecting nothing and omitting nothing, different levels of thought would be articulated, which is in accordance with playing. Freud assumed that in combination with the analyst’s free floating attention an unconscious communication would be promoted. The rule thus calls for an analyst who both listens to the patient’s statements and is alert to latent, non-articulated contents.

According to Laplanche and Pontalis (1973) it is the Fundamental Rule that structures the analytic situation and the whole analytic relationship. But the rule has something paradoxical about it when it requires the patient to be spontaneous. To require a person to make free associations is an insurmountable contradiction. Even so, the effort to fulfil the requirement leads to a situation where different worlds of thought are expressed, with a mixture of factual information, notions of reality and emotionally laden phantasies being communicated. When the analyst maintains a posture where he tries to catch both what is said and what is not said, we have still another aspect of the oscillation between an inside and an outside perspective. Such a double posture, together with playing with different levels of thought, can be seen as a form of play in analysis.

But to view the Fundamental Rule as an example of play in psychoanalysis is not uncontroversial. Play is traditionally defined as spontaneous, as not being a means to an end. However, the Fundamental Rule reflects a request to be spontaneous and associate freely, to which are added a requirement to achieve results and a hope for a cure. To consider the psychoanalytic process from a point of view of its usefulness is to let its efficacy come to the foreground. And that is by definition the opposite of play.
This conflict touches upon the disagreement surrounding the significance of play between an ego-psychology school led by Anna Freud and a Kleinian school inspired by Melanie Klein.

In the 1920s, Melanie Klein and Anna Freud were making efforts in parallel to develop a psychoanalytic technique with children. Both found that children communicated their inner world with the help of play and they focused their interest on how analysts could make use of children’s play in their analytic work. Klein asserted that free association with words could be seen as analogous to children’s play at an early stage. She considered that children’s play in the therapeutic situation filled the same function as adults’ dreams. She wrote,

The symbolic language of play which I recognized to be an essential part of the child’s mode of expression…also the language with which we are familiar in dreams, and it was by approaching the play of the child in a way similar to Freud’s interpretation of dreams that I found I could get access to the child’s unconscious… (1986: 35 [1955])

Klein observed that children communicated their inner world via play and she saw herself as having a central role in the child’s dramatization. She noted that if persecution anxiety or annihilation anxiety blocked the child’s play, it was the analyst’s verbal interpretation that made the child resume his play. The resumed play represented the associations that confirmed the accuracy of the interpretation. She made the assumption that her verbal interpretations made the child conscious of his unconscious phantasies and that this process in itself constituted the actual cure (Klein, 1955). What the child staged in his play was the inner world he bore with him, and she did not consider herself as a participant in that play script except as a part of an archaic object.

Anna Freud in her turn saw children’s play as an essential force in their psychic development onward and she questioned Klein’s assertion that “the so-called play technique of child analysis [would] give more or less direct access to the child’s unconscious” (1929). Nor did Anna Freud accept the analogy between the child’s spontaneous play and the adult’s free association. Anna Freud’s conviction was that the adult’s free association arose via the context that the psychoanalytic situation provided and that it required the mature ego of the adult.

Klein’s and Freud’s differing viewpoints can be roughly summarized thus: The one saw play as an expression of unconscious conflicts that should be interpreted, while the other saw play as a force driving the child’s psychic development. Their respective viewpoints came to have consequences for child analytic as well as for adult analytic techniques.
Today it is difficult to truly understand wherein the contradiction lies. According to my understanding, we are in part talking about different aspects of a developmental process. If the child is given the space to come into contact with layers of his unconscious and stage them via his play, he can explore threatening experiences and transform them into something new. This in turn opens up new perspectives. Spontaneous play thus becomes part of the curing process as well as promoting development. It is via play interruptions, when something causes the child to cease playing, that the analyst is given a unique glimpse into the unconscious conflicts that threaten the child’s psychic integrity.

From this viewpoint I cannot see that the dispute between Klein and Freud contains anything irreconcilable or that their positions are mutually exclusive. It is more a matter of where they choose to place their emphasis. Spontaneous play is a motor in a child’s psychic developmental process and at the same time it is an entrance to unconscious conflicts.

Melanie Klein and Anna Freud elevated the play of the child to a central aspect in the clinical work of psychoanalysis. They called attention to the need to have material in the room that could stimulate the child’s desire to stage his inner world with the help of play.

In other words, the concept of play has mostly been used within psychoanalytic practice either to denote a developmental force or as a quality of the process within the psychoanalytic situation. In child psychoanalysis play is primarily considered as a therapeutic tool. However, their play concept is not what concerns me here. My interest is focused on how the psychoanalytic situation as such, within the frame of which the play activity has its origins, affects the playing. This is in many ways in accordance of Winnicott’s and his followers’ view.

Donald Winnicott was influenced by both Melanie Klein’s and Anna Freud’s experiences of child analysis. He assumed that the child had a deep longing to be understood and, accordingly, he rejected the idea that the aim of play from the standpoint of psychoanalysis was a disclosure of unconscious fantasies that the child did not want to know about. He perceived the child’s playing as an attempt to sort out and find a context that made psychic conflicts comprehensible. The context was the situation that psychoanalysis offered. Seen thus, playing was psychic work that should not be disturbed. (Winnicott, 1971)

Phillips (1988) supposes that Winnicott solved the conflict between the different theories on the status of play in psychoanalysis by inventing the notion of the transitional object (1953). The Theory of Transitional Objects and
Transitional Phenomena helped him to answer some of his questions around how the infant manages his dependence on his mother and his environment. It became the basis of his evolving descriptions of the play between mother and infant. The transitional area turns into the first play area.

By inventing the notion of a transitional or an intermediate area and assuming it to be an analogy to the psychoanalytic situation, Winnicott opened up for the idea that the clinical situation is a play area. He assumed that playing was as essential in analysis with adults as in that with children: “I suggest that we must expect to find playing just as evident in the analyses of adults as it is in the case of our work with children” (1968, p 591). Like play, transitional phenomena provide a bridge between an internal world governed by emotions and wishful thinking and an external world governed by a perceptual reality. The analytic space consists neither of the internal nor of the external world but of a third (Green, 2004).

What kind of play is Winnicott talking about? As far as I understand him, he uses playing in many different fashions, but above all as an activity in the transitional space, thus avoiding the dichotomy between internal and external (Green, 2004). Playing bridges over and becomes an activity that transforms external reality. Thus, playing involves the intrapsychic manipulation of reality and becomes, then, a synonym for “representation” (Anderegg, 1989). By this analogy playing becomes the most essential ingredient in the psychoanalytic process according to Winnicott (Phillips, 1988).

I will return and discuss Winnicott’s analogy later and now merely state that Winnicott’s idea of a transitional space opens up for the importance of the place of the play activity. However, he did not explore in what way the structures of the situation promote a play activity or how these structures influence the play. Furthermore, Winnicott was contradictory in his view of the role of playing in psychoanalysis and left out of consideration how a play activity becomes a comment upon what is happening in the here-and-now and thus a comment on how the analyst’s own idiosyncrasies and unconscious notions become a part of the environment from which the supporting material for play is taken.

Ogden takes the concept of potential space further when he states that:

The analytic process reflects the interplay of three subjectivities: that of the analyst, of the analysand, and of the analytic third. The analytic third is a creation of the analyst and analysand, and at the same time the analyst and analysand (qua analyst and analysand) are created by the analytic third (there is no analyst, no analysand, and no analysis in the absence of the third).

As the analytic third is experienced by analyst and analysand in the context of his or her own personality system, personal history, psychosomatic make-up, etc. the experience of the third (although jointly created) is not
identical for each participant. Moreover, the analytic third is an asymmetrical construction because it is generated in the context of the analytic setting, which is powerfully defined by the relationship of roles of analyst and analysand. (1994: 17)

The way the analytic third is described here points at the importance of the analytic situation. This perspective was conceived as a dynamic field by Baranger and Baranger; a theory they articulated in the beginning of the nineteen-sixties. Their theory of the field became a central phenomena signifying the profound encounter between two subjectivities committed to the task of promoting the patient's psychic transformations of analysis (de Bernardi, 2008). The notion of dynamic field provided a new context that made it possible to articulate general notions of psychoanalysis such as transference, countertransference. The Barangers placed the accent on the analyst's contribution from the very beginning, considering not only the repetitive phenomena of the countertransference phenomenon, but also the new aspects created by the analytic interrelation (ibid, 2008).

The authors' central hypothesis was that in the analytic encounter new structures (gestalts), shared phantasies, emerge that are products of the interplay of reciprocal identifications between patient and analyst. The transformation of these phantasies generates the dynamics of the analytic field. The basic phantasy of a session is not merely the analyst's understanding of the patient's phantasy, but something that is constructed in a couple relationship. The notion of phantasy provides the analytic field with an 'as if' dimension (Baranger, Baranger, 2008).

Even if their theoretical perspectiva overlaps with this study, the question in focus here is, what does the specific situation do to those involved? My presupposition is that if we submit ourselves to the demands of the situation, we are forced to play. Further, I assume that the powerful energy that is generated out of the intensive interaction in children’s mutual play will be incorporated as a psychic tool that psychoanalysis makes use of. This train of thought indicates that the situation in itself brings on a play activity that is specific to psychoanalysis. Hence, in this study I focus on the question of what kind of structures constitute the specific play situation in psychoanalysis.

Mutual phantasy play between children

It is a reasonable assumption that children’s mutual social play activity is of a universal nature, an assumption that is supported by scientific research in
different fields such as social anthropology, education and developmental psychology. As stated previously, I think there are important points of interest between a universal play situation and the psychoanalytic situation. In both situations the intensive interaction gives rise to something more than a straightforward sum of the contributions of each individual party.

Observational studies on the immersion in mutual phantasy play suggest that this has vast resulting effects. When children become absorbed in practising negotiating rules of the play area, the studies show how they provide a set of implicit rules that direct them within the play frame and tell them how to act together in mutual pretend play, the so-called “illusion conservation rule” (Giffin, 1984). In this context the ‘implicit pretend rule’ is included and tells those involved in the play how they should interpret statements that transform real meanings as implicit requests to pretend and should respond within the play frame (ibid). That means that the ability to metacommunicate is of crucial importance and to be able to suspend ordinary reality shows that the child has accepted the implicit rules, i.e. the play signal.

For instance, Åm (1989) observed how children, in their mutual phantasy or social phantasy play through systematic switches of verb tenses and other grammatical inventions as well as distortion of pitch and other non-verbal codes, are each other’s directors in play and communicate about which level of play they find themselves on. Children immerse themselves totally in a journey on the inner level where they can overstep the boundaries between different layers of consciousness. This total immersion into an illusory world is deeply satisfying because shared phantasy play gives children a deep emotional experience with an opportunity to explore their own and others’ mental states (Åm, 1989).

It is the acting in play that is of interest. Equally as important, we can observe that lack of attention to goals in play and the flexibility of object use will contribute to acquisition of problem-solving skills. By mutual phantasy play the child promotes his development of the conceptualization capacity and insight into others’ ways of thinking. Playing becomes both a tool for working through psychic conflicts and for furthering the developmental process. Thus it can be seen as constituting a final goal, since the capacity for play carries within it a tool for self-reflection (Giffin, 1984). By means of mutual playing, children incorporate a capacity for symbolization that they need in order to learn to understand cultural codes and to symbolize in a shared cultural sphere (Bruner, 1990). Playing therefore becomes of paramount importance for the child’s socialization.

Thus, playing gives the child active roles and positions that help her/him approach different kinds of conflicts instead of being passively overcome by
them. In playing children can explore roles fraught with conflict and boundaries between themselves. The powerful energy that is brought to life by the interaction of their play makes children become more competent at expressing themselves both emotionally and cognitively than they would have been, if each individual had been left on his or her own. In playing, children gain access to sides of the personality that are as yet undeveloped (Vygotsky 1978).

This quality of play and its access into the child’s inner world are stressed in psychoanalysis as well, as Greenacre (1959) observed. She underlined that children’s play is under the control of the child and that the child uses imagination or acted-out play in order to take the powerful part, thereby re-enacting, in an active way, what he has previously experienced passively. Greenacre maintained that there is some residue of anxiety that contributes to the fun and excitement of play, to the child’s ability to separate phantasy and reality and to his tacit realization that his play is not actual reality after all. Through playing it is possible to approach those affects and tensions that were linked to original traumatic experiences. Pleasure comes from the relief from the impact of the trauma that is offered by the child’s enhancing ability to distinguish between phantasy and reality.

Greenacre’s observations were based on psychoanalytic theory that emphasizes play as a form of interaction being of significance for mental development. For example Winnicott (1958) described how a primary internal holding dialogue is incorporated via the dialogue with the mother and how such a psychic function forms a basis for play. Play in relation to the primary object is then transformed into play together with children of a similar age and internalized into an inner playing with imaginary objects. The child can look as though he is playing alone when viewed from the outside but according to psychoanalytic theory he is playing together with an internal object that forms the basis for phantasizing and thinking in general. This can be compared to Vygotsky’s model (1968) for how a social interactive situation is internalized to an intrapsychic function.

In summary, observational studies on children’s mutual play demonstrate correspondence to the psychoanalytic situation and, as far as I understand it, corroborate my thesis that psychoanalysis moulded a clinical situation that in a corresponding way re-creates the intimate and spontaneous interaction that characterizes children’s social phantasy play and, accordingly, also stimulates the release of the accompanying creative forces. In their play children incorporate basic elements of cultural competence that are implicitly put into practice in a psychoanalytic situation.
To be able to immerse oneself in a mutual phantasy play, one has to suspend ordinary reality (Solnit, 1987). That means that this approach in itself signals that one has apprehended This is play. Thus, the ability to pick up the signal This is play (Bateson, 1955) illustrates that the child is able to communicate on different levels at the same time and he can therefore also specify on which level the interaction is taking place. This makes him capable of negotiating regarding the play area and the play script, which in turn gives the child an enhanced capacity to metacommunicate. That means that mutual phantasy play gives children a crucial knowledge about their social surroundings and helps to develop their metacognitive capacity (Janson, 2001). Anderegg (1989) underlines that what is interesting in developmental research about play is that it is transformational; therefore, metacommunication, or the observed communication, which transforms interactions, is more interesting than the content of play itself.

But to obtain this capacity the small child has to travel a long way in his psychic development. Observational data show that a newborn baby within a few months can already distinguish playful signals in his surroundings from non-playful ones (Gergely and Wilson, 1996) and in this way he begins to pick up different levels of communication at an early stage. From the beginning the adult responds to the child’s different emotional states by using shifting pitch and intonation, thus communicating clear messages to the child on a non-verbal level. By using a playful tone, the adult signals that it is not the parent’s own emotional state that is the subject of the dialogue and at the same time marks that what the child is experiencing is not an actual catastrophe. In this way the adult helps the child to regulate his affective experiences (Fonagy et al., 2002). This child-adult interaction becomes a play activity involving emotional means of expression that push forward a differentiation between the self and others and between different reality levels, all of this being a prerequisite for a self-reflecting capacity (Fonagy, 1991).

However, this incorporation process is by no means conflict-free. The child is torn between his immediate desires and the frustrations to which his surroundings subject him. This is a conflict that produces an internal tension that may be agonizing. Under such circumstances it becomes a crucial task for the child to create the mental groundwork that makes it possible to distinguish between what is an inner world governed by wishful thinking and an external reality that does not let itself be governed by wishes alone. Fonagy and Target have described this developmental process that establishes a differentiation in the child’s psychic reality. They describe how the child at first switches between two postures toward his own psychic reality: ‘psychic equivalence’, where the external reality will represent both internal and external reality and ‘pretend mode’, where the internal world of perceptions and imaginations is taken to represent reality in its entirety. To com-
bine the two postures is not possible at first. Instead, the child switches between being in the one or in the other posture. In play the child can switch between the different levels of reality, thus linking them, and move forward toward the differentiation that will gradually make it possible for him to distinguish and play with different aspects of reality (Fonagy and Target, 1996; Target and Fonagy, 1996; Fonagy and Target, 2000). When the child reaches this point, he can reflect over his own experiences and over the thoughts he is thinking, which forms an integral part of an indispensable capacity for symbolization.

This capacity for reflection, which is instrumental in playing different roles and role-taking, is a step forward in the development of mastering human communication. As Giffin concludes

> a player must take the role of the other as a character in the pretend situation in order to understand how to enact the ongoing shared script successfully. Skills of make-believe play may then be more than precursors to script competency in adulthood. They may be instrumental to the development of more highly evolved skills in human communication, those involved in multiple levels of role taking. (1984: 96).

In his effort to establish and further develop this differentiation process, the child looks for other children with the same need in order to play together and they use their mutual play area as a tool to explore their worlds of imaginations and ideas. Their joint play area will help them to broaden their understanding of their own and others’ mental states. In this way they will lay the foundation for a mental space that makes it possible to look at the world from different angles and immerse themselves totally in dramatization of private and mutual phantasies via words and actions (Fonagy and Target, 1996; Target and Fonagy, 1996).

To sum up, these studies show how babies and little children acquire knowledge about the world and themselves and how children take part in playful and intense interaction with an adult caregiver and after that with playmates of the same age. Through this interaction they lay the groundwork for a capacity for play that they can apply in different social contexts. Children’s play has a repetitive quality, the purpose of which is to explore and confirm over and over again the differences between an inner subjective world and an outer world with another form of reality. The child plays to create a joint space, a space that is neither his own nor the other’s but an area that is more than the sum of the participants areas – a third area.

This mutual play area or third area becomes an indispensable tool in order to help the child to further his ability to distinguish between reality and phantasy, and to make it possible for him to approach affects linked to traumatic
experiences. Through his ability to distinguish phantasy from reality and thanks to his implicit insight that play, no matter what it seems, is not ordinary reality, the child can test what has been frightening to him. By means of play he can weaken the influence of traumatic experiences and approach the affect that once threatened to tear apart vital emotional ties. In this way anxiety can be made endurable and existential experiences can be expanded (Greenacre, 1950).

Points of correspondence and deviation between a universal play situation and the psychoanalytic situation

My provisional inference is that empirical research on children's play shows that play is an option that is not biologically determined but instead, in order to be maintained, calls for an intimate interaction between the child and someone close to him. This is the first step in the child’s acquisition of a vital tool to develop his internal world of feelings and thoughts, the internal world that constitutes his subjectivity. This intimate interaction is a field of force that comes into use in psychoanalysis.

Research in developmental psychology thus supports my line of reasoning on the common points between the child's play situation and the psychoanalytic situation. Common to both situations is the ability to exist within and embrace the tension between different realities and create a third area where inner dramas can be staged again and again, dramas that put form to unconscious conflicts. These conflicts can then be commented upon and communicated on different levels. The persons involved are able to explore the boundaries between different levels of reality in a way that is impossible in everyday reality. In this way the conflicts are worked through and integrated and boundaries are set up between the different levels of reality.

Like in a universal play situation, psychoanalysis forms a symbolic boundary to protect an internal world from an external world with the help of rituals and rules, and within this symbolic space the parties can disregard the logic of everyday reality and let the world of dreams – the psychic reality with its world of passion-wrought notions – prevail (Modell, 1990). The psychoanalytic situation in this way creates a space where unconscious notions and conflicts can be staged, enacted and made understandable.
In fundamental ways the psychoanalytic situation corresponds to the play area that children create when they want to stage mutual phantasy play to help them work through and cope with an original confusion that has potentially traumatic consequences. In other words we have a clinical situation that in its essential elements corresponds to the play situation that children by means of their social phantasy play negotiate into being. This is in line with how we defined play, namely that the object of play is to assimilate and transform the incomprehensible into something meaningful. In such a context the phenomenon of play becomes a transformational concept.

Accordingly, there exists a theoretical base concerning how new meanings are opened by two human psyches trying to fit together their notions about their own subjectivity (Fonagy and Target, 07). The here referenced authors also define psychoanalysis as an utmost in-depth exploration of human subjectivity that is equivalent to systematic studies. This perspective forms a bridge between empirical research on the play situation of children and the clinical situation of psychoanalysis.

If this perspective on the common points between the child's play situation and psychoanalysis's clinical situation is justified, we would in other words move toward a tentative answer to what I originally wondered about concerning the source of this situation's inherent energy. However, it is important at this stage to point out that the child's play situation is universal in character whereas the clinical situation of psychoanalysis cannot reasonably be characterized as universal, but must be seen as a special variant.

From the above investigation it becomes obvious that psychoanalysis belongs to a cultural family that is based on the play phenomenon. Important points of correspondence relate to negotiations purporting to protect a symbolic room and the relationship between the participants, i.e. to create an enclosed place that gives a protection against a surrounding reality. The invitation is carried out by metacommunicative devices or play signals that parenthesize ordinary reality. In both situations the common task is to try out boundaries between the play area with its phantasy world and the ordinary reality. But this task is carried out in different ways in each respective situation this difference may be significant.

The difference is reflected in the significance of the mutual commitment or contract in each respective situation. In children’s play the negotiation is more metaphorical, while the process is in progress, and the structures are made up during the process. The prerequisite of the play and the process of the play are interwoven as though these structures were meant to be incorporated as a part of a cultural competence. Children play their themes as long as they get an outlet for their desire to enact what they need to enact. When
their interest ceases, the playing ceases. Their play is fragile and cannot stand up to conflicts and antagonism.

Psychoanalysis, on the other hand, continues for years and the ‘play’ situation should bridge over trying and painful conflicts. What is it that makes psychoanalysis continue? One answer is that psychoanalysis is formalized. The purpose of psychoanalysis is to achieve a change, something both parties are aware of. We have two adult individuals who launch out upon a mutual task, in which one of them has a deep desire to get help and can be said to represent the needy child. The mutual commitment keeps the participants together. That is, negotiation and interaction in psychoanalysis take place on a mutual but unequal plane where the patient's infantile needs are allowed to come to the fore. However, at the same time, a dialogue goes on between two autonomous adult individuals and they are in this sense equal. A consequence of the formalizing component is a ‘play’ with factual and illusory asymmetry. Further, as has been established, the playing quality demands an ongoing unconscious communication. In this sense the analyst is exposed to his unconscious conflicts as well. This set of circumstances creates a field of tension that serves as a sounding board from the moment of psychoanalysis's introductory negotiations until its ending. This field of tension is a *sine qua non* for propelling the processes of psychoanalysis.

