WHY THE COUCH?

Remarks on some of its functions and meanings

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Introduction

As a start, I use the simple statement of the analytic situation by Bleger who defined the psychoanalytic situation as "the totality of phenomena included in the therapeutic relationship between the analyst and the patient. This situation comprises phenomena which constitute a *process* that is studied, analysed, and interpreted; but it also includes a *frame,* that is to say, a "non-process", in the sense that it is made up of constants within whose bounds the process takes place" (1966, p.511). This non-process part refers to the arrangements made, the consulting room and its characteristics, the couch and the 'rules' that govern the treatment. However, this definition tries to separate two aspects that in fact cannot be divided, because there is an intimate relationship between these two components. After all, the so-called constants of the setting become invested with meaning and consequently are integral parts of the analytic relationship and process. Moreover, the setting is also something that is alive in the mind of the analyst and the manner in which he or she sees it and deals with it is a significant part of analytic functioning.

Many analysts these days consider the couch as irrelevant and there are many more people outside our profession, e.g. psychologists, psychiatrists and psychotherapists in other fields, who proclaim that our use of the couch is fetishistic, obsolete or nonsensical. I think that we should be aware that much of this criticism is based on personal negative experiences, anxieties, ambivalence about own competency or just pure ignorance. I am convinced that the couch is an indispensable tool in the process of reaching the unconscious and in minimising the risk of suggestion and manipulation. This makes me take the couch as a subject for a paper and in doing so we are immediately confronted with a dilemma.

Indeed, the couch is a material thing in the consulting room of the analyst, one of the tools of the trade as Anna Freud said, but at the same time it is a carrier of multiple meanings and a symbol for clinical psychoanalysis as a whole. Every well-informed layman and the cartoonist knows this. If the couch 'represents' psychoanalysis, it evidently cannot be isolated from everything that happens or might happen in the treatment. Consequently, we have to take into account that there are factual and symbolic meanings of the couch. It is a unique feature in a profession that you undergo the treatment which you later practice, so we know the couch from our own experience lying on it and also from sitting behind it. In a presentation on analysis and re-analysis on a conference in New York the speaker said: 'imagine that brainsurgeons had to do the same thing' (Meyer, 2007).

Of course, the couch has been the subject of many publications starting with Freud (e.g., Freud, 1913; Rosenbaum, 1967; Stern, 1978; Aruffo, 1995), and I can only add to these communications my strong personal opinion that the couch in combination with the basic rule (which is in my view the only rule) is not only essential for psychoanalysis but even more, that it is a constituent part of the psychoanalytic situation. In order to elucidate this I have to go into a more detailed discussion of characteristics of the psychoanalytic setting and to present my opinion on the difference between psychoanalytic psychotherapy and clinical psychoanalysis in this respect. Further on, I will speak about some aspects of the couch in material and psychic reality, about specific meanings it can have for the analysand, and I conclude with some functions it has for the analyst in modern psychoanalysis.

The couch as part of the psychoanalytic setting

I am going to elaborate on three relevant issues. First, the function of the couch, second, a difference in the setting between (psychoanalytic) psychotherapy and psychoanalysis and third, the status of the basic rule.

The couch is one of the variables of the psychoanalytic set-up and by that, it is intrinsically connected with the objectives of analysis, with psychoanalytic technique and with management of the treatment. Expressed in the most simple terms: the couch is connected with what I think that somebody can achieve and with what I think we can achieve together, and in line with that with everything that I say and do as an analyst. After all, seeing an analysand on the couch today who was here yesterday and will be here tomorrow and after tomorrow, I can decide not to say something or to say something different compared with a situation in which, for example, I see a patient only once a week who is sitting in a chair opposite to me. This idea to be able to achieve something, let us say to achieve something specific in analytical terms, is of course intimately connected with what I suppose a patient is in need of or what is necessary to make the problems reachable and treatable, combined with his or her capacities in order to be able to profit from the analytic situation. We both have to come to the conclusion that psychoanalysis is the treatment of choice at this moment in the patient's life.

On several levels there are similarities and differences between psychotherapy and psychoanalysis. I believe it is possible to say that in a psychotherapy a psychoanalytic process can develop, to some extent comparable to but not identical with the process in psychoanalysis. This will mainly depend on specific patient characteristics and qualities, the special arrangement made and the objectives defined by the patient-therapist couple. I reject the idea of a continuum between psychotherapy and psychoanalysis, as if with the increase of frequency in the face-to-face setting a psychotherapeutic treatment approaches psychoanalysis. On the contrary, in my view psychoanalysis is different from psychotherapy, the latter having its own methods and goals. Just to be perfectly

clear, I do not say that it is better or higher or the pure gold, but that it is essentially different. This is linked with treatment goals, the couch, the recumbent position of the patient, the analyst being out of sight, the rule of free association, the high frequency of sessions and in particular the levels of mental and emotional functioning of both participants.