When Freud developed his method he grappled with conflicting interests, which made him write that

> Cases which are devoted from the first to scientific purposes and are treated accordingly suffer in their outcome; while the most successful cases are those in which one proceeds, as it were, without any purpose in view, allows oneself to be taken by surprise by any new turn in them, and always meets them with an open mind, free from any presuppositions (1912:114)

Here he described a conflict that is in accordance with my working hypothesis, namely that the intrinsic contradictions with which Freud worked came to make up part of the clinical room that his successors incorporated. It would take the succeeding generations before analysts articulated the paradox that Freud intuitively worked in line with, that the analytic position entails being both an authority and a listener, who is obliged to be receptive to the different aspects of the patient's psychic reality and his own. The analyst must thus both be prepared to accept the role of the one who knows something about the patient that the patient does not know about himself and at the same time be open for and identify with the roles that the patient ascribes to him. Consequently, the psychoanalytic ‘play situation’ consists of a fixed stage with set roles but also with unknown and conflict-ridden roles.
The fixed stage is part of the psychoanalysis's frame. The roles are determined from the beginning, and the purpose of the work that is to be done jointly is more or less explicit in contrast to children’s play where playing comes from a pressure and the effect is a consequence. Children can transform any spot into a play area, while the room and the time in psychoanalysis are constant and special rituals frame the situation. The frame of psychoanalysis comes to represent a threshold between an ordinary external world and another form of reality. The frame with its predetermined routines also symbolizes an unchangeable and inexorable reality.

This means that in psychoanalysis the asymmetric aspect of the level of reality level is formal with a competent professional versus someone who is dependent on this kind of competence. But it is also reversed with one who pays and the other who should deliver. It is symbolized in the room with one sitting behind and one lying down.

This kind of frame separates, in other words, psychoanalysis from a general play situation. The function of the frame is a precondition for the analytic work since it helps the analyst to maintain the difference between himself and his patient. The assignment of the different roles creates the inherent tension between factual and illusory asymmetry. The precondition stipulating that the difference be upheld becomes a force against merging that both parties desire. It is the dissimilar roles of the participants that give rise to the drive behind the processes and the frame gives space for an intimacy that would not be socially acceptable in everyday situations.

To sum up, one basic difference is that children create a mutual play area as basically equal parties whereas the negotiation that is meant to lead to a mutual psychoanalytic play area is built upon an asymmetric relationship. The asymmetric aspect is prescribed and runs like a red thread from the initial negotiation through the continued relationship onward to the ending of psychoanalysis. This means that the process of negotiation and the spot where playing can take place differ. What consequences will these divergences have for my thesis? Are the two situations still comparable?

The comparison is rendered more difficult by the fact that the issue of asymmetry is full of twists and turns. Even though children join mutual play areas on equal terms, there are always elements of asymmetry in their negotiations and play. Moreover, the play negotiation between equal parties that makes up a part of the mutual social phantasy play is the result of a long developmental process. The little child's play involving parental figures always encompasses a factual asymmetry, in which the adult tries to adapt himself to the child's conditions and needs. Hence in the origin of the play
situation we first find play on asymmetric grounds before the child is equipped for play on equal terms.

Although negotiation takes place between equal playmates, power play is implicitly present in children’s playing even if not always brought to the fore. The struggle is about who is defining what and who will play what role. The aim is to literally put the other in his place (Janson, 2009). It is not only a symbolic mummy, daddy and child play but concerns the other mates (siblings) as well. The asymmetry in mutual phantasy play between equal children is enacted on a phantasy level. The difference is not formal but the difference is acted out via the roles.

However, in psychoanalysis the difference between the participants is prescribed and has specific implications. For instance, one fundamental task of asymmetry is to uphold a difference between the two parties. Indeed, it is the structural difference that drives the analysis onward – the fact that the analyst possesses something desirable and he whets curiosity in the patient about the difference between them (Fitger, 2007). If this given distinction is blurred, the space for the one’s, i.e. the patient’s, psychic reality risks being obliterated. It is therefore a major task for the analyst to protect the frame and to preserve the situation's inherent tension. By doing so he safeguards the situation’s as if quality and ultimately the state of play. Upholding the different kinds of tensions I have hitherto discussed is the basis of the specific psychoanalytic room.

In spite of these formal differences between the two situations, I think it is justified to go on exploring the link between the them. What unites them is the power of the play area or third area. Further, the differences put light on the specificity of the psychoanalytic situation. To investigate this question further I will delve into the issue of negotiation and of asymmetry with help of clinical material.

But to accomplish this and examine different play conditions I will try to demarcate the play situation from a non-play situation. For this purpose I intend to utilize Freud’s concept of repetition compulsion. What do I mean with the concept of repetition compulsion in this context? I am referring to those phenomena in the situation that contain tension, and that awaken emotionally charged notions. These invite and push forward a particular staging of the patient’s infantile wishes and desires and give unintegrated traumatic experiences a space. When I refer to unintegrated trauma I mean experiences in the past that have not been possible for the patient to make comprehensible, i.e. he has not dealt with them symbolically or narrated them as something meaningful. When such experiences crowd in and are staged, the as if quality is lost and the psychoanalytic ‘play situation’ collapses, because ex-
periences not yet experienced as such and consequently not yet symbolized cannot be considered within an ambiguous reality. Instead they push forward manic repetitions in order to get rid of them.

This process corresponds to what Freud termed as a repetition compulsion. When repetition compulsion is staged in psychoanalysis the quality of playing ceases. The task is to restore the as if quality of the situation. This oscillation between the state of playing and the state of repetition compulsion could illuminate the quality of the psychoanalytic play situation. For that reason I will make use of Freud’s concept in order to elucidate under what kind of conditions the play space is put in question. By comparing my clinical vignettes I will examine the play character of the situation with its breakdown and resumption of play quality. My anticipation is that my approach and what results from it will help me to delimit the psychoanalytic play situation.

A definition of Freud’s concept of repetition compulsion

Freud (1920) developed the concept of repetition compulsion in his attempt to cover and describe clinical phenomena that appeared to be unexplainable and beyond his control. He noted that certain patients kept repeating experiences that contained catastrophic elements and that this repetition triggered deeply unpleasant and anxiety-laden feelings. In other words, psychoanalysis’s clinical situation forces something out into the open that is perceived as too threatening to be expressed. Thus, when this something is staged, it gives rise to a frame break and the psychoanalytic work is blocked. This behaviour had a compulsive character and obviously emanated from the unconscious. It contrasted with the Pleasure Principle, the principle that according to Freud’s theory guided all mental work. That is, the individual was forced to repeat activities like traumatic and terrorizing dreams that were unpleasant. Accordingly, this kind of phenomena demanded a theoretical modification.

Freud’s theory on the repetition compulsion was supported by observations and experiences of war neuroses during World War I. According to him, this way of reacting was caused by violent encroachments that shattered the individual’s psychic protective shield. The impact and aftermath of these encroachments made it impossible to cope with what had taken place, to work through it and make it into an understandable and meaningful experience. In order to accommodate such self-destructive phenomena in his theory, Freud postulated a dualistic drive theory, where he saw repetition compulsion as a manifestation of a death drive that strives to extinguish all mental activity.
The original traumatic experience has not been symbolized and thus has not been incorporated as a knowable internal experience. As a result, every time a course of events is suggestive of the original event, it is experienced as a fresh trauma. Inner notions and phantasies are experienced as a representation of an actual reality, and the play quality as if is lost. Thus, the repetition compulsion is manifested in psychoanalysis as a destructive force that shatters the frame.

Subsequently the psychoanalytic work is devoted to re-establishing the as if quality in order to make space for reflection on what has caused the ‘play interruption’. This kind of process is common, which means that a psychoanalytic process is marked by an oscillation between an open, playful atmosphere and then an interruption where playfulness breaks down. This oscillation between play and play interruption was observed by Melanie Klein and Anna Freud in the 1920s in their work with children in analysis.

In analysis with adults we may observe a need to convey emotion-laden narratives that seems to be analogous to children’s need for deep phantasy or role-play. Against this stands the fear of approaching something that can threaten the psychic integrity. In other words, the psychoanalytic process may be described as a series of play moments with micro-breaks. These moments of playing with interruptions in-between are characteristic of the psychoanalytic dialogue.

As in children’s play both the analyst and the patient must subordinate himself or herself to an established frame. But in psychoanalysis there is an inherent asymmetry built into the frame. My way of thinking is that the contradictory nature of the asymmetry takes on a central importance and the add-on tension will be an invitation to the patient to be both a needy child and at the same time an adult, who together with the analyst has committed to a joint task that might revive psychic catastrophes. In other words, the demand on the patient is to let himself be drawn into an illusory asymmetry and at the same time be ready to observe that process. In this way a friction arises between asymmetric and symmetric dialogue as well as between an actual and an illusory asymmetry. Repetition compulsion is a result of this charged field of tension that is created between the analyst and the patient.

The situation holds an implicit purpose to provide a space for the patient’s repressed and unintegrated experiences, that is to let the child’s perceptions and experiences be expressed through the adult in a new situation. The process described above is a description of a play area or third area that will be the tool to elaborate and work through an unintegrated course of events. The field of tension that is aroused gives rise to repetitions of a former way of
reacting that threaten the play character. The interaction will oscillate between play and play interruption.

Consequently, it becomes clear that the parties involved must be able to endure being in an ambiguous situation and alternating between on the one hand immersing themselves and letting their own subjectivity come to the fore, with all the reawakened desires that come along with that, and on the other hand disentangling themselves and stepping aside to reflect over what is taking place. This means that the as if quality of the situation must be protected as it is that kind of quality that makes it a play situation and therefore is decisive for the situation’s potentiality as a third area. This undertaking places particular demands on the analyst and the patient, demands that must be made precise and explored in order to make the character of the psychoanalytic situation comprehensible.

To examine the oscillation between a play quality and a breakdown of this atmosphere will thus be crucial to my study in order to shed light over the moment in the clinical process, when a seemingly closed and incomprehensible situation suddenly opens up and the situation’s play quality is reinstated. The study aspires to answer: what have we built into the situation, we have set up that contributes to this form of oscillation? Particular demands are also made on the symbolic room, since it must function as a shield against all the forces that are awakened to life and keep them from being put into effect.

What are the conditions that must be fulfilled in order to preserve the situation’s possibilities? To carry out a study of these conditions, I make use of two clinical vignettes. Through these I will be able to concretize and elucidate the establishment of the symbolic room or the play area that can be seen as the first precondition for psychoanalysis. This step assumes a central role since the room concept here is synonymous with the relationship that the analyst and the patient form and the created room synonymous with the bond that their mutual commitment stands for.

The next question that has to be explored is how the partners-to-be negotiate a situation that will hold firm throughout the entire process. I take up here each party’s notion about what a psychoanalysis entails and how this affects the continued work. The first vignette is meant to form a background for how a psychoanalytic ‘play’ situation is established. In my second vignette I try to elucidate what happens when the symbolic room cannot be taken for granted. By comparing the two vignettes I try to tease out the demands that the situation places upon the two parties.
Part II Clinical experience.
Exploring the clinical situation

What makes psychoanalysis possible are the basic assumptions, or the metapsychology, that provide a specific perspective on that which arises in the dialogue that the two parties develop in the psychoanalytic situation. A theoretical base has been formed out of this course of events concerning how new meanings are opened by two human psyches trying to fit together their notions about their own subjectivity, thus participating in a genuine production of knowledge (Pöstényi, 1996b).

Along these lines, as my theoretical point of departure, I assume that my understanding and the intervention to which it gives rise are validated by means of the patient’s understanding and response, hence creating a meaningful, emotional and dialogue-based link between us. This is a reciprocal process. The conclusions that we draw are thus borne up by the ongoing dialogue in the unique context in which we find ourselves, namely the psychoanalytic situation. The interpretations or the understanding at which the patient and the psychoanalyst arrive are legitimated by the bearing capacity of the interpretation (Pöstényi, 1996b). This bearing capacity must be tested in the light of the context at hand and the concrete situation.

My approach means that my empirical data are collected from my own clinical work, which I designate as my special universe. My different experiences can be related to one another from my special perspective and be abstracted into a general universe (Sjoberg and Nett, 1968). My investigation aims at deepening the understanding of the clinical phenomena and questions that I have carved out in Part I. To move this enquiry further I use the methods that I find appropriate.

In my research efforts I make use of my role as a practising psychoanalyst at the same time as I apply a metaperspective to my own clinical material: a research competence that has its basis in clinical psychoanalytic work. This means that I use my counter-transference as a research instrument, i.e. I reflect over my interpretations and my memories of the patient’s voice. I scrutinize the subjective ideas that constitute a part of my inner reality, a reality that encounters the patient’s inner reality.
Herein is space for many complications. We saw for example how clinical theories guided Freud’s practice and how this practice gave him new experiences that made him reconsider his theories. However, he was not only guided by his clinical theories. He also wanted to present his results in his own way, thus concealing certain material. Here we see a general complex of problems when it comes to presenting empirical data in psychoanalysis (Michels, 2000). Our models, values, perceptions, our subjectivity always filter what we see and what we report (Schwaber, 1996). My 'objectivity' thus rests on my ability to test my own subjective experiences and convictions and, by doing so, to a certain extent to see my own notions as differentiated from a shared and true reality. A precondition for such an approach is “the capacity to know one's own thoughts, desires and emotions as a subjective perspective on the world” (Cavell, 1998). This reflects the methodological problems in describing psychoanalytic cases, as demonstrated to us by Freud.

Collection of data

The vignettes that I present are from already existing notes on material that caught my interest. My session notes existed prior to my plans for this research project, but that does not preclude that the interest might have been present before I was conscious of it. I have thus chosen the clinical vignettes because they illustrate both my interest and my generally applicable experiences from my practice. They are typical within psychoanalytic work and belong to the experiences that aroused my interest in the questions I study here. My understanding of the implications of these vignettes has been modulated in the course of my work.

The two vignettes make no claim to be generalizable but instead illustrate processes in the psychoanalytic room that I see as generalizable. In other words they are examples that can be duplicated many times over.

In short, the material is derived from a continuous collection of notes that I wrote down after the sessions. I first made notes in telegram form immediately after the session and filled out the dialogue from memory on a later occasion. Accordingly, the dialogue is not an exact reproduction but rather something filtered through my memory.

A question that one might ask in this context is why I did not tape-record the sessions, whilst they were in process, for the sake of a more objective reproduction. For the intent and purpose of my study, I consider such an approach as capable of reproducing neither my patient’s nor my own thoughts, asso-
ciations or non-verbal communication. In addition, the presence of a tape recorder can disturb the dialogue on an unconscious level and be perceived as an intrusion of something alien. Of course I am not saying that tape recordings cannot be of value for studies with different research perspectives from my own.
Case A

A woman around 35 years of age seeks analysis because she is suffering from a diffuse feeling of anxiety with recurring periods of depression. She lives alone. She complains during the first year of analysis that she is pushing a heavy package in front of her, a package whose content is unknown. The introductory phase of the psychoanalysis was characterized by our coming closer to each other and carrying out fruitful psychoanalytic work. After this phase the analysis was afflicted by long periods of paralyzing silence. These silences were of differing qualities and gave rise to shifting feelings and phantasies in me without my being able to use these in a constructive way. A non-verbal communication that could not be articulated was taking place between us.

After a time I notice that A’s eyes are often swollen from crying, when it is time for her to leave, and that she avoids looking me in the eye. Her face expresses a despair that makes me feel guilty and want to take care of her. She herself also expresses guilt for being so difficult for me that I might not be able to stand her any longer. This arouses my own feeling of being an inadequate analyst who lets her suffer, and my doubt about our work’s being meaningful mirrors her feelings. But despite the muteness between us, I sense the whole time that we have an emotional bond. A perception that grows stronger and stronger is that A is inviting me into a part of her inner world where she does not have access to words.

For months she lies there in silence and I understand her silence as an expression of a loss. But there is no room for commentaries. When she once in a while is coming closer it is followed by a silence that arouses a feeling that I am being excluded. She conveys that coming closer is too painful and arouses thoughts that she does not want to tell about. It appears to be thoughts about jumping off a bridge.

Subsequently, the silence becomes too hard for me to deal with and I start to lose my freedom to reflect over my own reactions and over what is going on between us. I feel confined and invaded by something for which neither of us seems able to find words. We have both been drawn into an atmosphere of paralysis. My feeling of powerlessness grows, as does my feeling that A
wants to torment me which makes me question my analytic competence. There are no alternatives to the state in which we find ourselves.

Since I become more and more desperate over our stifled relationship and fear that our analytic work is on the way to capsizing completely, I try to find a remark that can help us out of our painful standstill. The only thing that comes to mind is to ask A if she wants to torment me. The question feels wrong and ascribes an intention to A that seems like an attack on her. I identify with the helpless and vulnerable girl inside her who I thought can hardly wish to torment anyone. Even so, I ask and repeat the question since I cannot think of any other way to say it. A answers that she experiences her silence as forced upon her, that she has no choice.

The image

During a session shortly afterwards, which happens to be on A’s birthday, she had a dream, where a photograph-like image pops up. She dates it to the autumn when she is probably between three and four years of age,

I am sitting absolutely still on the lawn outside my house. It’s shady and I’m struck by the way the picture doesn’t have any people in it. It gives me a feeling of desolation. The picture is familiar, but it means nothing. Just a meaningless picture. It’s that kind of snapshot you throw away. Nothing in it. It’s my birthday today...The Christmas after that autumn my teddy bear caught on fire. It was as big as me. Mum went into a panic since she didn’t know at first who it was that was on fire.

At the next session, A states in wonderment that the image gave her words she did not know were there. Visibly troubled, she adds, I wonder whose words they are? The question puzzles me. She is more precise, saying she is unsure if the words are the little girl’s or if they are words that she as an adult has made up. However, she is not at all certain about the accuracy of the image and even fills it with more ‘factual’ details. She remembers that she often sat underneath a berry bush, and she recognizes the shady light of late summer. She is unsure about what kind of berries it was, maybe gooseberries or red or black currants.

The image can be seen as a ‘screen memory’ (Freud, 1899), a childhood memory characterized both by its unusual sharpness and by the apparent insignificance of its content. The analysis of such memories leads back to indelible childhood experiences and to unconscious phantasies (Laplanche and Pontalis, 1973). Behind A’s image a scenario is hidden that points toward something conflict-filled, something that has been so threatening and painful that she has not been able to think about it and thus has not put words
to it. The image tells us about all the elements that make up a repetition compulsion associated with analysis. A feels abandoned and it is as if the image tells us about her place of retreat, where she can lick her narcissistic wounds. There is something familiar about the image, the content of which must be disregarded. Her mother’s/the analyst’s manner indicates that she/he is desperate.

The image represents a course of events that has remained incomprehensible and therefore without words. The words now startle her and she questions whether they can come from the little girl’s experiences or have emerged through our psychoanalytic work. Her sense is that, if they are the grown-up woman’s words, they are not authentic since the little girl’s experiences have always been without words. It is as though A must either be the grown-up woman or the little girl.

**The repetition compulsion conveys A’s internal world**

We are now putting form to a course of events whose psychic content A wishes to deny. She cannot see any possibility for an understanding in retrospect. If we enact this in the analysis, then who is she in relation to me? Is she the grown-up woman who is lying in front of me and telling me about her inner world or is she a bewildered little child? When is this course of events taking place? Now or in the past? This confusion concerning the nature of reality comes up at the same moment as A communicates her image in analysis. Perhaps this is what her question, *I wonder whose words they are* suggests? It is as though the words have come out of her involuntarily and express something inside her that she does not want to acknowledge.

A also repeats time and time again that the image is meaningless, like a snapshot you might just as well throw away. To take this image seriously is ridiculous. Her own experiences can hardly mean anything to anybody. It is ridiculous to show one’s phantasies, to show what one wants. A says that this feeling is confirmed because the image comes up on her birthday and it does not contain any people. It is as though existence is meaningless, and A gives expression to her doubt about the meaningful in her own existence through questions like: *Why was I born? What did they want from me?*; questions that convey hatred and dejection. She has always borne these questions in her inner but it is first now in this phase of analysis that she expresses them. Throughout the continued course of analysis she will keep on repeating them.
The questions that analysis conjures up thus have their origin both in A’s past and in what is going on at the moment. They are given a deeper context when A tells me how her mother was given up and abandoned by her mother when she was a little girl. As an adult her mother re-united with her biological mother, A’s grandmother. A tells me that the image most probably belongs to a period of her life when her mother was struck by a severe crisis triggered by her grandmother’s becoming ill. A’s mother felt obligated to take care of her severely ill mother, who died some months later. The profound ambivalence that had marked their relationship, because of what they had shared in the past, drove A’s mother into a severe crisis. After the death of her grandmother, her mother’s depression and emotional muteness would pervade A’s entire existence.

When this happens, A is too young to renounce her vitally important interaction with her mother, and she does not have access to such language tools as would make it possible for her to describe to herself what is happening to her. Then she cannot endure a mother who, because of her own inner conflicts, is too aloof to take in A’s bewilderment and agony. Her mother is not capable of transforming A’s psychic pain into something comprehensible and hence the inconceivable that is taking place between mother and daughter will live on unintegrated. And it is this unintegrated material that is being staged between us.

That her image does not contain anything of value, like a snapshot you can just throw away, is a message to me that there is no one here who can be receptive to her inner images. The image thus becomes a narrative about how A perceives our situation without either of us really being aware of it. In the analysis she is lying (sitting) absolutely still on the ‘lawn’ and is not capable of expressing her inner agony, since there is no one to tell about it. The dream image gives us a condensed narrative about the unconscious conflicts that steer our interaction, the conflicts that the tormenting silence between us was saying something about.

In order to protect her psychic integrity, A wants to remain a dumb-stricken little girl whom no one understands. She cannot allow herself to put her experiences into words. She is convinced that if she were capable of conveying what is going on inside her with words, our situation would literally be transformed into the events of the past. She would once again become that little girl who was thrown into confusion, where she no longer knew what consequences her thoughts and words could have for her. Her question I wonder whose words they are? thus seems to contain an unconscious knowledge that words can tear open a past anxiety. Then, she would be forced to relive the pain of knowing that there is no room for her, since her experience tells her
that no one hears or sees her and consequently there is no sense in creating words/images either.

By making herself mute A is trying to protect both herself and me from a repetition of what happened in the past. However, her muteness and torment also show that she feels drawn into an emotional turmoil because of our psychoanalytic work. Her silences render me helpless and powerless. My thoughts get trapped and I am made me into an aloof analyst. In this manner I am ‘forced’ to be a silent and inaccessible analyst like a mother with whom A is trying to get into contact. However, it is a mother whom A perceives is rejecting her and whom she therefore must reject.

As we continued the analytic work, it also came out that there did not seem to be any father figure for A to turn to, since she experienced her father as a threat. To turn to her father would have been tantamount to letting her mother down and that would have left her at a point of no return. The trauma blocked her possibilities of working through the Oedipal conflict, i.e. becoming her mother’s rival in order to feel like she was the chosen one in her father’s eyes. She had to close her father out in order to keep an open line to her mother. In the analysis I am made to represent both an inaccessible mother and a seductive father.

Along with the developments described above, the emotional bonds that were elements of the original drama have been brought into the present and I as the analyst have been made to take on central roles in this drama. As though unavoidably, A’s inaccessible mother seems to have emerged again at the same time, as I feel invaded by something incomprehensible, which renders the situation unbearable. Our space is pervaded by what the three- or four-year old girl experienced and our situation turns into a form of reflection at the same time as we are engaged in a relationship between two adults. In this way we are putting form to the child’s traumatic experiences, a part of A’s psychic reality, as though they were going on right here and now. The situation we have created seems to have driven the child to convey her feelings without A’s being able to steer the process and under such circumstances alternative perspectives cease to exist. She/we are forced to complete the drama.

We have staged A’s repetition compulsion, which Freud describes as an ungovernable process originating in the unconscious. As a result of its action, the subject deliberately places herself in distressing situations, thereby repeating an old experience, but she does not recall this prototype; on the contrary, she has the strong impression that the situation is fully determined by the circumstances of the moment (Laplanche and Pontalis, 1973).
A is convinced that there is something in our situation that makes her unable to think. The compact silence that baffles our understanding shows us that whatever has caused the trauma was something that could not be experienced. The repetition compulsion represents something that is unconscious and irrational. The irrational is irrational precisely because it evades our understanding (Pöstenyi, 1996a). A thus put herself into a predicament where she felt that she was not understood and I was confronted with something incomprehensible. We were drawn into a closed world that reminded A of the world she experienced as a little girl. We were caught in an agony that showed us there was no space for play and thus there was no possibility to symbolize what had happened.

Here we have, as I see it, the source of A’s question about whose words they are and her confusion over which reality she finds herself in. Something that feels unfamiliar has forced itself upon her. When her memory image comes to her, it is a meaningless image precisely because she has never been able to transform her trauma into anything meaningful. On a deeper level she is not able to understand who it is that expresses her words, since the girl who once was exposed lacked words to describe for herself what was happening. Has she herself made up her words in the analysis and, if so, why? Why does the image pop up just now and what does it want to tell her? What does the person behind her want from her?

My ‘insensitive’ comment and her responses and subsequent image re-establish the connection between us. Suddenly we are no longer confined in her repetition of an unyielding reality. Instead we are once more in an interaction with various meanings. By conveying the image, A has taken the leap toward symbolization, and the conflict spurred by an inner reality governed by passions and traumatic experiences comes into focus.

We have a transition from repetition compulsion to a playing ambience. Alternative perspectives start to exist. How can we understand this moment when the incomprehensible moves to a dialogue that is symbolized? What in our situation has facilitated this leap?

The relationship between play and repetition compulsion

In this study I have put the play situation in contrast to the intrusion of the interaction by the repetition compulsion, whereupon the play quality col-
lapses. When it came to the relationship between these phenomena Freud was unclear because in some instances he perceived play to be a form of repetition compulsion. For that reason I would first like to give a short summary of how Freud viewed the relationship between children’s play and the repetition compulsion, before I approach the questions above and analyze them.

Freud assumed that the repetition compulsion was an expression of the death drive, an attempt to obliterate something unbearable. He concluded that since children constantly repeat the same patterns of behaviour in their games, they were showing examples of the repetition compulsion. He observes,

“It is clear that in their play children repeat everything that has made a great impression on them in real life, and that in doing so they abreact the strength of the impression and, as one might put it, make themselves master of the situation. But on the other hand it is obvious that all their play is influenced by a wish that dominates them the whole time—the wish to be grown-up and to be able to do what grown-up people do. (1920: 16)

Freud does not distinguish here between, on the one hand, the pleasure children get in repeating things in the form of play in order to develop cognitive skills and incorporate new experiences, and, on the other hand, the compulsion to repeat because it is not possible to incorporate something that has happened. In this way of looking at it, the concept of play is made to encompass several phenomena. This makes it essential for me to discuss Freud’s conceptualizations.

Human beings are constantly repeating various thought processes and behavioural patterns and such repetitive phenomena fill different functions. It is quite obvious that psychoanalysis from the very beginning was confronted with repetition phenomena. Psychic symptoms are repetitive in character; furthermore, the defining property of the symptom is the very fact that it reproduces, in a more or less disguised way, certain elements of a past conflict (Laplanche and Pontalis, 1973). This is a definition of the transference phenomenon as well.

When Freud cogitated about these phenomena in his essay of 1920, he came up against difficulties in trying to differentiate between various kinds of repetition. He concluded that transference was only a piece of repetition, just as repetition was a transference of the forgotten past. We have also described how the clinical situation invited repressed conflicts to come up and offered them a space to be re-enacted in the relationship with the analyst in order to be analyzed. But what Freud had in mind, in 1920, was the case of repetition that undermines the analysis of the transference (Green, 2002).
When repetition compulsion turns up in an analysis, we find ourselves facing a seemingly insurmountable obstacle. The traumatic aspects of a situation are precisely those aspects that are not possible to experience. They are inconceivable in the full sense of the word and thus not available for psychic representation (Pöstényi, 1996a). Instead we find a vacuum or a parenthesis around the overwhelming event. Accordingly, whatever is being repeated and transferred is something that has not been possible to symbolize and thus must be put into form concretely. However, this is most often not an absolute state of affairs. Usually one has access to perceptual details that can gradually become building blocks for a partial assimilation of the trauma, as illustrated by A’s image.

Seen thus, the repetition compulsion is, as I interpret it, a manifestation of the psyche’s endless endeavour to overcome and incorporate traumatic and destructive experiences within the domain of the Pleasure Principle, to make something meaningful out of them. At the same time, the repetition compulsion is also a sign of the psyche’s need for protection lest the destructive forces take over. Whatever was originally too threatening or overwhelming must be blocked; otherwise the destructive effects of it take over. The paradox seems to be that in her efforts to protect herself against something overwhelming, the individual closes herself off from feelings and experiences that can be associated with traumatic events, but this closing off helps to give destructive processes the upper hand.

The question is, how does play relate to the traumatizing course of events? As I established earlier, children play in order to cope with reality, that is they play with experiences that are threatening to become potentially traumatic. They do so to be able to continue the pleasure of playing, fantasizing and reflecting over themselves and their surroundings. Obviously this mental functioning is vital to their psychic survival. How does this fit with Freud’s assumption that repeated play represents a repetition compulsion?

The Fort – Da game

Freud’s own example of a compulsion to play and repetition is his grandchild, a one-and-a-half year-old boy. He describes his observations of the boy’s first own made-up game with a wooden reel, the so-called Fort–Da game. In Freud’s own words:

It was more than a mere fleeting observation, for I lived under the same roof as the child and his parents for some weeks, and it was some time before I discovered the meaning of the puzzling activity which he constantly repeated. (..) At the age of one and a half he could say only a few comprehensi-
ble words; (...) and above all he never cried when his mother left him for a few hours. At the same time, he was greatly attached to his mother, who had not only fed him herself but had also looked after him without any outside help. This good little boy, however, had an occasional disturbing habit of taking any small objects he could get hold of and throwing them away from him into a corner, under the bed, and so on, so that hunting for his toys and picking them up was often quite a business. As he did this he gave vent to a loud, long-drawn-out ‘o-o-o-o’, accompanied by an expression of interest and satisfaction. His mother and the writer of the present account were agreed in thinking that this was not a mere interjection but represented the German word ‘fort’ [‘gone’]. I eventually realized that it was a game and that the only use he made of any of his toys was to play ‘gone’ with them. One day I made an observation which confirmed my view. (...) The child had a wooden reel with a piece of string tied round it. It never occurred to him to pull it along the floor behind him, for instance, and play at its being a carriage. What he did was to hold the reel by the string and very skilfully throw it over the edge of his curtained cot, so that it disappeared into it, at the same time uttering his expressive ‘o-o-o-o’. He then pulled the reel out of the cot again by the string and hailed its reappearance with a joyful ‘da’ [‘there’]. This, then, was the complete game—disappearance and return. (...) He compensated himself for this, as it were, by himself staging the disappearance and return of the objects within his reach. (...) The child cannot possibly have felt his mother’s departure as something agreeable or even indifferent. How then does his repetition of this distressing experience as a game fit in with the pleasure principle? (ibid: 14-15)

Freud’s answer to his own question was that indeed the boy endured his mother’s absence and let her go without protesting. However, he compensated for this by making up a game where he himself staged the object’s (his mother’s) disappearance and re-appearance with the physical aids that he had within his reach.

[He] was overpowered by the experience; but, by repeating it, unpleasant though it was, as a game, he took on an active part. These efforts might be put down to an instinct for mastery that was acting independently of whether the memory was in itself pleasurable or not.” (ibid: 16)

However, at the same time, Freud’s definition of the repetition compulsion is that it represents a condition, where the subject is made to endure something that is overwhelming and beyond his control and where the repetition is compulsory. In such cases there are no alternatives to compulsive acts since the subject is in the grasp of uncontrollable forces.

Judging from Freud’s description, what we see, in contrast, is a boy who is his own director in a primitive game full of pleasure and spontaneity. It is hard to determine what it is that is compulsive here. Nor does Freud mention anything that would indicate displeasure in the boy. He assumes that the separation is deeply troubling for the boy. It is indisputable that separation in itself is troubling, but I think it is justified to ask, did the boy really feel that
his mother was not there for him? For an 18-month old boy it is hardly the disappearance of the external object – his mother – from his sight that is the threat. What would be threatening to him is the danger that he might not be able to maintain his emotional bond to her as an internal object.

If the wooden reel symbolizes his mother, this symbol is not yet differentiated from what is symbolized, i.e. his mother. Thus it would seem that the boy uses the wooden reel to assure himself that he has an omnipotent control and the wooden reel is made to symbolize how he can decide over his mother’s absence and presence. If his mother’s disappearance is occupying his mind, then the game with the string that connects him to the wooden reel confirms her presence. It fulfills his fundamental need for his mother, that she remains present in order to preserve his psychic integrity. Playing the game is like a dream where desire and realization of desire are the same thing. Every time the boy pulls the wooden reel, presto, up pops his mum.

The game that we get a chance to witness demonstrates the boy’s pleasure, when he time after time can control an object that on some level represents his mother. Now he sees it, now he does not – a pleasure in repeating something turns into a confirmation, a peek-a-boo game that helps an 18-month old boy deal with his separation anxiety and strengthen his cognitive ability. The game constitutes a successful attempt to deal actively with something that is potentially traumatic. If his game, to the contrary, had represented a repetition compulsion, it would have demonstrated the psyche’s failure to deal with an overwhelming affect. I therefore conclude that the game’s repetitive character here stands for a repetition pleasure in contrast to a repetition compulsion.

The boy shows the early stages of an ability to symbolize that helps him make up a game and use this game to incorporate and gain mastery over threatening experiences. Here the boy’s playing takes on a similar function to what we see when children participate in shared social phantasy play; such activity makes it possible to open up a new field of experience (Åm, 1989). This form of repetition concurs with the definition of play that I described earlier and is thus an activity that stands in opposition to the repetition compulsion. Further, we can note that the boy’s game with his wooden reel is a game about a mother who leaves and returns, which is an image of the psychoanalytic situation’s rhythm of presence and absence.
The leap between repetition compulsion and playing

I will now try to look at the momentum, where A proceeds from a symbolized dialogue to repetition compulsion and back to a restored dialogue through the lens of a play model. A short recapitulation shows us an oscillation that goes from a psychoanalytic play with different levels of reality to an enactment of an infantile trauma, leading to a collapse of the playing quality followed by an initial process of a restoration. How can we understand this leap from a paralyzing muteness to a play with images? What was it in our situation that facilitated this movement?

If we make a preliminary summing up of the process of A’s repetition compulsion: we had a set-up including the analyst’s way of listening and responding that demonstrated that our interaction took place in a specific symbolic room. This room invited A to suspend certain aspects of reality in order to let her psychic reality come into focus. Her automatic readiness to suspend ordinary reality showed that she regarded this invitation as a play signal.

To A the intensity and rhythm of psychoanalysis, alternating between being together and parting, brought about infantile wishes that we initially coped with in a usual psychoanalytic mode. My focused listening brought to mind the intimacy that once existed between A and her mother. When the pressure increased the boundary between phantasy and actuality became blurred and A’s psychic reality invaded our entire reality. We experienced a return appearance of the waiting situation that once induced a traumatizing affect and caused a short-circuiting in her psyche (Green, 2002). A was now thrown back to a state when ambiguity was not possible any more. When she came into contact with this affect, analysis was unconsciously perceived as a threat of an actual repetition and with that a psychic breakdown. In this context her silence could be understood as a mute scream for help in an unbearable situation that threatened to shatter her emotional bond to the most significant internal object, her mother. Without contact with her objects the world ceases to have any meaning to her. Consequently, the ambience in psychoanalysis became more and more unendurable.

Since I now, in contrast to the beginning of the analysis, felt bewildered and could not seem to attune myself to how she was feeling, I was also awash with a feeling of powerlessness. As I understood it, our bond of confidence was on one level broken, which made A feel that I was turning away from her and rejecting her. Her conviction about the nature of her reality, that no one sees or hears her, was thus confirmed. This deep conviction has lived and remained unchanged in her psychic reality – a remnant that continues to
exert a psychic influence, though she herself is not aware of it. She is not unaware of what has happened to her but unaware of the psychic implications it has for her. The trauma without words remains veiled from her.

A now fell back into a state where existence once more was experienced as meaningless and desolate and she was reminded yet again that it is beyond her capacity to make sense of what happens to her. She does not have access to any symbolic language for whatever is happening. Everything is synonymous with reality and all communication is experienced as literal. Playing with different levels of reality is no longer possible, meaning that essential parts of our communication break down. Even so, A continued to come and respect our clinical situation. Our mutual undertaking and commitment helped us to hold on and keep the situation together.

For a very long time I tried desperately to find a way out of our locked interaction. All my attempts to revive our rapport were met by an implacable silence and I could not find any words to describe what was happening between us. My insufficient ability to reflect over what was going on between us evoked greater and greater uneasiness in me. Her aloofness touched something painful from my own psychic reality that aroused a bewilderment in me. I tried to put this bewilderment into words through the question You want to torment me?, which was my attempt to a link up.

Looking back, I can see that my bewilderment had its origins in my confusion and a resistance against seeing who I was for A, resulting in an insufficient understanding. In retrospect I could see that my muteness and inability corresponded to what A expected in the situation that she was re-experiencing. However, there was presumably a part of A that also could detect on a metacommunicative level, via my tone of voice and my manner of expressing myself, that our shared undertaking was being threatened. She could no doubt also intuit that I, in addition to being someone who was placing myself at the disposal of her psychic reality, also bore my own inner world that was trying to establish rapport with her with the help of words. I conveyed to her that I no longer was simply a mother who was rejecting her, and whom A therefore wanted to punish with her silence. Nor was either she or I just a needy daughter who was forced to suffer an unbearable situation brought about by her mother’s/A’s impenetrable silence. My words offered a link between us, You want to torment me, since I feel tormented by you. From this point, A’s inner conflict, the conflict without words, which had rendered both of us mute, began to be a visible conflict and, with that, also a link between the two of us. At this moment, I think, A detected a rift between the one she experienced, i.e. an absent mother, and the present one, the analyst.
A play with images that connect us

It is thus when we were able to detach ourselves to some degree and look at the situation from the outside that I could give myself the freedom to comment explicitly on our interaction. I was able to convey to A that I saw our interaction to be so destructive as to threaten our analytic project. Apparently A could hear me, as her immediate response was the image that popped up so surprisingly. The image paved the way for A’s interpretation of why our rapport had broken down. She is absolutely alone. There is no one there who can soothe her in her agony. The image is like a snapshot you might just as well throw away. As I see it, her subsequent association concerning the burning teddy bear was clear evidence that she was horrified at what was happening to our emotional bond. She saw us as in the same situation as she and her mother, the time, when her mother panicked over not knowing who was on fire, the teddy bear or her little girl. The association told us that our psychoanalytic play area was on its way to being devastated. 

As I understood A, her image contained an exhortation to me to continue to hold out lest our joint project should fail. Moreover, her subsequent associations also gave us a narrative about how she experiences her inner world. In the reality of that inner world, it is meaningless to try to convey her agony and the phantasies it evokes. There is no receiver. Her associations and narrative in turn evoked feelings and images within me for which I consciously and unconsciously tossed something back in return. A takes the risk of tossing her images my way and she receives my images in return. 

Our psychoanalytic situation was now transformed into a play situation where images were tossed back and forth. We met and parted with each other not only physically but also in the process, just like the boy in the Fort–Da game. We played with our inner images; a playing that created a link between us. A now has a space to convey the situation of her inner world and to start to give meaning to something that she had never been able to incorporate as an experience. It is thus understandable how difficult it was for her to take in new aspects of her psychic reality. The paradoxical is that when A gets in touch with her image, the image that testifies to the meaningless in attempting to communicate, the opposite of what the image says goes into effect. 

Our play with inner images gives us keys to the origin of A’s repetition compulsion and when she puts words to her spontaneous images A at the same time links her inner world to the world she shares with me. A’s narrative brings out, as I have already described, that she as a three-, four-year old girl was altogether too overwhelmed by painful affects when she lost contact
with her mother. This in turn led to a collapse of her space for symbolizing and for playing with different realities. She then no longer had access to the mental tools that would have given her a language, with whose help she would have been able to describe for herself and for others what had happened to her. Her internal world thus tells us how she feels locked out, which makes her fall back into the state where she lost the possibility of distinguishing her horror-stricken phantasies from what is going on around her.

Our exchange of images links us together and shows that A is making contact with her phantasies and dreams. They make her world comprehensible. Now there are two psychic realities that have given form to a third, which is neither A’s nor mine, but represents both of them (Ogden, 1994). Neither A nor I has control over this common space and instead of the predictability of the repetitive compulsion, where A ‘knows’ what the outcome will be, we have a process where A finds herself, together with me, in an uncertainty that is painful and frightening. At the same time, it is an uncertainty that gives A the possibility of opening up rigid and locked structures and in such a way expanding the experiences of her inner world. We have thus come to another form of repetition. It is the child’s pleasure in repetition in order to establish new mental structures as it plays and discovers the world.

What is required of the situation to make this moment arrive?

A and I have formed and spent our time in a symbolic room that has made it possible for this moment to arrive. A fundamental precondition was that we, despite the stresses and strains, could preserve our symbolic room. The entire train of events with all its fluctuations was dependent on this place that we created for ourselves. By place I mean the symbolic room that we have negotiated into being and that we bear up together. This place is also defined by the work we do and the relationship we develop.

The train of events that I have described represents a generally prevalent phenomenon within psychoanalytic work. My theory was that the clinical situation has within it an incompatibility that forces forth a play situation, which is accompanied by confusion, a confusion that in its turn has to be analyzed. We then get an oscillation between play and breakdown of play. Here I want to try to apply this play model to the situation in order to find out if such a perspective can deepen our understanding of what has happened between A and me.
What then is required of the respective parties in order to keep the symbolic room so intact that we are able to endure the tensions between disparate levels of reality and the stresses that the repetition compulsion can give rise to? What is required of the situation itself to make it capable of supporting this train of events while continuing to be a play situation? The first step is to describe the negotiation that creates a symbolic room with a shared play area. The frame with an explicit contract is binding for the parties in order for the ambiguous asymmetry to be stageable and explorable.

As we have already established, children set the stage for their mutual playing by imagining a shared play script. They direct explicitly and implicitly what kind of roles they will take and how to act in the play, which will create a marked-out play area. Each participant has his own phantasies of what is going to take place and these phantasies will constitute each one’s unique perspective. Where these perspectives intersect each other, they will form a starting point for a shared script (Janson, 1999, 2001). In other words, the aim of negotiating is to create a common play area and to protect this play area where playing becomes externalized phantasies. It is the opportunity to create a space where one’s own phantasies and psychic conflicts may be enacted through playing that makes negotiating so significant.

In psychoanalysis, in contrast to children’s negotiation, the roles of the participants are fixed. One, the patient, seeks help from an expert, the analyst, who is supposed to have specific knowledge. The negotiation aims at a specific and agreed commitment that will include defined roles with an inevitable asymmetric aspect. Thus, one characteristic feature of psychoanalysis consists of the very different positions of the participants. When we negotiate a psychoanalytic play area, we tacitly ask ourselves under what conditions this kind of relationship is established. To a greater or lesser extent these conditions are founded on non-verbal signals and affects or internalized codes that will serve as a sounding board underneath the explicit negotiation.

Thus, we can state that certain psychic and emotional capabilities must be at hand as well as access to our common non-verbal cultural language to carry through such a negotiation. The patient brings her desires and frustrations with her and hopes for a cure, while the psychoanalyst brings his clinical experiences and a clinical situation full of contradictions. The initial negotiation is permeated by contradictions and thus includes a mutual exploration, often unconsciously, where we try to find out what phantasies and notions we bring with us in relation to what is going to take place. These phantasies make up each respective party’s unique perspective, and there must be some point of intersection; otherwise there will be no common area for a dialogue.
The negotiation should thus lead to a shared commitment between two adults. Both must submit themselves to the premises of the situation, although under entirely different conditions. The patient’s need for help places her in a disadvantaged position. The analyst on the other hand is getting paid and is pressured by his professional ideals to fulfil his part of the commitment, to alleviate suffering and to show that the method is workable. The different perspectives clash with each other. The differing notions and conceptions about the method will continue to clash and constantly call for new negotiations (Bion, 1970; Joseph, 1992).

The negotiation implicitly marks a passage between an outer world and a world with another form of dialogue. The transition has within it expectation and worry about what the relationship that is about to begin will mean as it proceeds. To dare to cross the threshold and submit to immersion in the task is a crucial step for both parties. It entails allowing oneself to become involved and to be exposed to all the conflicts that can come to the surface in such an encounter. This is a description of how the parties go from an everyday reality into a symbolic room. Psychoanalysis makes use of the hopes that the invitation evokes.

A had no problems switching between different social rooms and she immediately grasped what was expected of her. She had no difficulty suspending everyday reality and understanding that the room offers protection from everyday reality. To understand this is to be at one with the possibility of coming into contact with the desires of one’s inner world and A implicitly knew what was demanded of her in this context. What characterized A’s and my negotiation was that we saw our shared place as a given, on both implicit and explicit levels. The support provided by my analytic position along with A’s readiness means that we can achieve a self-evident analytic relationship from the start. Further, A endeavours to live up to the demand of the Fundamental Rule, putting all the thoughts and ideas that come into her mind into words. Her unconscious conflicts come to fore and she gets into contact with parts of her inner world that she has never before articulated for anyone, not even for herself. She then feels a deep satisfaction over having a chance to share her deepest experiences with someone else, who is present with her in the moment and listens to her with undivided attention.

My comments and interpretations show how I understand her and contribute to her sense of being accepted. In addition, the rhythm and intensity of psychoanalysis (set times, where every session is 50 minutes, four times per week) in themselves provide a continuity and a sense of security, which draw us closer to each other and promote a confidentiality and an intimacy. At the same time, the inherent rhythm of psychoanalysis, with an oscillation between getting closer and being deserted, reawakens the predicament of the
child. The relationship reminds A of the little girl’s notions of the world and her more or less non-articulated desires. Our specific situation encourages A’s contact with a yearning child.

A therefore experiences the first phases of psychoanalysis as deeply satisfying and a strong emotional bond is created between us. This bond supports A’s capacity to feel and endure her desires and to a great degree tolerate the frustrating aspects of the psychoanalytic frame, as for example that we must end each session at a set time and that I am only available at the designated times of our sessions. This is a tolerance that in turn tells us something fundamental about A’s world of experience.

A sought psychoanalysis because she felt that she was in the grip of forces that were controlling her. They consisted of non-worked-through unconscious conflicts that were experienced as uncontrollable, thus evoking a sense of helplessness in her. We became aware of this through the silences that afflicted us. The conflicts concerned unconscious desires that had never been possible to put into words and that were exerting pressure to come to the surface. Our clinical situation both gave space for and invited A to express her infantile desires. What I have described up to this point is how the clinical situation of psychoanalysis invites A to come into contact with and express the child’s deep desires in order to discern and work through her infantile conflicts, all this within the frame.

Hence A experienced our situation as an invitation and a seduction because of the asymmetric aspect of psychoanalysis with its peculiar interaction driven forward by the psychoanalyst’s position. It is as if the patient is saying: You are the expert and I am the patient and behind this is the thought: You are a parent and I am a child. By its nature, this aspect of the relationship calls for the analyst to place himself at the disposal of the patient’s phantasy world and thus allow the inner objects that the patient ascribes to the analyst to find expression. Through being both the one who listens and the one who on a phantasy level corresponds to what the patient ascribes to him, the analyst is involved in a situation that is a form of seduction and manipulation.

Thus, the situation with its special character and protective shield allows both of us to come into contact with deep desires. When this happens A is not just a child and I am not just a psychoanalyst; she is also a grown woman and I a man. When the pressure increases and desire-filled phantasies take over, questions are evoked about which reality we find ourselves in. Who is the analyst behind the divan? What does he want from me? What do I want from him? These are questions that have their source deep in each and every person’s unconscious. These questions are according to my belief the energy
source for psychoanalysis and they are of the same character as the questions that drive the child to create opportunities to play around the inscrutability of existence. Through experience the analyst knows that the framework itself, whereby someone who is not visible is addressed, inescapably forces unconscious phantasies to the surface and, with them, a demand for play. The psychoanalytic situation thus causes us to play.

But it is a play where conflicts that are potentially threatening to both parts are always imminent. These conflicts may be hard to cope with and for that reason psychoanalysis is filled with clinical theories or analogies that aim to justify and deal with such discords. I will come back to this issue further on. At this moment it suffices to state that I think that we need to hold on to clinical theories in order to be able to stay afloat in the psychoanalytic situation.

**Laplanche’s analogy model**

One model that helps me to formulate some answers to what is going on is Laplanche’s analogy of the psychoanalytic situation (Laplanche, 1998). Laplanche’s analogy places the primal relationship between the mother and the baby as a model for the psychoanalytic situation in focus, without prescribing how the one or the other should behave. Thus, his model is built upon a theory, with universal claims, about how the unconscious is constituted through the baby’s first confrontation with its own desires and the satisfaction it obtains from the adult world (Laplanche, 1989).

His theory asserts in short that the world, as encountered by the baby and the little child, is saturated with symbols in a language permeated by the desires of the adult world. Whenever an adult addresses an infant, directly or indirectly, a whole range of verbal and non-verbal signals are transmitted to it. Thus the enigmatic introduced, enigmatic for the child and no less for the adult because she has no way of knowing completely what is being communicated to the child. It is always more than we think. Adults transfer their own unconscious phantasies, which originate from their own childhood experiences.

What characterizes the primal situation between the adult and the little child is the inherently asymmetric nature of the relationship to which the child must submit. The child is bombarded from the beginning by messages from the adult world, messages that are invisible for the adult herself, i.e. the adult by necessity introduces motifs that are unconscious for both parties and that in a broad sense are sexual. The adult’s sexuality remains enigmatic for the
child, since it belongs to something fundamentally alien, within a world of symbols where the little child lacks tools and language to be able to translate it to something meaningful. This inconceivable thing, which the child cannot handle in the sense that it is impossible to symbolize or live up to, is defined as traumatic. The traumatic leaves an unconscious remnant that will turn into a psychic driving force for the very reason that it is does not allow itself to be symbolized.

This remnant is an internal, alien body that never lets itself be quieted and that craves understanding, thereby making it a constant source of new questions. These questions pervade the child’s existence and force it to create theories based on the experiences to which it has access in order to understand itself and its world. These existential theories concerning sexuality, gender differences, birth and death are attempts to master the enigmas that every human being faces. These theories must in their turn be understood. So we can say that psychoanalytic theories are theories or interpretations about the human being’s own theories or convictions and that the purpose of analysis is to analyze or disentangle prevailing convictions.

We can note here an aspect of how children make use of playing, as a way of coping with the enigma of existence. Play can be seen as a concrete attempt to explore yet unformulated theories about oneself and existence.

According to Laplanche (1999), the analytic frame has been structured so that it will constitute an analogy to a primal situation between the baby and the parent. The patient submits to a situation that is perceived as alien and irrational. In other words the analytic space derives its significance and effectiveness from the re-establishment of a primal situation. With that, a renewed confrontation with the alien or the enigmatic takes place and this confrontation forces up the original drive to translate, i.e. to make the unfamiliar understandable and meaningful.

But this time the specific character of the situation gives the patient an opportunity to ‘play’ with his various internal figures. The psychoanalytic situation is organized in such a way that it promotes tensions between an analyst who is supposed to know and one who is looking for answers. The analyst is not any special person; instead he/she is only one possible person in the never-ending quest for satisfaction. In this transference field questions emerge, such as: to whom am I speaking? or: In what reality do I find myself?

Laplanche’s model shows how questions that do not have any answers are put into play in the analytic situation. The asymmetry is present as a precondition, the analyst is assumed to have the key to the answers. The goal of
analysis is to use the area provided by its special situation and play with these levels of reality. Seen from this perspective, play is an indispensable attempt to master the enigmas of existence. Psychoanalysis provides a situation where this form of play is put into focus (Laplanche, 1999).

Repetition compulsion is a response to the situation’s ‘seduction’

Accordingly, psychoanalysis creates a situation where helplessness and a desire to have someone listen are promoted. In other words, the space in psychoanalysis receives its significance when the primal situation is re-established. With that, a renewed confrontation with the unfamiliar or the enigmatic is brought about and this confrontation forces to the fore the indispensable drive to try to translate whatever is bewildering on the basis of the child’s needs and experiences. The enigmatic message comes from the outside, which reminds us of how A’s questions such as What did they want from me? rose again in the psychoanalytic situation. This question was also asked in the presence of the analyst and herein lies sexuality embedded (Laplanche, 1999).

These translations, which have their origin in the child’s understanding of herself and the world around her, form wellsprings for phantasizing. By means of her phantasies and notions, A shares her subjective world with me. These are phantasies about desiring something and when A communicates them to me, she conveys at the same time that she desires something and that she wants a response from me. This is the very foundation for playing and communicating in the special situation that the psychoanalytic situation constitutes with its asymmetry and staging of the infantile world of imaginations. At the same time this relationship has within it an intimacy that evokes early needs in both parties. These infantile desires make up a mutuality that connects the two parties.

The inherent structure of analysis reinforces A’s irrational hopes for another type of relationship than she has experienced so far. With me as a new co-actor, she hopes that she will finally get answers to the questions that emanate from her incomprehensible experiences. What she hopes is that analysis in an essential respect will undo the past while at the same time another part of her knows that such a thing is not going to happen. The structure of analy-
sis forces forth multi-meanings and a confusion that exert pressure on both parties.

Ambiguity is a part of the play situation’s character. Psychoanalysis affirms wishful phantasies and hopes for a vent for basic desires, at the same time as the frame provides a protection against this. Our interaction brings out the child’s yearning and desires but these desires will not be satisfied in the way that the infantile parts of the adult yearn for. Instead they will be made discernible. When her desires are not satisfied in the way that A has hoped for, her frustration threatens to revive the affects that once upon a time became traumatic. If they break through, the dialogue between us risks breaking down.

As I understood A in retrospect, she sensed that if she could put her notions into words she would also become aware of her primary desires and of the impossibility of fulfilling them. A tried to take control of the relationship that evolved by becoming silent. This way nothing would happen – time would stand still. The silence between us held within it a conviction, a conviction against conveying what she as a child knew that she needed, lest she be rejected once again. The situation that we have formed within the frame of psychoanalysis directs us. Our roles and the play that they bring into being are beyond what we can be aware of in the moment.

Herein lies a profound and painful sense of shame over having been deserted, a sense of shame that is made greater because on some level A sees that in analysis she is controlled by a little child’s desires. To be observed in that situation by someone who seems to understand but who remains relatively passive intensifies her sense of shame. Still another aspect of A’s silence is that when she abstains from being active she can protect me from the rage and hatred that she feels toward the one who exposes her to this profound humiliation. At this point A’s staging of her repetition compulsion is complete. She sees as confirmed the meaninglessness of trying to play or to work through remnants that have been impossible to put into play.

Behind her own back she has now staged her drama. She has forced a predetermined and an unambiguous perspective into being while she herself has been unable to grasp that it is her own behaviour that made her the director of this train of events. The entire staging is perceived as though it is taking place here and now, every detail in our interaction is perceived as unique. It is only when we are able to tie it together with A’s earlier experiences that it is possible to see it as a repetition compulsion.

In this predetermined script, it was inscribed that A would not be understood; at least not in the way that she had hoped. I became deaf and mute in
her presence and with that I fed into her fear that I was someone who did not understand. A precondition for our mutual staging was thus that A’s conflict touched something inside of me. In that way I was forced to ‘play along’ without being aware of it. I could not help but be cast as the parent who did not understand her plight. This caused a conflict within me, since it is part of my professional ambition to be someone who tries to listen to what she wants to convey and to be empathetic.

My efforts to understand A remained fruitless, which made me feel incompetent and rejected, which in turn mobilized feelings and conflicts that I did not want to have anything to do with in the present situation. However, as they kept crowding into my mind, my sense of powerlessness and of losing my footing was intensified. Then I also began to lose my ability to reflect and this together with A’s unambiguous script undermined the multi-faceted character of the psychoanalytic situation.

A is in the grip of an experience that crowds in on her and forces her to stage her predetermined script. This must go on in order for her to get the conclusions that she once drew confirmed and for her perception of the world to continue to be predictable. However, to play according to a fixed script, no matter what the cost, leads inescapably to a power play. The repetition compulsion thus forced A and me, as the analyst, into firmly locked role patterns, whereby she lost her ability to ‘play’ with diversified perspectives and the psychoanalytic dialogue broke down. A forced forth a response that confirmed her early experiences of time and time again being trapped between seeing something that aroused a profound disappointment on the one hand and her absolute need to be loved on the other. She could not give expression to her hatred, because such an act would threaten the love that was/is impossible to give up. This aroused/arouses her rage over the way reality is not as it should have been.

A has thus protected herself from the catastrophic by setting up an impene-trable line of demarcation in her psychic reality between the incomprehensible and the rest of her inner world. In this way the catastrophic has remained a static stage consisting of perceptual facts, whereby the psychoanalytic situation’s ambiguity becomes threatening. She cannot bear multi-meanings and cannot endure the thought that I can represent different people for her or that her own place in my inner world can shift, that our interaction in analysis can exist on different levels of reality simultaneously. These multi-meanings intensify her anxiety and threaten her psychic balance.

In retrospect I can see that my difficulties understanding A can have prolonged her silence. This is one of the common problems of psychoanalysis. It is only after certain events run their course and become comprehensible
that I as an analyst can draw the necessary conclusions and hopefully be-
come a better equipped analyst.

What was it that enabled A to get out of the grip that the repetition compu-
sion had on her? This is a crucial question that has no obvious answer. The
investigation’s conclusion in the first part led us to see how the psychoana-
lytic situation has been formed to allow space for multi-meanings. These
multi-meanings concern confusion in the relationship phantasy-reality as
well as confusion surrounding the asymmetric analyst–patient relationship.
Hence an opportunity is created for the expression of wishful fantasies that
are staged via repetition of the child’s conceptions and transferred into psy-
choanalysis. The object of the psychoanalytic work thereafter is to reflect
over these phantasies’ relationship to reality.

In other words the psychoanalytic process rests upon the tension between on
the one hand wishing to have the world of infantile notions of psychic reality
confirmed and on the other hand reflecting over this wish. The psychoana-
lytic work is thereby propelled forward. However in A’s case, this work
came to a halt when the one pole that I have just described took over the
entire stage. In order to become aware of how we were directed by A’s repe-
tition compulsion and to begin reflecting over the relationship of phantasy to
reality, we had to disentangle ourselves from the centre of the drama. In that
way we shaped a third area wherefrom we could witness the course of
events.

The situation itself forced me to unconsciously identify with the role into
which I had been cast. My main task then became to discern its meanings for
my own inner world, for example to see what a mute and rejecting mother
meant for me. In that context my counter-transference became the only in-
strument I had at my disposal. I used the resonance I could pick up from my
inner world and felt how A tormented me. The question that arose was – is
this of my own making or something she is doing to me? My efforts at trying
to understand how I was being drawn into her context meant at the same
time that I formed an inner space for both of us. During my endeavours to
find words for what was happening between us, there emerged to my sur-
prise a connection that constituted the beginnings of a common place, a
place that became a third area.

The anxiety that was aroused in me when I allowed myself to deviate from
the set script showed (in part unconsciously) in what way I was being drawn
in. A then dared to toss me her image filled with perceptual details, which in
turn evoked images within me and we could start to volley images between
us. This form of play re-established a link between us and the linking would
subsequently bridge over the sense of catastrophe that had stopped the tra-
matic events from being incorporated. A could now approach and try to symbolize that which had been unbearable. The implications of the train of events, with the accompanying painful affects, could begin to take their place within her. At this point I could also intervene by means of the roles in which A had cast me. I was no longer simply an element of her repetition compulsion, bound by a predetermined script, but also a sort of new acquaintance, a stranger, who might have something new to give her, something strange and distressing but also playful and exciting.

A could reciprocate my attempts at contact with her by conveying her ‘lawn image’ to me because she could brace herself with the help of the commitment that formed the foundation of the relationship we had built up together. Therein lay the strength she needed to be able to go against her anxiety and take the step of daring to convey her image. When she started to associate aloud, she used a symbolic language whose aim was to give me a way in to what was going on in her internal world. By means of my interventions I created openings for her so that she could come into contact with and articulate experiences from her early childhood and make her trauma visible. This could at that moment be connected to experiences in analysis. It follows that A now had re-established a space of reflection and consequently we saw the re-emergence of a play area or an area that held neither her perspective nor mine but rather a third overlapping area that was coloured by the situation’s asymmetric character (Ogden, 1994).

To witness from a third space

At this point A had taken the risk of letting different perspectives and levels of reality come into view. Her image said to me that she sits on the lawn without anyone else present inside a feeling of total abandonment. Her associations also exposed how she experienced her plight in analysis, that no one saw and no one heard her. Only now can she formulate such questions as Why was I born? What did they want from me? She thus connects the puzzling messages that she has borne inside herself as far back as she can remember with the incomprehensible messages that have been staged between herself and me in analysis. We now have a mutual place from which we can explore her questions and, behind them, her confusion. Together we could discern the little girl’s horizon and her raster of prospective understanding based on her infantile wishes, which were being brought to the fore in the close relationship that had evolved between us. We hear the child’s voice at the same time as we can look at what has happened from the adult’s perspective and this is equal in all respects to the place we negotiated into being.
A came into contact with her anxiety by means of her words and she tried to shrug off her image. However, by that time she had already achieved a from-the-outside perspective and the multi-meanings in our situation had become apparent, which she formulated when she said *I wonder whose words they are?* She posed the question since the little girl with whom she completely identified had no words. Up until this point no bridges had existed between the traumatized little girl and the grown woman who spoke. A demanded that the words should represent the little girl’s perspective, for which reason some doubt was awakened as to whether her words were authentic. The demand for authenticity also represented a loyalty to the past, at the same time as she sensed intuitively that her retrospective understanding would have within it an excruciating sorrow.

But our work had changed A’s perspective and so the little girl’s. The strong passions of love and hate and the fact that she stood steadfast in relationship to me had changed her inner world. The insight that I was a stranger to her as well, forced her to see that I had relationships outside her control. At the moment A was putting words to her experiences, we shared a mutual third area, which means that A has contact with an internal triangular space. Britton describes this process as follows:

> The acknowledgement by the child of the parents’ relationship with each other unites his psychic world, limiting it to one world shared with his two parents in which different object relationships can exist. The closure of the oedipal triangle by the recognition of the link joining the parents provides a limiting boundary for the internal world. It creates what I call a “triangular space,” i.e., a space bounded by the three persons of the oedipal situation and all their potential relationships. It includes, therefore, the possibility of being a participant in a relationship and observed by a third person as well as being an observer of a relationship between two people. (2004: 47)

If we look at it from this perspective, we can see her repetition compulsion as the psyche’s attempt to preserve remnants of the earlier catastrophic events in anticipation of being able to convert these into an object for thought (Green, 2002). Here play stands in opposition to the repetition compulsion.

When the tension between the two poles is restored, both A and I have access to a mental space that includes a third position. Then we are able to recreate our mutual area that we both can look at from the outside. When A hears her own words being communicated to me for the first time, she hears her own thoughts from an outside perspective. At that point she also hears them by imagining what I am hearing. She can thereby clarify for herself how her infantile basic needs have been denied, and how she was confined by her infantile conflicts. She can become aware of the convictions of her
inner world and conscious of her pain. A has then conveyed her inner world to me with the aid of her words and I in turn convey my understanding by means of my interpretations of what is going on between us. We can do so now without her feeling that her wishes either have to be dismissed or fulfilled in a concrete sense. Instead she perceives how her experiences are taken into account through my way of listening and interpreting from another perspective.

To be seen awakened contradictory feelings in A because A herself had not wanted to see. But the working-through process that we entered helped A to endure her painful affects. A could endure the sense of shame that was evoked by having another person witness her plight thanks to the deep satisfaction she feels. This satisfaction derives from having shared this part of her inner world for the first time in her life and feeling that the one she shared it with understood her. Our work had provided her with a prototype for an object relationship of a third kind in which she could observe our relationship – a third position (Britton, 2004). I was someone who witnessed but now in the sense of partaking of her plight. Via our psychoanalytic relationship, we could now share parts of what has been incomprehensible. That is, we could translate parts of her infantile scene’s enigmatic messages (Laplanche, 1989). All of this helped her to bear her confusion and pain. Another form of tension has now emerged, namely a tension between the one who looks on in curiosity and the one who participates by witnessing.

When I witnessed, I became someone who both participated and was on the outside simultaneously (Künstlicher, 1994), whereby A could leave her tightly locked position of being either the traumatized girl or the adult woman. Her freedom to change perspectives opened up for a third perspective, which gave her a place from which she could observe her repetition compulsion, both from the little girl’s perspective and the adult woman’s. She could connect the separate strands of reality and the two planes of time. From the standpoint of our third area we could examine and bridge over different levels of reality and A could work through her traumatic experiences in such a manner. She could leave behind the repetition compulsion’s intrusive consequences for her self-image.

Our mutual reflecting is thus what makes it possible to break the circle of repetition compulsion and to put the remnants of the trauma into symbolic language. By means of the psychoanalytic ‘play’ the incomprehensible is transformed into being a part of A’s experiential world (Künstlicher, 1994). A precondition for this form of play is the tension that arises between being a deprived girl with passions impossible to express and an adult at the same time. In a similar manner, a tension arises between the method that A as the patient is expecting and the method that I as the analyst make use of – the
tension between conscious objectives and the aimlessness of spontaneous play. These tensions force oscillations to take place between different levels of reality inasmuch as we allow ourselves to be drawn in at the same time as we place ourselves on the sideline and ask ourselves what it is that is going on.

If we briefly summarize the process, A was first offered a place and a structure that put her into contact with her early desires. The room available to her gave her a chance to stage remnant traumatizing elements. When she transferred her infantile wishes and the traumatic was brought to life on the psychoanalytic stage, her *transference* became synonymous with her repetition compulsion. When the repetition compulsion reached completion, the tension and ambiguity upon which the psychoanalytic frame rests were partially punctured, as illustrated by the silence and the powerlessness. At this point a precondition for our psychoanalytic work to continue was that we both must be able to discern how we were drawn into her repetition compulsion. This could happen only if certain central elements of the psychoanalytic situation remained intact. For one, A inside herself had to have accepted her commitment and to be ready to continue to submit to the psychoanalytic situation in the hopes of being able to share her inner world with me. For another, the analyst also had to continue his commitment and both parties, with the aid of the psychoanalytic frame, had to endure what was happening.

What demands does an opening play moment place on the parties?

The account above underscores my conclusion that Freud has formed a clinical situation that provokes a confusion around different levels of reality with the aim of making it possible to work through something threatening; an exploration that takes a pathway via a mapping of the border areas between an irrational world of notions and a prevailing rational reality. In this respect the account is in accord with both the play situations of children and the psychoanalytic play situation. Ambiguity is the central driving force in both cases and in psychoanalysis it is the analyst’s task to establish and maintain this ambiguity. This leads directly to the question of what demands such a play situation places on the participants.
To be able to grasp the content of the psychoanalytic offer and to negotiate the mutual psychoanalytic place into being, it is essential that both parties can communicate on several levels of reality simultaneously. It must be fairly clear to both of them that a phantasy is a phantasy and that they enter into a mutual project with two different perspectives. Only then can the mutual pact encompass hopes that it is possible to understand essential parts of the patient’s psychic reality.

We must thus be precise about what is demanded of the respective parties in order to establish and maintain the mutual commitment that can form the necessary foundation for the symbolic or third room of psychoanalysis. What is required in order to endure the ambiguity that the situation evokes? Preservation of the situation’s multi-meanings is the psychoanalyst’s most important task. How can we describe the criteria the psychoanalyst must fulfil or the ability that the psychoanalyst must possess in order to maintain the tensions between different levels of reality, the tensions that are vital for the processes at the core of psychoanalysis?

To approach these questions, I would like to make use of a clinical example that illustrates some of the problems brought on when the psychoanalytic frame is not something we can take for granted. The issue of what bearing this has upon the psychoanalyst’s position is examined. This second vignette is followed by a comparative discussion of the two vignettes in order to try to clarify what is required so that we can make use of the psychoanalytic situation. Through the comparison I try to pinpoint the demands that the situation places on both parties.
Clinical vignette B: The play situation of psychoanalysis is questioned

A woman seeks analysis when she is around 40 after having suffered her entire conscious life from severe anxiety. She has had major adjustment problems, which have affected both her private and her professional lives. She feels incapable of coming into contact with her emotions and of reflecting over herself. Instead she has acted out perverse and self-destructive phantasies.

In her background there are losses and massive trauma, which have marked her entire childhood and youth. Her childhood was characterized by early and prolonged separations and an absence of limits, which probably helped to shred the fine line between phantasy and reality.

After several years of hesitation, B contacted me and it was obvious that she was terrified at the thought of starting psychoanalysis. When we met to assess whether psychoanalysis was an appropriate form of treatment for her, B conveyed to me that her life depended on her being allowed to begin, that she felt there was absolutely no alternative. It seemed to me that B was obsessed with wanting to convince me of how desperate, anxiety-ridden and helpless she felt, no matter what it took. There was no room for afterthought or a mutual probing. B threw herself into psychoanalysis and felt that she did not dare to question herself about what she wanted, since analysis was a life or death matter for her. This was confirmed by the way she literally put her life in the hands of the psychoanalyst. B let go of her entire existence and took a sick leave. She stayed on sick leave for a little over a year.

To start with, B gave an impression of being confused and filled to the brim with questions. She complained that I tormented her by my way of being and that analysis was not giving her what she needed. Even though I tried to accommodate her and communicate my understanding of her, she continued to express her displeasure with me. She did not think that I did enough to alleviate her unbearable anxiety and psychic pain. She needed something
much more concrete, as for example that I would actually take care of her and provide her with what she needed. B felt that psychoanalysis was all wrong, that it went entirely too slowly.

An image evolved that B expressed as follows:

I experienced it like I was swimming in deep and unknown waters and was ready to give up when I saw land. I summoned up the last bit of strength I had and managed to drag myself up onto the shore, where you the analyst are standing. I just lie here exhausted and cry: Carry me! Take care of me! Fix my life! But instead of meeting me halfway and helping me, you just think about your way of working.

For my part, I felt that I was trying to comply with her so that she would put up with the frame that I could offer.

The first year of psychoanalysis was marked by how hard it was for B to endure the forms of frustration that are an integral part of psychoanalysis. All forms of silence or waiting for thoughts and feelings to evolve frustrated her to the edge of catastrophe. The further we got into the analysis, the more desperate and downhearted she felt. She complained that analysis was having a destructive effect on her professional as well as her private life.

Her numerous dramatic manoeuvres evoked an intense unrest in me and led me to be more accommodating than was my custom. I tried to avoid frustrating her while at the same time not breaking the fundamental frame too far. In retrospect I believe that my concern for her helped her in her struggle to endure psychoanalytic work. I also feel that there was an implicit emotional undertone between us all along that bore up our relationship and made us hold out, despite all the difficult circumstances.

B describes a childhood full of break-ups and emotional insecurity, which gave rise to an intense feeling of being an outsider. She ‘recalls’ that her mother did not understand what she needed so B forced herself to learn to talk with words before she had reached one year of age. Only then could she get her mother to understand what she needed. B says that her mother has always been her lifeline and that she still feels the same. She sees her mother as her real family even though she today lives with a man of her own age. When B was a little child, she went for long periods of time without access to her mother and was sent away to live somewhere else.

In a similar manner, B had the idea that I was someone who did not understand her most fundamental needs and that I lacked what it took to put myself in her shoes. Her image of me clashed with my own perception of my-
self as understanding and identifying with the abandoned child. I felt that I could recognize in myself her separation anxiety and essential aspects of the traumatic events in her life. Hence I could also put myself in her shoes and feel her agony and psychic pain. However, my sense of understanding was not accepted by B. I got the idea that she wanted to force me to experience her outsidersness. She wanted to get me to be someone that I could not find within myself. B instead responded to my interventions and indications of empathy with derision and contempt. She made an obvious show of her feeling that I was not important for her but only a function.

I interpreted B’s position as a protection against getting closer and against an altogether too intense dependence. I saw that these were important reasons for B to hold on to her conviction that I did not want to comply with her needs. The conviction helped her to keep a distance and served as a lever to brace against her intense yearning for a merging. Analysis with B therefore came to be dominated by her intense yearning to give herself over to a total dependence and an equally intense horror at the thought of letting herself go.

This conflict was staged by her way of dealing with separations. A pattern developed between us whereby B, sometimes a year in advance, wanted to know in detail when I planned to make a break in our work. She claimed to look forward to every such break as a liberation. Most of the time she would go on a trip herself during the breaks in analysis and in such a manner she extended the planned breaks. By going away both in a concrete sense and in her phantasies she tried to take control over the separations but at the same time in her phantasies she also tore apart the rhythm of analysis, all of this as a protection against dependence. Even though I told her that I interpreted her trips as a flight from dependence and a need on her part to assert her independence, this pattern continued.

In contrast to this assertion of independence, her feeling of having been abused during the initial phase of analysis persisted the entire time. Every time we touched upon this phase, filled with desperation and anxiety, we got caught in a form of dialogue that resembled a power struggle. The theme came up time after time and I tried to find some resonance within myself and in the experiences that we had shared so far in analysis. However, neither in our analytic work nor in my way of treating her could I find any source for what had brought to life this cold and rigid person inside her. It seemed that I, unbeknownst to myself, was participating in a drama that neither of us had any real knowledge about.

One way of understanding her position was to say that B on a deeper level needed to deny the significance of her separation trauma in order to endure her place in her existence. Another way to see it was that she goes away on a
trip, i.e. she leaves, instead of passively being left in her phantasies. She seems to have developed a similar pattern in her play with other children.

B describes how she as a little girl went out to play but no one wanted to play with her. Today she understands that the other children were afraid of her, especially since she threw tantrums if she could not be the one to decide exactly how they would play. She gives examples of how she could be sadistically cruel to other children and tells me how she tried to dominate them by forcing them to submit to her instructions in minute detail. Every deviation from the predetermined play script evoked anxiety and rage in her. The other children shunned her since she tried to scare and torment them. B’s interpretation is that she behaved this way because she felt humiliated and afraid of being abandoned. At the same time, she sees today that she set herself up for abandonment when she behaved as she did.

After several years of work, the atmosphere is slowly changed and we get the balance that we need for further work. B notes with surprise that she is functioning more and more adequately in her professional as well as her private life. She no longer feels as full of anxiety or as though she is fleeing from something. She is more and more able to acknowledge her need of my presence. She can appreciate the security that psychoanalysis gives her so that she can take the time she needs to explore her feelings and to think about what she wants. It is obvious that she now uses me and analysis to lean on.

In the week prior to the session that I present below, B has started to reflect over and think back on what it is that has happened to her during the course of analysis. Once again she starts to wonder why I was so mute and distant during the first years of analysis. She was on the edge of a precipice, she points out in an accusing tone, and I did not realize or care how close she was to a catastrophe. B ‘knows’ that I did not understand what she was trying to communicate during the first years of analysis. It was the method of psychoanalysis and my way of being faithful to it that rendered me blind toward her. For B it felt as though I wanted to abide by my rules no matter what and that I would be capable of letting her fall – commit suicide – instead of accommodating her. B perceived that I actually neither could nor wanted to be accessible to her despair or her anxiety. According to B I did not realize that her basic needs had to be satisfied in order for her to endure remaining in analysis. This made her more and more desperate and rendered life meaningless. She observed that it was only after a couple of years that I realized I must meet her halfway. Only then, when she felt understood and mirrored by me, could she think and only then could analysis start to function.
Since this conviction has been expressed at regular intervals without our having been able to change it in any way whatsoever, I am overpowered on this occasion by a sense of resignation. It is clear that we are not reaching each other. I cannot find any space for interpretation or any understanding within myself to show me what is behind her conviction. My feeling is – *This is impossible!* In pure exhaustion I concede that throughout the earlier phases she obviously did not receive what she wanted of me. To my surprise my response fills her with satisfaction. B acknowledges gratefully that now when she has finally made me mirror her, meet her halfway, she can start to think and feel. That possibility comes to a halt whenever she feels frustrated.

The next day, B says:

*I feel calm and at peace inside. Don’t believe this has ever happened to me before. I go to my job without being afraid. Something exceptional must have happened. I’ve thought about what we talked about yesterday. We experienced what happened before so differently. The more I think about it, the more convinced I am that I’m right. You were extremely insensitive and harsh. Completely silent. Mute. You didn’t understand that I needed to hear your voice. It felt like a miracle that I survived. You could have no idea what was going on with me.*

Analyst:

*I can understand that you feel this way. To be sure, a great amount of time has passed now. Even so, I don’t recognize myself in your description and it’s hard for me to understand that picture. Maybe we just have to content ourselves with that?*

B: No! I don’t want to! I know I’m on to something!

B continues by describing how she now feels an entirely different sense of security at her job and in all other aspects of her life. She is no longer so afraid of making a fool of herself. She further adds that her mum seems happier. B believes that her mum has noticed something of the changes that B has gone through and is calmer as a result.

B: I haven’t said anything but I think she understands anyway. She doesn’t need to worry about me any more.

B continues with some small talk about everyday matters and mentions that she visited her mum the previous evening.

B:

*I saw a picture of J. (Her brother, a couple of years older). Mum pinched him so he would get that cute expression on his face. He was only 6 months old. I asked her how she could do that. She said but you know he looked so cute when I did that. But you know that’s sadistic, I said to her. How could*
you? You know it was just for your needs, for your sake. Of course I don’t
know if he’s any the worse for it, or if he remembers it. But I think that was
weird, what mum did.

Analyst: You wonder about your mom, who is so sensitive and so insensitive at the
same time.

B: Yes, I remember when I was very little, before I’d started talking, that I
screamed and screamed, that I had a feeling she didn’t understand what she
needed to do to take care of me. I wanted to be carried both literally and emo-
tionally but she didn’t get it. I was forced to learn to talk so I could tell her
what I needed. Then she got it.

Analyst: You hear what you’re saying? It’s the same as here. The first years I don’t
understand what you’re saying, no matter how much you scream out your de-
spair and anxiety. Then I learn your language and I finally understand you. It
seems like we’re repeating a similar pattern here.

Silence.

B: This is just crazy (with a gesture, starting to cry). How could I? How has this
happened?

This moment marks the first obvious crack in B’s view of me. I am no
longer exactly like her mother. She can see that the qualities of her mother
are also something that she has ascribed to me and transferred to our stage.
The session is thus exceptional in that it marks the first time that B dares to
question her idealized picture of her mother and wonder about what makes
her tick. What did her mum actually want with that pinch? How was she
thinking? Who is she, really and truly? Her critical questions to her mum can
be summarized in the question she directs at me: Why did you treat me that
way? but during this session she connects the question both to me and to her
mother. The parallel with her notion of how she as a one-year-old was forced
to learn to speak, to express herself via a verbal language in order to be un-
derstood, becomes obvious.

During this session a crack appears in her worldview. She starts to examine
her convictions and suddenly discovers new aspects of who her mother is
and of who I am in analysis. We have invested great effort in order to stage
and give form to the insights that she has reached at this point. To my under-
standing, these insights have been lying in wait to be articulated between us.
When we can reflect over our own reactions it becomes possible to under-
stand how B has interpreted all my interventions and my way of being as a
confirmation of her beliefs about the outside world’s inability or indifference when faced with satisfying her basal needs. She can see now that she has treated me like an omnipotent mother who should have access to all the answers to her questions. Since according to her I have not met her basal needs, I have consciously wanted to hurt her and manipulate her. It is this all-powerful mother who subjected her to long separations during a time when she had no possibility of handling them.

For B the relationship with me as her analyst was an exact repetition of the experience she had with her mother. There was no crack, no as if. Nor had B been able up until this point to reflect over the possibility that this repetition represented an experience that she had brought with her into the room. When she suddenly sees the connections between her image of her mother and the traits she has been ascribing to me, she bursts into tears. Her realization comes as a shock to her. Her entire worldview is on the verge of shattering. In this moment she can catch a hint of me as something separate from the conviction that has directed her experiences and she can acknowledge her transference as a transference. With this acknowledgment, she has taken command over a third perspective instead of clinging to her either/or posture. She enters into an unpredictable world, full of uncertainty.

When this surprising moment opens up for new perspectives and brings with it broadened horizons for B, she feels excited but at the same time her delicate psychic balance is threatened. It does not take long for the thought to hit her: My mum can’t be like that! B’s entire inner world resists working through and reflecting over her image of her mother. It is as though her existence depended on her idealized image of her mother remaining intact. What threatens her, as I interpret it, is the latent hatred that could break through in the event that she remained in an ambivalent position toward her mother and her early image of her mother. The emotional bond between her and her mother could then be torn apart, and lead to a separation and a renewed sense of abandonment. Faced with such a threat, she closes herself up again.

How can we understand this fear? We can see it as her way of expressing that she cannot bear the realization of what she has done with her inner psychic life. Nor can she bear the knowledge that her convictions have been built upon the little child’s observations, that these have had command over her life.

B’s fear is mirrored in our psychoanalytic work where B oscillates between being inside the painful insight and protecting herself from it through her convictions that I have treated her exactly as her mother has done, even though the continued work has changed her inner image of her mother. Her denial causes her to remain in confusion concerning her different levels of reality and creates obstacles for the continued analytic work.
Something that occurred several months after the above-described session can serve as an example. For personal reasons I was forced to cancel three sessions with short notice. During my absence B left town impulsively without letting me know. When we see each other again after about two weeks, I notice that we are both perplexed over what has happened.

B:

It felt weird to come back here, as though it were something unfamiliar. I phoned and got your answering machine message that said your office is closed. It feels like a vacuum, like the time we got a day off school and mom forgot it. I went to school and everything was completely deserted, like I was all alone in the world. Where are all the people? The feeling is like my anxiety, a truly visceral thing. Completely deserted, life has no meaning if you’re completely alone. You don’t keep to the schedule, your own private stuff’s more important. Think that you have something, that you do something, you mess around with my times. … No one to take care of me. Everything gets so weird – you get weird, like a new phase of life. I’ve got to re-examine my entire life. …

B continues:

Can’t end analysis, I’ve got to have someone to talk to. There’s a structure so that things can work. I’m making all this effort because I know it’s what I’m supposed to do. It’s not natural for me. Rationally I know what I should do but I don’t feel it. I don’t feel like I’m living a life. Something missing. I’m afraid I’ll lose my frames if I don’t have you. … Nothing I’m saying is unique. …I’m just one in a series of cogs in the system. We’re not equal. Can’t say we – you and I. I’m in such a disadvantaged position.

The following night B dreams:

Last night I dreamt about my dad. He suddenly shows up here again. He had a computer that didn’t have a hard drive. Just a screen he’d bought. I tried to tell him so but he just waved it off dismissively. He didn’t care what I said. He isn’t capable of really taking care of anything. I try to see my mum as good even though she’s the way she is. I’m the one who tries to convince myself since I want to have a positive attitude toward her. The dream makes it like I loved my dad because I want to. My hopes of being loved.

Analyst:

Like the way I treat your appointments, wreak havoc for you, pull up your roots, but you want to hold on to your hopes.

B:

It surprised me that I felt so little irritation with you. I don’t feel it and I think I’m afraid of losing you.

Analyst:

My way of being reminds you of your dad’s self-absorption, that he took up all the space.
B: Yes, he really took up all the space with his dominating personality.

In analysis I have staged a scenario where I as the analyst break the frame by cancelling sessions with short notice. Outside the analysis room B creates a scenario where she leaves town without having planned it, as if she in such a way concretizes a phantasy of what has happened: The analyst suddenly and frivolously has decided to go away. B stages this scenario outside the frame of analysis. B could not bear simply to be left with all the feelings and thoughts that my sudden abandonment would have spurred in her. Instead she leaves town as though it is she who is abandoning me. In such a manner she avoids feeling her dependence. By being active and leaving me for something exciting in her phantasy, she does not need to feel loss. This is her way of playing in analysis.

However, she could not run away from her feelings of abandonment this time. B makes the painful reflection that I represent both a mother whom she must idealize and a self-absorbed father whom she wants to love even though he seems to be indifferent to what is happening to her. He is just an empty screen without content. However, he competes in a boundless way with B for her mother’s attention and thus offers no refuge. In addition, all the others (fellow patients) compete with her for my love. The consequence for B is a feeling of having nowhere to turn since no one meets her intense needs.

It is apparent from B’s narrative that neither her mother nor her father has been able to give her a workable pathway to understanding herself or the world around her. This is reflected in a lack of an emotional link between her parents in her psychic reality. Her mother can send her to school when it is closed without understanding that B’s entire existence is shattered as a result. She is unable to turn to a mental space for reflecting on what is happening to her or to understand her mother’s failure whilst retaining her own integrity (Britton, 2004). She is reminded of this when I notify her of unplanned cancellations just several days in advance. She is then also reminded of her vulnerability, which forces her to protect herself by trying to take over the initiative through skipping analysis for two weeks. She thus stages a scenario where she is abandoned and sent away while at the same time she forces me to wait for her. That way she is the one who has abandoned me and who causes me distress. In retrospect B can express how she wonders who she is in relation to me and how her yearning for closeness threatens to turn into a dependence where she ultimately will lose herself. These are reflections that turn out to have crucial significance for the analysis to come.
To make use of the clinical situation of psychoanalysis

When it comes to the ability to understand a symbolic room and to endure functioning inside it we could note differences between A and B on how they related to its as if quality. In other words, a crucial issue was how A and B, respectively, lay claim to the situation and made use of it as a play situation. By means of a comparison between the two vignettes, I want to approach and pinpoint the demands that the symbolic room places upon the patient and the analyst, respectively, in order for the room’s quality as a psychoanalytic play situation to be upheld.

I begin my comparison by examining how each of the two patients negotiated a shared place into being, a place where psychoanalysis could get off to a start. A prerequisite for this negotiating process, as we have seen, was an intuitive understanding of what a shared commitment entailed. In this context I also intend to discuss how each patient related to the actual and the illusory elements, respectively, of the situation’s asymmetry. This in turn portended how they would deal with the regressive-like phantasies that the psychoanalytic situation releases.

It is reasonable to assume that the difference between them reflects earlier experiences, including the degree to which each of them has had access to tools for play. Empirical studies of how children enter into the realm of play support such a line of reasoning. In analysis both of them staged traumatic experiences rooted in their respective infantile sexualities. The traumatic experiences turned out to influence their space to ‘play’ with respect to the traumatic and showed the fragility of the symbolic room. My thought is that these experiences constituted an important factor in how they later made use of the psychoanalytic situation. An example is how a great part of B’s and my shared work was devoted to the goal of being able to stay inside the tension that the as if quality of psychoanalysis presupposes. This gives rise to important questions concerning the significance and the structure of the room as well as the psychoanalytic situation’s limitations.
The psychoanalytic process oscillates between play and collapse of play and this process is supported by the staying power of the symbolic room. In this context the mutual commitment becomes the force that is supposed to keep the parties together. Using the above line of reasoning as a platform, I would like to reflect further on how we can look at the differences between A and B. Here we must be attentive to the risk that I am begging the question. I am not claiming to see any predetermined causal relationships. Nor do I wish to draw any conclusions here that would presume to show unequivocally that the processes evolving in psychoanalysis are caused by certain traumatic factors in childhood. That would be a simplification. The point I want to make is that childhood experiences put their imprint on an individual’s psychic reality and it is this reality that A and B bring with them into analysis. Psychic reality is the matrix through which we try to understand the processes that evolve. Every psychic reality is the result of unique subjective experiences and every analysis is therefore unique. A’s and B’s differences in the analytic situation mirror their unique experiences and personalities at the same time as the psychoanalytic play situation has within it universal characteristics, with processes that are generally applicable.

To negotiate a symbolic place into being

A task common to all psychoanalysis is the creation of a threshold that indicates a boundary line dividing one reality from another. In establishing this boundary, the question of how the psychoanalytic contract is negotiated and understood comes into focus. Before I discuss this question, I would like to recapitulate briefly how children are in a constant state of negotiation to form a space for play. We assumed that this desire in children was grounded in the need to incorporate the cultural codes that are essential for laying claim to symbolic rooms. We established that children negotiate to be in both an illusory and an actual reality simultaneously and that this participation on different levels of reality demands ongoing negotiations with implicit and metacommunicative means (Janson, 1999). Children signal that This is play by using verbal and non-verbal signs. To let the play go on they must endure the tension between different levels of reality. The aim of the negotiation is thus to create a mutual play area and protect the frail balance between the illusory aspect of the play and an ordinary reality. To dwell inside the tension between these levels of reality is the children’s implicit purpose since that position gives them a possibility to explore limits and as a consequence broaden their horizons.
This model of negotiation is applicable as well to the initial meeting between those who are supposed to enter into a possible future psychoanalysis. Here too we have implicit communication and phantasies of what is going to take place before a possible agreement can be made. A psychoanalytic process thus begins well before the two participants have met. The initial interviews are charged with expectations and phantasies. When the patient actually steps into the consulting-room with all its furnishings, meets the analyst, and interprets his demeanour, the signals produced by this meeting will blend with earlier expectations and notions about what kind of person it is who will help her out of her predicament.

The analyst bears within himself wishes and hopes about what he will be able to achieve in his work. The patient consciously wishes to be cured, but fears the consequences. She has organized a way of being that has been sufficient for her survival thus far, meaning that she brings into analysis her own way of looking at things. Here two separate perspectives confront each other and must converge at some point in order to enable a psychoanalysis. In other words, their respective points of view have to overlap at some level if a mutual ‘play area’ is to be created. The aim of analytic work is to widen this area of analysability. The analyst's task is to feel his way into and to articulate for himself the patient's system of values, where she stands and from which hidden assumptions she is operating, while not losing sight of his own point of view (Joseph, 1992). Consequently, the basis of psychoanalysis consists of a conflict between two methods of cure (Bion, 1970). This model of the analyst’s task in negotiating a common area of psychoanalysis is not a subject of any controversy within psychoanalysis.

To suspend ordinary reality is analogous to a play signal

To be present in a symbolic room means to go from one reality to another in an unquestioning way, i.e. to put ordinary reality in parentheses. The ability to suspend ordinary reality is a general ability that we incorporate as children. We do so through our intense desire to engage in constant negotiations regarding play areas and play scripts, a desire that seems to be a universal characteristic for children in all cultures (Goodman, 1970). Playing becomes then implicitly a tool with whose help we train ourselves for a future in which we will need to cope with being in different cultural rooms, for exam-
ple, a pupil at school, part of an audience at the theatre or a patient at the doctor’s office.

Suspension means that both parties have accepted the existence of the symbolic threshold between an ordinary reality and the room that psychoanalysis invites them to enter. There is then an explicit and an implicit mutuality and accordingly an ability to comprehend and communicate on different levels simultaneously. When I know that I am part of a social context, I also know to a certain degree that my ideas and phantasies are products of my own inner world – my psychic reality. Then I also know and can reflect on the knowledge that a dream is a dream and, moreover, that all these psychic products, dreams, phantasies, ideas and the like are linked to the fact that I have a mind of my own.

Daring to suspend ordinary reality in the psychoanalytic situation is an implicit stance that communicates that one has accepted the conditions that the room demands. This is equal to daring to let loose and enter into one’s phantasies and desires and convey hidden and unarticulated thoughts. For such a step to take place, a feeling of security about the boundary between phantasy and reality must be present. The frame formed around psychoanalysis symbolizes a protective shield ensuring that what comes up inside the frame stays there. The protective frame represents a reference point and comes to symbolize a boundary for what may happen, similar to the limitations of reality. To suspend in psychoanalysis is thus tantamount in this context to having accepted the play signal of psychoanalysis.

If we apply this train of thought to my two vignettes, we note that A was able to remain within herself, looking at things from her own perspective, and yet to have some part of herself allied with me. She implicitly accepted the symbolic room and, with that, the relationship that evolved. A had access to an ability to suspend ordinary reality, to leave that part outside the door. This ability helped her to understand what the situation demanded of her and gave her a freedom to bring her notions into play even though there were long periods when she lost her access to this ability.

For the most part A could also stay inside the situation and endure the ambiguity in our relationship, which mirrored her ability to suspend ordinary reality when she enters into symbolic rooms. We can assume that A’s earlier experiences had significance for her unquestioning access to her inner world as well as for her ability to put her phantasies into form in a creative way on her own or together with others. This ability of hers was also demonstrated when her repetition compulsion was staged in the psychoanalytic situation. Once she had arrived at that point, she was gradually able to realize that her transference was a part of her own inner script.
If we examine how A and B looked at what they brought with them of their own experiences and convictions, we can note an important difference. B came with a demand that whatever she transferred should be understood as something that represented only actual facts. This had consequences for how each of them dealt with the field of force induced by the tension between different levels of reality. To acknowledge a boundary between an external ordinary world and an internal secluded area becomes synonymous with reflecting over and questioning one’s own notions. This possibility evoked anxiety in B.

Together with B, a true negotiation never came into being. Or, we can rather assume that promoting the absence of negotiation was the only way in which B could start an analysis. B presented her psychic difficulties in such a manner. She expressed unabashedly and literally: *Take me now, right away! I can’t stand to wait!* B’s strong impulses prevented her from reading and making use of the implicit codes that are part of the creation of the symbolic room. I let myself more or less unconsciously be seduced into starting out in accordance with the premises that B dictated. Thus we can say that our psychoanalytic stage was rigged from the start.

B both accepted and did not accept the threshold between an outer ordinary reality and an inner symbolic room. Her uncertainty about which sort of room we found ourselves in and her lack of trust in the function of the room contributed to the psychoanalytic frame’s inability to provide adequate protection. B experienced her pressure-exerting thoughts, feelings and desires as entirely too threatening, as though they could be materialized into concrete actions. One consequence of her uncertainty was that she found it difficult to bear and to make use of the tension between actual and illusory asymmetry. She could not get it into her mind that I as the analyst both affirmed her needs and abstained from trying to satisfy them in a concrete way. She could not accept that our relationship was built upon a symbolic satisfaction.

Since B had difficulties in tolerating the tension between actual and illusory asymmetry, she instead tried desperately to convince me that her own method was the only one possible if she was going to get the help she needed. This plea was manifested through her notion that I did not understand her language, just like her mother had not understood her until she herself, according to her picture of what had happened, realized at an early age that she had to use verbal language to express herself. In her mind her own experiences had proven to her that her own method was best when it came to obtaining some form of security. She therefore tried to change my way of being as her analyst so that her inner balance would not be threatened. By making me become the person whom she felt she needed, she hoped she could cure her internal objects (Joseph, 1998). To cling to her own
method and not submit herself to the method of analysis was an attempt on her part to eliminate the potentially provocative differences between herself and me as the analyst. In such a manner she avoided the threat from something unknown.

One way to understand B’s difficulties in making use of the symbolic room was to listen to how she herself understood it. As I listened to her, my interpretations evolved through her narratives about her life story, a life filled with sudden break-ups and infringement of her boundaries. These violations made it impossible for her to build up trust in an internal holding maternal object. She thus could not establish an unquestionable boundary between an internal psychic and an external actual reality. As a consequence, the frame did not turn out to be the protective factor she would have needed in the face of her own intense reactions to every frustration and other painful affects. The ambiguity of the psychoanalytic situation was experienced instead as an unbearable burden.

The way I interpreted B’s narratives and the understanding they manifested, she had felt entirely too pressured by her needs when she was growing up to be able to create a space of her own for playing and phantasizing. Her destructive impulses exerted such a pressure that they obstructed the formation of a structure between an internal subjective world and an external ordinary world, a deficiency that came to compromise her psychic integrity. She never found the space where she could test how it was to play with different perspectives on reality. By puncturing the tension between different levels of reality, she closed herself into an either/or relationship to existence.

**Power play**

My conclusion from the introductory part was that Freud had shaped a clinical situation with an asymmetric relationship that unleashed forces he could not cope with. The asymmetric discrepancy has within it a force that B felt she must disarm. She tried to achieve this goal by saying that she could not bear the differences in our respective commitments. She became obsessed with our different positions, which made it impossible for her to be spontaneous and to go into a deep play with me. Her rigid clinging to her own convictions did not allow me any free play as a psychoanalyst. She saw my analytic position solely as an expression of concrete asymmetry, a sign of an
unshakeable position of power. Consequently, the space for playing with different aspects of reality was blocked.

B carried on a struggle against an ambiguous asymmetry that she experienced as both enticing and potentially catastrophic. Under these circumstances, a power play was her only protection against immersing herself in the intensity of deep play and closeness to the passions of her psychic reality, since such an immersion was associated with something devastating. This dread of the ambiguous was a fundamental reason behind B’s transference of a predetermined script to the psychoanalytic situation. This script contained the power play’s either/or approach to the world in order to make it predictable and controllable.

This oscillation between spontaneous deep play and power play occurs in all kinds of playing. It is thus potentially or explicitly present both in children’s social phantasy play and in psychoanalysis. However, there are crucial differences when it comes to how divergences are taken care of in the respective situations. Åm (1989), for example, makes a fundamental discrimination between deep play and power play. She observed that children involved in social phantasy play left their spontaneous play, and went over to power play, whenever one of the children decided that only his notion of what the script should contain was allowed to be staged. In such a context the child insisted on directing the roles down to the smallest detail and no deviations were tolerated. The other participants were forced to submit to the script he gave them and their play became dull and monotonous. The power play’s purpose was to eradicate the tension of ambiguity and block spontaneous exploration.

However, power play also contains other conflicts, for example, those related to children’s awareness of their differences in status. Play negotiations determine who they are in the eyes of the group. A struggle to see who will have power and who will set the conditions for launching the play script is present in children’s play, even if it does not always come to a head. If it does, the result can be that each child is literally ‘put in its place’ (Janson, 2009). In spite of this, in children’s play the actual differences in social status are informal. Conflicts over asymmetries exist on the fantasy level and are dealt with in play. Playing starts in the imagination through the cue: Let’s pretend that..., and an exploration gets under way that can be the beginning of a lasting friendship, which will have relevance outside the play situation as well (Giffin, 1984; Janson, 2009). In contrast, to be put in place can also lead to painful humiliations. This means that symbolic play with play roles that stage differences in status and power can deal with not only the power relationships in the child’s reality involving a parent but also involving siblings or peers i.e. the children who are playing together. In this context in-
formal differences in power and status constitute an important impetus in children’s explorations, which can bring pleasure and satisfaction but which also may become deeply painful.

If children’s play has its origin in fantasies about differences, a psychoanalysis is initiated on the basis of a formal and real asymmetry. In psychoanalysis, play takes place within a frame with a given asymmetry that propels staging of phantasies rooted in the psychic conflicts of childhood. This leads to a reflecting over the differences between the parties. We can thus postulate that the impetus for childhood play provided by the informal difference has been intuitively formalized in the psychoanalytic situation in order to generate an impetus for the adult to confront the phantasies of his or her own childhood.

The analytic material thus comes from within the patient’s private reality or phantasy world while children obtain their material for playing from the outside, from the collective reality into which those playing are jointly socialized, meaning that they have a shared basic understanding and a shared language for what is going on. Children hence use playing together to participate in and incorporate informal status differences and a common culture. In the psychoanalytic situation the adult makes contact with the reality and conflicts of childhood. In his phantasy he can then confront himself while the child makes use of sociodramatic play to understand and prepare for adulthood.

It is the reality and conflicts of childhood that B cannot bear the thought of approaching. The psychoanalytic room becomes a threat under such circumstances and she tries to nullify its potentiality through her power play. The aim of her struggle is to erase the disparity of the asymmetric relationship. In this way she stamps out her own curiosity, a curiosity that could pose a threat since it could impel her to explore the sources of her own psychic reality. She stops herself rather than confronting her discovery of a sadistic mother. If she were to continue to explore her internal reality, the construction that she has created could collapse. The hatred that she has encapsulated and the destructive forces that she is trying to control could be released and threaten her psychic balance.

Using such a perspective, we can understand B’s insufficient access to psychic tools such as not having at her disposal a spontaneous understanding of implicit codes. She might have access to an ability to communicate on several levels simultaneously in other social contexts but the closeness and confidentiality that psychoanalysis offered her was entirely too threatening. She felt compelled to question the function and the value of the treatment rules. She did not see them as rules that encircle and give structure to a play situa-
tion and rules that can serve as tools for psychic work. To her they were irrelevant elements of a method that was incomprehensible as far as she was concerned, a method that I stuck to whatever the cost. The rules were not guidelines for play but rather concrete and matter-of-fact laws to which she must submit. The structuring components of psychoanalysis were signs of manipulation and evidence of my insensitivity, since I as a psychoanalyst was more interested in psychoanalysis’s internal set of rules and regulations than in showing her the care and attention she needed.

What can a psychoanalytic situation bear?

What I have described above is that both A and B made use of the psychoanalytic room to explore their inner worlds. The room’s play quality came into question in both cases but the oscillation between the different play qualities and the possibility of using this oscillation manifested themselves differently in the respective analyses. In B’s case the question of what the psychoanalytic situation can bear was carried to the extreme. To what extent can we stage and work through a psychic trauma that has threatened fundamental emotional bonds? B’s analysis caused us to reflect over this.

Freud’s own example, the Fort–Da game, can be seen as an allegory for a psychoanalysis. We get a chance to witness a pleasurable exchange that shows that the repetitive game is working. The wooden reel is sent away and comes back. The boy can control his object. If he pulled the string, presto the wooden reel came back. He asks himself Is this correct? Yes! The boy steers his inanimate object that is entirely under his command. He rules the world. But he is gradually going to discover that his mother disappears and comes back without his being able to control her. At that point he will become aware of the difference between an inanimate object and an object with an inner world of her own.

The string in the Fort–Da game is in this case an image for the fragile emotional bond between the child and the people close to him. It is this bond that Freud’s grandson tries to preserve and protect through his manoeuvres in the Fort–Da game. The string is then also an image for how the connection within the boy is maintained despite uncertainty and waiting time. But it is also an indication of how fragile an emotional bond can be. After all, a wooden reel can be controlled whereas the human world is unpredictable.
The urge to be able to control whomever one is dependent on is staged in every analysis and the goal of psychoanalysis is to build up an endurance for the unpredictable in such a relationship. The two vignettes make clear the nature of the demands that the psychoanalytic room places on the parties and show how these demands are reflected in the interaction that evolves.

A conclusion that I reached in the first part of the thesis was that psychoanalysis makes use of the formalized distance between the patient and the analyst as a source of energy for the processes that are going to evolve. This gap between the parties has within it conflicts that demand a solution. The tension thus produced creates an area where play can come into being. The source of play is then the parties’ different desires and notions about what is going on in the room.

It was problematical for B to be present in and to make use of psychoanalysis’s play area, where her reality could be put into form and explored. Instead B protected her fragile boundary by instigating a play for power in the form of a struggle about who would decide on the conditions under which we would ‘play’ together. This was her way of putting a play area into form that was reminiscent of how she was incapable as a little girl of entering into mutual games with other children. She herself detected a continuity between who she was as a child, with her inability to play spontaneously, and the difficulties that she and I wrestled with in analysis. B wanted me as her analyst to be right there for her in the same moment as she needed me. Who I was outside my role as a psychoanalyst was irrelevant. Only in the final phase of analysis did I realize that this pattern corresponded to her most profound experience. She assigned me a role as a mother to a very small child, a mother who would be constantly available for her. However, the problem was that this mother did not understand the language that the daughter used to express her needs. Under such circumstances it was also a problem for us to find a position or a third space, where this predicament could be considered and reflected over.

B could not distance herself from her demands since her experience told her that frustration was synonymous with a total abandonment. Every separation reminded her of an inner world that had been traumatized by broken bonds, breakages that were partially impossible for her to cope with. Certain relationships had exposed her to unbearably severe psychic stress at an entirely too early stage in her life and, as a consequence, every emotional connection that could remind her of these relationships elicited hatred. Every occasion that meant waiting time for someone to resume communicating with her fragmented B’s world, giving rise to an anxiety that made all thinking impossible for her.
The psychoanalytic rhythm of closeness and parting was an enticement and a disappointment. Through the psychoanalytic offer B’s painful experiences were mirrored and the psychoanalytic ‘play’ turned out to be a staging of her childhood conflicts. The fundamental gap between her and me did not serve as a distance that would assist her in phantasizing, dreaming or playing with the products of her imagination but instead tormented her.

B had transformed torment into pleasure early in life in order to make it bearable. Through a secondary eroticization, which was expressed through her sadism and the satisfaction she experienced from getting control over me, she vitalized her inner world. Her narratives confirmed how she as a child and even as an adult felt that she exploited people and that tormenting others gave her satisfaction.

Her repetition compulsion indicates both an unbearable catastrophe and an eroticization of the compulsion, giving it an element of pleasure. However, even though her exertion of power gave her a feeling of omnipotence and pleasure, she experienced the price as being too high. She grieved over her inability to use the psychoanalytic situation to its full extent.

Only after a relatively long period of psychoanalytic work was B in condition to play, but the nature of her play was such that she lost contact with it the moment she became frustrated or experienced anxiety. Nevertheless, for limited periods of time, B did manage to endure the frustration essential for maintaining the degree of uncertainty and tension necessary for creation of psychoanalysis’s third space. Her ability in this regard grew stronger during the course of analysis. At the end of analysis B started to reflect over the differences between us, as evidenced in connection with the unplanned break.

Nevertheless, perhaps her compulsive repetitiveness had within it an element of playing after all, an element that was hidden from both of us. When B leaves town during my unplanned break we can see it as a playing whereby she in her ‘outside analytic’ reality stages the flight that she perhaps phantasizes about in the analytic room. I flee from her and she shows me by means of her actions how she feels about it without its being really understood, at least not by me. Does she perceive on a metacommunicative level that the cancelled sessions threatened our mutual commitment?
Part III
Conclusive discussion

The impetus for this work came initially when I wondered what the clinical situation of psychoanalysis does with the patient. Specifically, I wondered how the way we have structured the situation could be contributing to the transformational processes I have observed.

To investigate this question, I started by asking how Freud’s practice and all-embracing theories fit together. I made the point that Freud never reflected systematically over the design of the clinical situation, but changed it out of pragmatic considerations. His original purpose was to find the cause of hysteria. However, we noted that Freud felt that he was being invaded and seduced by his patients and that the forces thus unleashed were becoming unmanageable. His reaction was to change the function of the couch and his treatment rules, seemingly in an effort to protect his private space and his status. He placed himself out of sight where he could observe the patient’s psychic material.

Now his overriding purpose was to gain access to and information about the patient’s psychic reality. Not looking at each other freed both parties and space was found to observe feelings and thoughts. However, he also discovered that his new way of setting up the psychoanalytic situation awakened another kind of seduction. By placing the patient on a couch where she could not see the analyst, the apparent asymmetric aspect was reinforced and, along with it, infantile phantasies.

At this stage of the development of his method, Freud observed how the clinical situation contained a power of its own that pressed for infantile desires to come to the surface. The infantile longing and processes of internal realization were facilitated and craved an actual implementation.
As is well known, it is problematical to follow how Freud was informed by clinical experience. At this point Freud’s case of the Rat Man took center stage for my argumentation since it illustrated Freud’s way of bringing his clinical method to fruition. We were given a glimpse behind the scenes since we could compare his published case description with the documentation provided by his personal notes. We then became aware of the rift between what he says he is doing and what he actually did. My assumption was that he edited and revised his clinical data in order to bridge over the incompatibilities between the observations he made and the theories he had developed. As a result, the case study appeared to be more consistent than it actually was. By means of the opportunity we were given to examine the inconsistencies that pervaded Freud’s case study, we were also provided with the keys to an understanding of the clinical method’s contradictoriness.

These inconsistencies would continue to exercise influence on the clinical method and on how we structure the clinical situation. Freud tried to enlist the help of clinical recommendations to neutralize the seductive forces unleashed by the clinical situation. His efforts led to a paradox, namely that the patient was invited to enter into a situation where the analyst was supposed to refrain from satisfying the patient’s infantile desires, while at the same time the situation in itself is designed to affirm these very desires. The patient has a ‘parent’s loving arms’ right there behind her head. In this way an asymmetric dimension arose that affirmed infantile desires. To be an adult who is entering into a mutual commitment and to experience oneself as a needy child, both at the same time, creates a tension between actual and illusory asymmetry. The confusion of reality levels that the situation conjures up is analogous to the little child’s predicament.

His empirical clinical experiences thus forced Freud to relativize his stance toward the analyst’s ‘objective’ position and toward the asymmetric aspect of psychoanalysis. Freud’s understanding of the power of the situation was elucidated for us when we saw how he enlisted technical rules to protect the situation’s character and to preserve its inherent tension. My investigation arrived at the conclusion that the internal dissonances of the method are an integral part of the foundation of psychoanalysis. These dissonances must be maintained in order for the method to remain intact (Friedman, 2007).

Freud’s intentions evolved successively to the stage where, with the help of his clinical situation, he aimed to give space to the influence of psychic reality on notions of reality and explore the relationship between the different levels of reality. My supposition was that Freud intuitively adhered to the internal contradictions of his clinical method since they facilitated the dynamics of his intentions.
From this train of thought I framed a tentative hypothesis that the set-up of psychoanalysis’s clinical situation induces an ambiguity about different levels of reality, the purpose being to create a space in the course of the analysis in which this confusion can be analyzed and comprehended. Freud understood implicitly that the patient’s subjectivity cannot be comprehensible without taking the influence of the analyst’s subjectivity into consideration. The analyst can only achieve a desirable level of comprehension by involving his own psychic reality in the process. When he does so, the implications of the asymmetric position change as do the demands upon him. This complexity stems from the way Freud set up his clinical situation and from the intense interplay thus generated.

My investigation came to the conclusion that there exists a conspicuous equivalence between the clinical situation moulded by psychoanalysis and the intimate and spontaneous interaction that characterizes children’s social phantasy play. In both situations an enclosed space is negotiated that gives a protection against a surrounding ordinary reality and in both situations the release of accompanying creative forces is stimulated.

My analogy was based on the assumption that in psychoanalysis, in a like manner to children getting ready to play, the parties negotiate into being a third common area where play can have its beginning. If we look at the psychoanalytic situation as a play situation, we can assume that those involved will mould a common space together that adds something more than each party can shape on his own. Looking at the psychoanalytic situation in this way may thus give us an answer to why analysts have remained faithful to a situation that in many ways would seem to be outdated.

The play situation of children as a universal prototype

Studies in anthropology and developmental psychology (Emde, 1991; Fonagy and Target, 1996; Giffin, 1984; Goodman, 1970; Target and Fonagy, 1996) indicated that children formed and availed themselves of play situations in order to incorporate the tools that are necessary to function in the culture around them. Seen from such a perspective, it seems that the play situation of children constitutes a universal prototype for symbolic rooms.

My assumption was that both the play situation of children and psychoanalysis belong to a cultural family that is based on play phenomena. In both situations we move from an ordinary reality into an extraordinary reality and back again, making it possible to repeat earlier experiences in a new and unique context. This creation of a stage onto which to transfer and convey an
inner world to a symbolic room is a phenomenon that psychoanalysis has in common with for example children’s role-play, the theatre and religious rituals.

We could also observe how children had an immediate understanding of play signals, illustrated by how they via for example body language, context and grammatical peculiarities availed themselves of every opportunity to transform a situation into a symbolic room, where they could immerse themselves in spontaneous play. An implicit task for the child was to establish a boundary between an outer world and an inner world of thought in order to be included as a participant in a social and cultural context. In play they suspended ordinary reality in order to explore the boundaries between different levels of reality. In this way their play became part of a differentiation process. The need to create symbolic rooms without having to have any particular room is incorporated as a cultural code. This central incorporation through children’s play is a universal feature of every culture. (Goodman, 1970)

When we suggested regarding the play situation of children as the prototype of symbolic spaces and the psychoanalytic situation as a specific variant, the discussion of correspondences and deviations between them became relevant for understanding psychoanalysis. Important points of correspondence were related to negotiations purporting to protect a symbolic room, including protection against a surrounding reality. The invitation was made by metacommunicative devices or play signals that parenthesized ordinary reality. In both situations the common task was to try out boundaries between the play area with its phantasy world and the ordinary reality, but this was carried out in different ways in the respective situations.

One important difference was reflected in the significance of the mutual commitment or contract in the respective situations. In children’s play the negotiation was more metaphorical and their play ceased when their interest waned, while those involved in psychoanalysis were tied together by a formalized undertaking. This kind of commitment is meant to keep the situation intact even when there is a strain that pushes the parties away from each other. Furthermore, negotiation and interaction in psychoanalysis took place starting from unequal conditions while, at the same time, a dialogue went on between two autonomous adult individuals and in this sense they were equal. One basic difference was thus that children created a mutual play area essentially as equal parties whereas parties in psychoanalysis negotiated a mutual psychoanalytic play area on the basis of an asymmetric relationship. The ramifications of this asymmetry ran like a red thread throughout the course of the undertaking.
For psychoanalysis, this formalizing component becomes a ‘play’ with factual and illusory asymmetry and a field of tension is created that serves as a sounding board from the moment of psychoanalysis's introductory negotiations until its ending. This fixed difference with predetermined routines between analyst and patient is part of the frame of psychoanalysis, which symbolizes an unchangeable and inexorable reality. Consequently, the psychoanalytic situation encourages the patient to subject himself to the frame, which in its turn promotes the transfer of the internal world of a dependent child.

In order for an illusory verticality to entice a patient into idealizing and recreating an earlier dependency, the difference between the parties must be obvious and the difference must be maintained by means of the specific frame of psychoanalysis. The difference between the parties gives rise to a tension between actual and illusory asymmetry. The psychoanalyst’s main task is then to preserve the psychoanalytic situation’s contradictions as well as the tension aroused by the asymmetry.

The next step in my description of the clinical situation as a play situation was to discuss the psychic tools that were necessary for the patient to have incorporated in order to function inside and avail herself of a symbolic room. Empirical studies as well as research in developmental psychology give evidence that play is not a biological given but rather requires for its establishment an intimate interaction between the child and those close to it (Emde, 1991). As a consequence, by discovering a gap between different conceptual worlds, the child can begin to symbolize. Play is then an expression of the child’s initial gain of access to a tool for symbolization. She/he has access to thought processes that can give language a metaphorical content, i.e. the child can take on a metaperspective toward his own thinking and its relationship to phantasy and outer reality. The child has thereby created an inner third area on the basis of which he can play with different conceptual worlds and examine his own notions of reality as well as form ideas about others’ notions of reality.

Even though an empirical description of the development of children’s thought processes had not yet been formulated when Freud created his own theory about this development, there are obvious points of intersection between his theories and today’s. These intersections are seen if we look at how he formulated his Fundamental Rule. It rested upon the assumption that thinking is born out of reality’s inevitable limitation (Freud, 1911). According to the theory, the child has an inescapable need to have access to another person in order to be satisfied. This early dependency generates wishful fantasies whenever this other person’s accessibility is not immediate. The idea is that the child is forced to be patient and to try to bridge over the frus-
tration that he incurs when the satisfaction of his needs is delayed. He does so with the help of his notions of satisfaction to come. Thinking serves as an attempt to maintain the link to the other, i.e. frustration generates phantasies as the child in his thinking plays with alternative possibilities.

The access to complex thinking gives the child a possibility to acknowledge emotional conflicts and use playing to work with them. In children’s repetitive play, conflicts between different levels of reality are staged over and over again in order to elaborate upon and explore the differences between wishful thinking in psychic reality and the demands of ordinary reality. However, such monomaniac playing could be an expression of a failure to cope as well. That is, when strain and frustration go beyond what the child can cope with, the space for thinking breaks down. In other words, in the play of children we can observe an oscillation between play and interruption of play, an observation that I saw as analogous to the oscillation that I described in the psychoanalytic situation.

In the present work I made use of Freud’s concept of repetition compulsion to describe how an unbearable tension between desire and frustration causes the playful quality of psychoanalysis to come to a halt. Thus, a conclusion was that when a repetition compulsion is staged in analysis, it is an attempt to make the irrational comprehensible. However, the irrational escapes our understanding precisely because this course of events has never been represented on a psychic level. It must therefore be materialized in a specific situation. In other words, it is when the rational understanding breaks down that the explorative area of psychoanalysis makes its entrance (Pöstényi, 1996a).

The course of events could not be made knowable at its onset since strong affects, such as pain and anxiety, never allowed it to take conscious form (Green, 2002). The unconscious hope in the psychoanalytic situation is that the repetitive actualization will finally give the irrational content a meaningful significance and thereby assimilate the course of events into a psychic reality. The task of psychoanalysis is then to invoke the incomprehensible once more and to make it knowable and thus the aim of the explorative process is to transform and assimilate the incomprehensible into something meaningful. That is, the repetition compulsion exerts a pressure to be symbolized and to be made comprehensible and thereby to be assimilated as a knowable experience (Künstlicher, 1994).
The Third Space

The idea of a need to invoke and witness a course of events here and now whose origin consists of undigested experiences in the past led to a discussion of the power of the third, overlapping area the contracting parties create in psychoanalysis. In other words, the psychoanalytic third space was a result of the intersection of the patient’s different perspectives with those of the analyst. This joint area offers a potential space for maintaining a dialectic between the inner and the outer reality, where the question of what comes from the inside and what comes from the outside is held in suspension (Winnicott, 1953; Jemstedt, 2007).

The basis of my theory was that the created third area was a crucial tool to make it possible to examine and work through the non-symbolized remnants manifested through the repetition compulsion. The psychoanalytic technique is built on an empirical approach based on an oscillation between immersing oneself in one’s own subjectivity and critically assessing this subjectivity as seen from without or from a third position, which opens up to various perspectives on the manifestation of psychic reality. A third area is created that could support a mutual explorative space. In this way it serves as a space that would make a bridge between outer and inner reality and between now and the past. In such a context the phenomenon of play becomes a transformational concept.

The process was described in the following way: It was assumed that the staged repetition compulsion consisted of unconscious phantasies rooted in incomprehensible trains of events that had been interpreted by the patient as a child based on the insight that was accessible at the time. Since the experiences concerned something that was inconceivable, they could not be represented and thus had remained unchanged. The primitive interpretations that were the visible remnants of the unconscious phantasies would become observable only when they were staged as a scene in the analytic room. Furthermore, it was assumed that when repetition compulsion was staged in psychoanalysis the quality of playing ceased and the distinction between different ways of thinking faded away. The aim of psychoanalysis was to restore a discrimination between the two ways of thinking, that is, to restore the as if quality of the situation and re-establish the space for self-reflecting.
Consequently, the staged scene could now be investigated from a joint third space that psychoanalysis offered. This third space would then serve as a bridge between past trains of events and current ones. Only then would it become possible for both patient and analyst to understand the little child’s perspective and examine the connections between then and now. The traumatizing elements could finally start to be comprehended and therewith integrated.

The second part of the thesis was empirical and explored what kind of understanding the concept of play could provide in two case vignettes, one where the playing character of the situation was accepted and the other where it was questioned. My overriding question was how each of the patients made use of the potentiality of the symbolic room of psychoanalysis, and the aim was to illuminate the quality of the psychoanalytic play situation by means of these vignettes. An attendant purpose was to investigate the oscillation between the state of playing and the state of repetition compulsion. The focus was on to what extent the participants and the situation could contain the oscillation between playing and repetition compulsion. In that way the demands that the clinical situation put on those involved could be examined.

For both of the patients the repetition compulsion was an expression of something shattered, comparable to a silent scream (Green, 2002) directed at the analyst, who must identify with both the exposed child and with the one who is seeking to come to terms with a deficiency. Both A and B brought such non-symbolized trains of events into the analytic room. When the staging took place, no words were available and the play situation collapsed.

What was being transferred was thus experienced not as past events but rather as something unique here and now, based on the prevailing context. Transference was here not synonymous with a process of recollection but constituted instead an actualization. Both A and B gave form to traumatic experiences in analysis. The trauma was a trauma because it was strongly associated with shattered emotional bonds. In such circumstances it is not necessary to refer to the past (Green, 2002). We could next conclude that the two vignettes gave examples of significant differences when it came to the possibilities of availing oneself of a psychoanalytic ‘play’ situation.

Regarding case A, we observed a transition from repetition compulsion to a play ambience. The question the investigation tried to answer was – What was it in our situation that facilitated this leap from a standstill involving something incomprehensible to a dialogue that was symbolized? In this process we could see how A made use of the joint third space and its invitation to play in order to transform a wordless train of events into workable
material. She could use words that expressed alternative perspectives. In such a manner traumatic events of the past were put into symbolic language and made meaningful.

Our predicament of being stuck in her silence reminded her of the burning teddy bear, which symbolized a link between A and her mother, and by recalling the burning teddy bear A wished to convey that our shared play area was being threatened once again. The teddy bear linked now with then to A and the image and the subsequent associations conveyed to A a rift in her conviction about the nature of reality. The force of our re-established third area made this kind of dialogue possible as it had within it a distancing power that gave A space to look at her own internal world and to see how the past had influenced her. The words that followed served as a language for her internal world and together we could look at the convictions of her internal world from the outside. Thus, our third area became a lever-like tool and with its help a closed world of notions was opened up. Subsequently, it became possible for her to reflect over her different levels of reality. The situation resumed its character of a mutual play area, a place where the distinction and the connection between dream and reality were upheld so that the tension between different levels could be maintained. Our play helped her to let her deep desires negotiate with a prevailing reality and A could use her shattered bonds to tie together her dreams and phantasies. That is, inside this field of tension, A’s narrative reached forward to an understanding of how her experiences had influenced her psychic reality.

At this point, A gained a freedom to express doubts and to examine her contradictory pictures of reality. Facts in themselves were not what were important. What mattered was how she had interpreted what people close to her wanted from her or what they subjected her to. What Freud designates as reality testing in this case became a search for how she should understand her feelings and what she had experienced from others’ actions. This is not founded upon an empirical exactness but rather upon a universal applicability or what I call an experience grounded in truth (Cavell, 1998; Ricoeur, 1977).

A made use of the clinical situation to transform a wordless train of events into an interaction that took place in a shared space; that is, our mutually created space gave us an opportunity to examine what was going on between us. Her move gave me a position from which I as analyst could witness here and now a train of events that had its origin in the past. In this way something that had been incomprehensible for a little child could be rendered comprehensible through the adult’s perspective and experiences. The clinical situation thus served as a bridge in time between the present and the past and in space between an outer and an inner reality.
Unlike A, B could not avail herself of our joint space to a full extent. Instead she insisted on protecting her notions of her psychic reality and she persevered to regard what was being staged as a manifestation of an actual reality. The analytic offer made B experience herself as a child and that made her lose her structures. She literally became the helpless child she experienced herself to be. She was forced to cling to a fixed reality. It was by responding with a power play and ‘forcing’ me to be someone who was unable to understand her and who was indifferent to her that she could protect her delicate psychic balance.

When B had the courage to question her psychic reality she made use of the photograph that called her convictions into question. However, she was unable to make the idealized picture, the smiling child and the beaming mother, go together with the mother who pinches her child to make it look good. She tried to connect her idealized image with the reality she understood, but she sensed at the same time that she would not be able to bear the consequences. She could not allow herself to realize how her convictions had been and were still being built upon wishful thinking, that she was still directed by the little child’s observations and desires to remake reality. The photograph that B conveyed was both a picture and an image that seemed to represent an unbridgeable rift within her.

One momentous obstacle for B was that frustration and anxiety blocked her from hearing what either of us was saying. Accordingly, she could not keep within herself and give herself enough time or space for thinking in the sense of reflecting over what was being said. It was only during limited periods of time that she could bear the uncertainty to a great enough extent to avail herself of the potential space that was offered. Toward the end of analysis, despite all her difficulties, our work in the psychoanalytic situation helped her so that she was able to create a third space from which she could discern that her phantasies resulted from her psychic reality.

The power of the situation induces confusion

To cope with the confusion to which our interplay gave rise, B tried desperately to defend her convictions. In contrast to B, we could note how A made use of my way of listening and maintained both the connection to me and to her inner world. A reacted with her curiosity to the confusion that was aroused when insights dawned on her.

Thus talking about her painful separation became, paradoxically, a link to me and thereby a process of repair. A could start to symbolize that which
had never been symbolized. Via her images A transformed raw facts into meaningful narratives and transported herself from a solipsistic world to a communicable reality. In retrospect it was as if A had preserved her image as a trace from a traumatic phase in her life. It was pending there in her unconscious to serve as an archive, a source for her at some future time, when a possibility would arise to symbolize.

The link between us was a result of our mutual work. I was struggling with the role that was attributed to me and tried to contain feelings of desolation and confusion over what was happening. As I described it, I had a growing feeling that I would not be able to endure her silence much longer. That was the background to my comment You want to torment me. At that moment I took a first step in creating an internal space for reflecting on the seeming deadlock that our interaction had reached. We can assume that A had carried out corresponding internal work and had started to be aware of her own passions and the conflicts those aroused within her. A seed was sown to form links between different internal spaces and thereby a third mental space (Britton, 2004). At that same moment, we noticed how A became surprised by her emotional reactions when confronted with the images that popped up. These reactions verified that a change and an opening in the face of the new had taken place in her psychic reality. The images confused her but it was a confusion that made different aspects of reality accessible for play.

To open up for something strange within oneself always creates confusion and a possible new orientation. What may appear as a regression is a response to the power of the discovery and the force of the situation. When the psychic balance is upset and something new is to be incorporated, a regressive state prevails until the new has gradually been integrated (Britton, 1998). Viewed from this angle, A’s contact with her infantile desires and defeats as well as her confusion gave her a gateway to a progression. What appeared as a regression was her contact with her own phantasies and impulses that gave her new possibilities. Seen in this light, her long silences were her way to resist feeling the original pain and loss that could lead to a mourning process. Once she stopped resisting a mourning process, new insights became accessible to her. Our more dynamic play process was also a sign that she dared to get into contact with difficult sides of her psychic reality, difficult, yes, but ready to give her access to experiences that in their turn would forge the way toward new fields of experience.

A confirmed this line of reasoning and illustrated her progression when she was exposed to new images and perspectives that contradicted the reality notions of her inner world. That is, her confusion forced her to construct words that passed through the narrative’s filter and the narrative became an aid to understanding what she had grasped, that is, her conception of the
world. In this sense narrating was analogous to playing, i.e. the ‘play’ with words became the tool we had at our disposal to reach those fundamental questions that could say something essential about where we find ourselves. Her narratives supported A’s need to incorporate new experiences.

To A, our understanding of the implications of the repetition compulsion opened up for new perspectives and experiences. Her immediate reaction to her own phantasies and impulses might resemble a regression but was instead a precondition for a broadened horizon, in effect a progression. What can appear to be regressive elements can thus be signs of an opening while resistance to regression is a manifestation of blocking forces.

**The psychoanalyst’s task**

A’s and B’s different outlooks and abilities to make use of the psychoanalytic room clearly illustrate the play situation’s power and its limitations. They thus shed light on the demands placed on the two parties. It is what the analyst and the patient together can contain that will secure the bearing capacity of the situation. That brings me to a discussion of my own contribution as an analyst. When I conveyed *You want to torment me* I can in retrospect see that we had recovered a space for reflecting that made A meet me. Before that moment I had been incapable of dealing with A’s silence since it brought to the fore conflicts of my own that I could not bear confronting.

My own unconscious conflicts became an obstacle in the analysis with B as well. She felt on her side on an unconscious level that I could not bear to reject her. It was as though she sought out the unconscious part within me that corresponded to what she herself was wrestling with. To have it ascribed to me that I was a sadistic parent who sends a little child away was beyond what I could identity with. In this respect I ended up on the same level as B, since I lost the capacity to see that my role had within it an *as if* quality. Through my resistance I unconsciously risked acting out the parts that B ascribed to me.

The vignettes served to make clear how the tensions and inner contradictions of the situation were anxiety-provoking for the analyst too. But I think that the conclusion to draw is that the character of the situation requires that the analyst’s unconscious and infantile conflicts are also brought up. To be confronted with his own unconscious conflicts renders an analyst vulnerable and in this respect the dialogue becomes symmetric. This is a crucial part as it is only when the unconscious forces confront each other and communicate that the repetition compulsion reaches fruition and becomes possible to under-
stand. Only then will the deep and painful conflicts be felt in the situation and apprehended as authentic. At this point the analyst fulfils the demand upon him to identify with the destructive elements of the patient’s psychic reality and endure the resulting tensions. That means that repetition compulsion in the psychoanalytic situation is a result of a communication on an unconscious level that can be scrutinized only in retrospect, at which time it can be symbolized and make a change possible.

What the vignettes further elucidated is the impossibility of avoiding moments when the analyst cannot endure the tensions that arise. At such times his own and the situation’s limitations are exposed, which is difficult to accept. Whatever is ambivalent or contradictory is bound to elicit anxiety but it is these rips in the notion of reality that might open up for the unarticulated and the unknown. Seen from this perspective, the analyst’s main task is to protect the situation’s multi-meanings.

This leads to the question that I was trying to investigate, namely what criteria the analyst must fulfil in order to maintain the tension between different levels of reality and between the rational and the irrational. One conclusion was that a part of the analyst’s task was to be both an authority and an empathetic listener who is open to subordinating himself to the role that the patient’s psychic reality ascribes to him. It is from the analytic position and the stance that it contains within it that the analyst receives support to endure the uncertainty over what is going to take place. That is to say, he must both maintain the difference between the parties and be prepared to enter into the processes that arise, meaning that he is open to whatever is ascribed to him. According to my theory, the analyst has then accepted the conditions of play and has shown the patient that he has done so. In other words, the situation’s incompatibilities must be upheld, these incompatibilities being the tensions that arise out of the situation’s paradoxes, such as the asymmetry’s illusory and actual elements.

As was shown, Freud wrestled with these problems and he tried to master the forces that arose by changing the technical rules. Both Freud and his associates wrestled with the deficiencies of the method and tried to revise it based on the difficulties that emerged. This endeavour to expand the area of psychoanalysis has had both creative and detrimental consequences.

My understanding of Freud’s own conclusions was that the analyst’s position contained within it an authoritative aspect as well as an aspect calling for the analyst to maintain the situation’s opening as if quality. Freud made precise rules based on his own experiences, and he emphasized that the analyst must avoid slipping into a concrete authority role, which would give the situation a rigid, closed quality.
The clinical situation’s character is dependent upon and tainted by the analyst’s picture of his own position and how he understands and makes use of the implications of the technical rules that are meant to keep the method intact. The analyst’s implicit and partially unconscious theories are a part of the expectations, most often invisible, that come to guide the patient. The individual analyst’s clinical experiences can open up for a deeper understanding of the method and lead to a conscious exploration of the clinical situation’s possibilities and limitations. However, the method’s character is also such that the analyst’s wishes and hopes will break through in an unconscious way.

The analyst’s main obligation is to reflect on these transgressions, provided of course that he is sufficiently perceptive and self-critical to be aware of them. This brings me to a reasoning around different models of analogy that we use in psychoanalysis and how they sometimes have as a source such wishes and utopian hopes as risk erasing the boundary between an as if and a concrete attitude. The history of psychoanalysis is indeed decked with utopian notions, where the boundaries between what the analyst is ascribed to be and what he believes himself to be are diffuse. Evidently, the analyst’s unconscious notions about what he can do for the patient will steer their mutual work. The patient tries to adapt herself in accordance with the analyst’s understanding and non-understanding and his desire for positive feedback. The pressure exerted by the patient’s deep and basic needs can make the analyst believe that he actually can be the one who truly understands what the patient needs.

S. Ferenczi, for example, believed that the analyst risked repeating his patient’s childhood trauma by appearing to be unmoved, keeping all his senses neutral. In this way the analyst threatened to become a repeat of the indifferent parent. The analyst should instead show via his demeanour that he understands and through his understanding he could serve as a better object than the one whom the patient has experienced. Ferenczi identified with the hurt child and believed that the analyst should protect the child within the adult from a repetition of her trauma (Ferenczi, 1932).

Ferenczi tested the boundaries for what the clinical situation could bear. His boundary breaking did indeed lead to pioneering clinical discoveries, which took on great significance for the understanding of traumatized patients. However, his boundary breaking also gave rise to other clinical problems, such as difficulties keeping actual and illusory asymmetry separated. The difference between himself and the patient was in danger of being obliterated, which put the patient’s integrity, the very thing Ferenczi wanted to protect, at risk.
Another theorist who has had great significance for psychoanalytic thinking is Winnicott. He apprehended playing as an activity of primary importance in the psychoanalytic situation that was indispensable for therapeutic success (Anderegg, 1989). But the kind of playing he meant had as a prototype playing between the small child and his mother. He used this model to describe the frame of psychoanalysis. It was analogous to the silent and unquestionable loving mother’s embrace (1967). The analyst should be equivalent to a mother who ‘holds’ an infant totally dependent on her care and attention in order to survive and to flourish. In such a context the patient was to be allowed to dream and feel and be in the other’s – the mother’s – presence, while she could be trusted to be is listening with total attentiveness. Winnicott made use of this image when he regarded the analytic situation as analogous to the way a mother creates illusions, whereby the little baby creates its world based on its needs. The child’s illusion that it is creating the reality it needs all by itself is seen by Winnicott as analogous to the psychoanalytic room, a room that is transformed into an illusory room where wishes and wish fulfilment are allowed to prevail as in a dream (1958, p. 239). His paradox is an element of the pact that we as analytic pairs make to the effect that we will not break the illusion. If we did, we would ruin our play, so we hold on, just as we must accept the illusion of the theatre so that we can immerse ourselves in the theatre play.

Winnicott’s description of the psychoanalytic situation is in line with the theory that I have tried to construct here. However, there is reason to underscore that Winnicott at times idealizes the mother’s loving arms. Upon a careful reading of Winnicott’s clinical applications, we discern elements of normative rules concerning what stance the psychoanalyst should take (Philips, 1994). It is as if his attractive metaphors seduce the analyst to use them not only as an image for the psychoanalytic situation but as a norm and a model for clinical work as well. It seems that Winnicott believes that the analyst should look to mothers for information on what he should do. Consequently, in order to follow the model of the good-enough mother, the analyst must be prepared to supplement or replace ordinary analytic technique with a different way of working (Spurling, 2008). For him, psychoanalysis is not seen as a new way to understand the practice of motherhood but instead the practice of motherhood is used to understand psychoanalysis (Phillips, 1994). That is, he idealizes motherhood and seeks in mothers the answers to what the patient needs. That means, the patient basic needs become the principal consideration, overriding all other determinants. The analyst appears to see himself under pressure to prove to the patient that he is first and foremost equivalent to a trustworthy mother (Spurling, 2008), or as Winnicott himself puts it:
In the extreme case the therapist would need to go to the patient and actively present good mothering, an experience that could not have been expected by the patient (1955: 17).

Thus Winnicott recommends the disregarding of ordinary analytic technique in order to fulfil the patient’s basic needs. Although it is unclear what Winnicott means by “ordinary analytic technique”, it seems to be a well-known argument in his time. My conjecture is that he was critical of the frustration that patients had to endure, and that he regarded the ordinary technique as inadequate for patients who were difficult to reach. Winnicott’s theory of therapeutic action implied a conviction that what went wrong in the past – where the environment failed to hold or protect the person – may be re-experienced, with the individual in a regressed state, but now in an environment which is making adequate provision. An illustration of what Winnicott may have meant with the concept of holding is given by Margaret Little in her account of being in analysis with Winnicott:

D.W. used the word ‘holding’ both metaphorically and literally. Metaphorically he was ‘holding the situation’, giving support, keeping contact on every level with whatever was going on, in and around the patient and in the relationship to him.

Literally, through many long hours he held my two hands clasped between his, almost like an umbilical cord, while I lay, often hidden beneath the blanket, silent, inert, withdrawn, in panic, rage or tears, asleep and sometimes dreaming. Sometimes he would become drowsy, fall asleep and wake with a jerk, to which I would react with anger, terrified and feeling as if I had been hit. He has himself described such sessions (1970). He must have suffered much boredom and exhaustion in these hours, and sometimes even pain in his hands. We could speak of it later.

‘Holding’, of which ‘management’ was always a part, meant taking full responsibility, supplying whatever ego strength a patient could not find in himself, and withdrawing it gradually as the patient could take over on his own. In other words, providing the ‘facilitating environment’ (1965), where it was safe to be. (Little, 1985:21)

Analysts should strive to shape themselves in the image of a devoted and nurturing mother holding or containing her helpless and dependent infant. In this model playing between a mother and her growing child represents the real play. In this context Winnicott does not make a clear distinction between the play that evolves between a little child and its caregiver on the one hand and the play between equal playmates of the same age or between two adults in psychoanalysis on the other (Mayes and Spence, 1994).

I use the examples of Ferenczi and Winnicott as they are clinical theorists who have had significant impact on psychoanalytic understanding of the clinical method and they make us mindful of a general problem within psychoanalysis. If analogies are not used as pictures for how we can describe the interplay in the psychoanalytic situation but instead as concrete sugges-
tions for how we should act, the analyst is transformed into a new parent. This time the parent is supposed to be an improvement. Seen thus, the analogy is transformed into a concretization of the analyst’s utopian notions about himself. The idea of the ‘good-enough analyst’ becomes a part of the analyst’s phantasies.

The consequence may be that the patient adapts herself to the analyst’s need to be a ‘good-enough parent’ and then the parent that the patient experienced in her psychic reality will not be allowed to be staged. Further, this attitude on the analyst’s side confounds needs with passions and desires such as wishes, love, envy and hate.

If analogy models are transformed into becoming a part of the analyst’s phantasies, the model becomes a part of the analyst’s implicit theories that he does not reflect over. Instead, the implicit model might drive him to formulate repetitive interpretations and stereotypes. The rules of treatment are no longer guidelines but rather laws and interpretations that push the parties apart instead of uniting them.

The analyst like everyone else is steered by his unconscious desires, perpetually tempting him to go outside the criteria that are supposed to direct his role. As already underscored this kind of transgression is an unavoidable part of the analytic work and the analyst’s task consists of trying to understand these excesses and not idealize them or create new theories out of them. The paradox is that the analyst, through allowing himself to be made into the object that is ascribed to him, can become a new and more loving object. However, trying to be a new and better object means that he evades the task of analysing.

To this argument one must add that lively interest has been devoted to questioning the fundamentals of the clinical theory of psychoanalysis, to be sure. Rather it is the lack of critical scrutiny that has been the problem. Unfortunately what Freud saw as part of a probing and scrutinizing approach came for many reasons to be treated as laws for his successors. The technical rules were used to provide security in an uncertain and contradictory situation. The inconsistencies and contradictions with which Freud wrestled have therefore been built in as a part of the psychoanalytic frame in a non-reflected way.

My assumption is that the taking of the structure of the clinical situation for granted paves the way for all kinds of experiments that undermine the play situation. The principal conclusion one may infer is – the analyst’s task is to hold the clinical situation together and preserve all its multi-meanings. If the
analyst can endure functioning inside ambiguity, he will also exert pressure on the patient to demonstrate something that is connected to holding or protecting the place, i.e. the relationship. To endure functioning inside ambiguity and at the same time to position oneself on the sidelines of it are ways of living up to the commitment. Holding is then synonymous with a holding concept that is a third position and that creates a metalevel, i.e. a third area. To try to be giving, supporting or demanding belongs to another room. We can make a comparison here with the way children’s shared phantasy play collapses if the pretend agreement is not kept or if a giving or demanding adult crowds himself in.

The conclusion of this study informs us that it is impossible to avoid the permeation place – the relationship – by the analyst’s desires and idiosyncrasies. The analyst’s task is to want to preserve this field as a force against having his own subjective wishes fulfilled. The only way to accomplish this is through self-reflection.

**Psychoanalysis organizes a situation that speaks to a profound need**

My all-embracing question was – Where could it lead me if I look at the psychoanalytic situation as a play situation? What does the play concept bring with it? My thesis was that to be in a play situation does something to those involved that they can not control; that is, the structures of the clinical situation of psychoanalysis encompass something that contributes to transforming processes.

Children spontaneously seek out opportunities to plunge into phantasy play that helps them to cope with and endure reality. Playing gives them access to a transposed and invented reality, where they can re-combine its pieces and create a potential existence (Green, 2005). Play gives children a chance to activate themselves within a mental space where they can look at the world from different angles and where they are allowed to stay in their phantasy world. Children at play do not need to ask themselves whose reality it is since they have within themselves a clear understanding of the distinction and do not feel threatened by an unravelling. In this way children gain a from-the-outside perspective that enables them to incorporate new dimensions of their own reality. That is, by suspending ordinary reality and leaving rational goals aside, they get access to a third area that functions as a lever, making it possible to turn conventional perspectives upside down and dis-
cover surprising angles of approach. These new angles in turn make it possible to incorporate new and surprising viewpoints. Their play is a task to achieve integration that is assumed to be of a universal character and an integral part of human cultural activity.

The assumption of this study was that creating a play area or a mutual third space will serve as a battering ram to bring about a rift in perspectives that have been taken for granted. Play becomes here a relational and a transformational concept. The conclusion was that psychoanalysis organizes a clinical situation that speaks to a profound and universal human need and that it is an application of the play situation of children. The latter hones essential tools for integrating prevailing cultural codes.

By availing myself of the play concept and play analysis, I have gained a from-the-outside perspective on the psychoanalytic situation. This insight has helped me in a new way to gain a deeper understanding of the clinical processes of psychoanalysis. From this perspective we find ourselves in the universal playroom as researcher – artist – patient – psychoanalyst. Common to all of us is that we use play; we play with thoughts and perspectives. Seen from this angle, the shared psychoanalytic work serves as a form of research expedition.
Summary

The set-up of the clinical situation of psychoanalysis seems to contain elements that have a deep impact on the patient. I made this observation time after time and I started to wonder how the way we have structured the situation could be contributing to the transformational processes I have witnessed. I found that the clinical situation shows important similarities to the space for play that children negotiate when they want to immerse themselves in mutual phantasy play. While playing they explore different levels of reality and use their imaginations in order to investigate the potentialities and the limits of these reality. In both situations spontaneous processes emerge that are relatively predictable as to form and totally unpredictable as to content and in both cases a symbolic space is formed through rituals and rules.

These correspondences led me to ask what the consequences would be if I regarded the psychoanalytic situation as a play situation. I wondered if the knowledge gained from such an approach might contribute to a better understanding of our clinical experiences and help us identify and elucidate the transformational factors in psychoanalysis.

My thesis was that to be in a play situation does something to those involved that they cannot control; that is, the structures of the clinical situation of psychoanalysis encompass something that contributes to transforming processes. Consequently, one overall purpose of the present study is to explore the psychoanalytic situation as a play situation.

In the first part, I give a picture of my understanding of Freud’s reasons for shaping his clinical situation as he did. My intention here is to provide a background to why analysts have remained faithful to a situation that in many ways seems to be outdated.

Freud never reflected systematically over the design of the clinical situation, but changed it out of pragmatic considerations. His initial ambitions to cure his female patients of hysteria gave him clinical experiences of how the clinical situation contained a power of its own. This power pressed infantile desires and longing to the surface and gave rise to processes of internal realization that craved an actual implementation.

At this point Freud’s case of the Rat Man took center stage for my argumentation since it illustrated Freud’s way of bringing his clinical method to fruition. We were given a glimpse behind the scenes since we could compare his published case description with the documentation provided by his personal notes. A critical scrutiny revealed a rift between what he says he was doing
and what he actually did. My assumption was that he edited and revised his clinical data in order to bridge over the incompatibilities between the observations he made and the theories he had developed. The inquiry gave us keys to an understanding of the clinical method’s contradictoriness.

It was suggested that the situation’s very contradictoriness and ambiguity constituted a power in a manner that Freud could not foresee. Further, it was supposed that Freud intuitively adhered to the internal contradictions of his clinical method since they facilitated the dynamics of his intentions, i.e. to explore the relationship between the different levels of reality.

A tentative hypothesis was framed that the set-up of psychoanalysis’s clinical situation induces an ambiguity about different levels of reality, the purpose being to create a space in the course of the analysis in which this confusion can be analyzed and comprehended.

The investigation came to the conclusion that there exists a conspicuous equivalence between the clinical situation moulded by psychoanalysis and the intimate and spontaneous interaction that characterizes children’s social phantasy play. In both situations an enclosed space is negotiated – a symbolic room that gives a protection against a surrounding ordinary reality, making it possible to repeat earlier experiences in a new and unique context within a space created in order to explore the boundaries between different levels of reality.

The need to create symbolic rooms in order to play without having to have any particular room is incorporated as a cultural code that seems to be a universal feature of every culture (Goodman, 1970).

This proposal concerning incorporation is supported by developmental psychological models that are based on a universal interaction between the small child and those closest to him. (Emde, 1991; Fonagy and Target, 1996; Gergely and Watson, 1996; Giffin, 1984; Target and Fonagy, 1996).

The issue of what connects the universal play situation of children on the one hand, with the specific psychoanalytic situation on the other, makes a point of departure from which to approach and investigate the field of inquiry. Points of correspondence and deviation between the two situations are explored. The asymmetry between the participants in psychoanalysis has a crucial position for my reasoning. Initially the traditional doctor–patient relationship implied a position of authority that was taken for granted, but this classic attitude toward the asymmetric aspect of psychoanalysis became undermined by the complex processes that grew out of the interaction between the analyst and the patient.

Consequently, the complicated issue of the asymmetric relationship between patient and analyst is dealt with throughout this work, especially as that aspect in a fundamental way distinguishes play in the psychoanalytic context from the mutual play situation of children.

This important difference was reflected in the significance of the mutual commitment or contract in the respective situations. Children created a mu-
tual play area basically as equal parties whereas parties in psychoanalysis negotiated a mutual psychoanalytic play area on the basis of an asymmetric relationship. In children's play the negotiation was more metaphorical and their play ceased when their interest waned, while those involved in psychoanalysis were tied together by a formalized undertaking. The formalizing component becomes a 'play' with factual and illusory asymmetry that generates a field of tension. This serves as a sounding board from the moment of psychoanalysis's introductory negotiations until its ending. A third area is created that supports a mutual explorative space that in its turn makes a bridge between outer and inner reality and between now and the past. In such a context the phenomenon of play becomes a transformational concept.

The second part of the thesis was empirical and centered on what kind of understanding the concept of play could provide in two case vignettes, one where the playing character of the situation was accepted and the other where it was questioned.

In order to distinguish a play situation from a non-play situation the concept of repetition compulsion was used. It describes how an unbearable tension between desire and frustration causes the playful quality of psychoanalysis to come to a halt. It was assumed that the staged repetition compulsion consisted of unconscious phantasies rooted in incomprehensible trains of events that had been interpreted by the patient as a child based on the insight that was accessible at the time. Since the experiences concerned something that was inconceivable, they could not be represented and thus had remained unchanged. The primitive interpretations that were the visible remnants of the unconscious phantasies would become observable only when they were staged as a scene in the analytic room. When repetition compulsion was staged in psychoanalysis the quality of playing ceased and the discrimination between different ways of thinking stopped. The aim of psychoanalysis was to restore a discrimination between the two ways of thinking, that is, to restore the as if quality of the situation and re-establish the space for self-reflecting.

For patient A in the first vignette, the intensity and rhythm of psychoanalysis with presence and parting brought about infantile wishes that we initially coped with in a usual psychoanalytic mode. When the pressure increased the boundary between phantasy and actuality became blurred and A’s psychic reality invaded our entire reality. Long periods of silence threatened the psychoanalytic undertaking.

It is described how A made use of the clinical situation to transform a wordless train of events into an image. The force of our re-established third area gave A space to look at her own internal world and to see how the past had influenced her. The situation resumed its character of a mutual play area, a place where the distinction and the connection between dream and reality were upheld so that the tension between different levels could be maintained.
Together we could discern the little girl’s horizon and her raster of prospective understanding based on her infantile wishes. We both were able to discern how we had been drawn into her repetition compulsion. This could happen only if certain central elements of the psychoanalytic situation remained intact.

The second vignette, in which B is presented, is used to illustrate some of the problems that arose when the psychoanalytic frame was not something we could take for granted. The issue of what bearing this has upon the psychoanalyst’s position is examined.

Daring to suspend ordinary reality in the psychoanalytic situation is an implicit stance that communicates that the patient has accepted the conditions that the room claims. B had difficulties in accepting the threshold between an outer ordinary reality and an inner symbolic room. Her uncertainty about which sort of room we found ourselves in and her lack of trust in the function of the room contributed to the psychoanalytic frame’s inability to provide adequate protection. She tried desperately to convince me that her own method was the only one possible in order for her to get the help she needed. The central goal of her method was to change my way of being as her analyst to become the person whom she felt could cure her internal objects (Joseph, 1998).

Under these circumstances, a power play was her only protection against immersing herself in the intensity of deep play and closeness to the passions of her psychic reality, since this was associated with something devastating. Her script contained the power play’s either/or approach to the world in order to make it predictable and controllable.

The two vignettes shed light on the nature of the demands that the psychoanalytic room places on the parties and how these demands are reflected in the interaction that evolves. Both cases raised the question of what the psychoanalytic situation can bear and to what extent we can stage and work through a psychic trauma that has threatened fundamental emotional bonds. What the vignettes further elucidated is the impossibility of avoiding moments when the analyst cannot endure the tensions that arise and his unconscious and infantile conflicts are also brought up. At such times his own and the situation’s limitations are exposed. This is a crucial part as it is only when the unconscious forces confront each other and communicate that the repetition compulsion reaches fruition and becomes possible to understand. That means that repetition compulsion in the psychoanalytic situation is a result of a communication on an unconscious level that can be scrutinized only in retrospect, at which time it can be symbolized and make a change possible.

This led to the question of what criteria the analyst must fulfil in order to maintain the tension between different levels of reality and between the rational and the irrational. It was concluded here that the incompatibilities that
arise out of the situation’s paradoxes, such as the asymmetry’s illusory and actual elements, must be upheld.

The analyst’s implicit and partially unconscious theories are a part of the expectations that come to guide the patient. That is, the method’s character is such that the analyst’s wishes and hopes will break through in an unconscious way. The analyst’s main obligation is to reflect on these transgressions, provided he makes himself aware of them, which is the first step. These observations about the analyst’s unconscious powers and hence his concomitant obligations brought me to a reasoning around different models of analogy that we use in psychoanalysis and how they sometimes have as a source such wishes and utopian hopes as risk to erase the boundary between an as if and a concrete attitude.

Both Freud and his associates wrestled with the deficiencies of the method and tried to revise it based on the difficulties that emerged. This endeavour to expand the area of psychoanalysis has had both creative and detrimental consequences. The history of psychoanalysis is indeed decked with utopian notions, where the boundaries between what the analyst is ascribed to be and what he believes himself to be are diffuse.

The examples of Ferenczi and Winnicott are used as they are clinical theorists who have had significant impact on the psychoanalytic understanding of the clinical method and they inadvertently expose a general problem within psychoanalysis. If analogies are used not as pictures for how we can describe the interplay in the psychoanalytic situation but instead as concrete suggestions for how we should act, the analyst is transformed into a new parent.

If analogy models are transformed into becoming a part of the analyst’s phantasies, the model becomes a part of the analyst’s implicit theories that he does not reflect over. As already underscored this kind of transgression is an unavoidable part of the analytic work and the analyst’s task consists of trying to understand these excesses and not idealize them or create new theories out of them.

The conclusion of this study informs us that it is impossible to avoid the permeation of the place – the relationship – by the analyst’s desires and idiosyncrasies. The analyst’s task is to want to preserve this field as a force against having his own subjective wishes fulfilled. The only way to accomplish this is through self-reflection.

The assumption of this study was that creating a play area or a mutual third space will serve as a battering ram to bring about a rift in perspectives that have been taken for granted. Play becomes here a relational and a transformational concept.

The most comprehensive conclusion of the study is that psychoanalysis organizes a clinical situation that speaks to a profound and universal human need and that it is an application of the play situation of children.
References


Ferenczi, S (1932) Confusion of the Tongues Between the Adults and the Child Published 1949 in *Int. J. Psycho-Anal.*, 30:225-230


Freud, S (1953-74) *The standard edition of the complete psychological works* (J. Strachey, Ed. and Trans.) 24 vols. London: Hogarth Press. All the following references to this edition (SE) will be by volume and page.


Freud, S (1912); *The dynamic of transference* SE 12: 97-108


Freud, S (1920) *Beyond the pleasure principle* S.E. 18: 7-64 London: Hogarth Press

Freud, S (1937) *Constructions in Analysis* S.E. 23: 255-270


Green, A (2005) *Play and reflection in Donald Winnicott’s writings* London: Karnac


Janson, U. (2009) Personal communication


Little, M (1985) Winnicott working in areas where Psychotic Anxieties predominate. Free Associations, 1D:9-42


Modell, H. A (1990) Other Times, Other Realities Harvard University Press


Pöstényi, A (1996b) *Teorins funktion* (The function of the theory) Unpublished paper


Åm, E. (1989) På jakt etter barneperspektivet (Hunting for children’s perspective) Universitetsforlaget AS, Oslo