Of course, the couch and free association are not goals in itself (Aruffo, 1995) and that is one of the reasons why it is artificial to separate the couch and its use from the whole complex of the analytic setting and process. When we do this nonetheless, I hold that the couch is constituting for psychoanalysis in the sense that it creates conditions for a special sort of behaviour of the participants, and you have to interpret behaviour as including intrapsychic and interpsychic behaviour. We can say this because the couch is inextricably bound up with the fundamental rule. I know that in the past and up till now many see the variables of the setting as extrinsic (Gill, 1994), which makes the couch a pseudo-instrument, something accidental and secondary. However, the invitation to the patient in psychoanalysis belongs to another realm compared with what we ask from a patient in psychotherapy, and this has everything to do with the formal set-up in the room and the couch.

Thirdly, psychoanalysis is not a punitive expedition, the analysand having to satisfy implicit or explicit requirements and rules imposed by the analyst. We ask the patient to free associate (the 'freedom' in this is questionable from a certain point of view). I do not conceive this, like Freud, as a requirement because otherwise all the riff-raff of the town would collect in any one point where the right of asylum existed. For me, it has more the character of an invitation. We can take this as an invitation to play, for example in the sense Winnicott did: psychoanalysis as a highly specialised form of play in the service of communication with oneself and others. I prefer to say to a patient: 'You can say here everything you want', or 'This is a place where you can try to say what comes to mind'. It was Margaret Little who formulated the basic rule in this way half a century after Freud, with the intent to give the patient permission to do so. For me, invitation is a better concept than permission and I would like to formulate 'rules' in a more instrumental way. This is because they are meant to bring about and to achieve something, in parallel with the arrangements about time, frequency, absence and so on, which in fact are contractual agreements. Conceived in this way, they indicate more a favourable understanding and a way of relating to each other in order to attain specific goals. This is something to which the analyst is submitted as well – while voluntarily keeping to – because it conduces to the result we strive for (Stufkens, 2003). 'Rules' are mine and not dictated by another authority – although I consciously conform to a tradition - because I believe in the integrity and value of the method and setting and will act as its protector. Within the fundamental asymmetry of need, desire and communication in the analytic relationship, the acceptance of the basic rule by the patient is consequently also a commitment. And we know that, with this invitation, we burden the patient with

something impossible, but the ensuing conflict causes the analysis to unfold itself, the analyst's task being, among other things, to safeguard analytic space.

The couch in material and psychic reality

From the foregoing it follows that the analyst can invite the patient to say everything that comes to mind only in combination with the latter's lying on the couch and the analyst being out of sight. The basic rule has the potential of opening up Pandora's box. The patient needs the power to deal with this and the analyst needs the personal and professional tools to meet what comes out and to work with it analytically. One of the tools is the couch and I will try and explain in a moment how this tool can be of help for patient and analyst. In the history of the couch, Freud stands in front of us with his background in hypnosis, which is used by some to declare the couch an outmoded relic from those days and with that as one of the redundant paraphernalia of analysis. We also encounter Freud with his remark that he was unable to be stared at for most of the day by his patients, which is used by some to assert that he and 'the analysts' hide behind the couch and do not have the courage to engage in 'real contact' with the patient. Both types of criticism cannot be taken seriously. Freud's more substantial argument was that the couch was needed to isolate the transference in order to be able to unmask it as resistance, in this way installing a situation like a culture in the laboratory (Freud, 1913). This perfectly fitted with his view on the basic attitude and his aspirations with psychoanalysis as a natural science, as exemplified in his metaphors of the emotionally cold surgeon and the analyst as chemist. These views were taken on as the basis of the analytic stance until a few decades ago. Was Freud's creation of the psychoanalytic situation revolutionary? The first couch nevertheless appeared already in 423 B.C. in a comedy by Aristophanes. In this play, with the title 'The Clouds', he presents Socrates as a doctor who is urging a peasant with the name Strepsiades to lie down on a couch and to say what he thinks, warning him not to fall asleep. All this was for the amusement of the audience in Athens those days.

Three elements which are connected with material and psychic reality require some elaboration now: the 'posture is perception'-topic, the theme of seeing and not seeing, and the subject of regression. Bodily posture determines what can be seen and experienced. The expression *'posture is perception'* was originally used by cognitive psychologist George Klein and is coming from experimental psychology of perception (Ross, 1999). In a supine position the perception of the environment diminishes and images from the internal experiental world increase. This, among other things, results in an expanding of consciousness with a better understanding of the limits of conscious thinking. In this situation, with the analyst behind the couch, transferences more or less spontaneously are going to play a prominent part and in that way the infantile blueprint gradually emerges. It is important that the analyst's stance does not artificially provoke nor inadvertently hinder the emergence of specific

transferences. This blueprint, expressed in myriad versions of transferences, shows itself not only in language but also outside language in ways of experiencing and communicating for which there are no words yet. Psychoanalysis is in many respects a paradoxical venture: the analysant cannot but let this happen, produce it and endure it, but at the same time is invited to observe it. Dreaming and being awake together, lying on his back as a baby together with talking as an adult. In this situation with sometimes hypnagogic or hypnopompic experiences (Isakower, 1938) desire comes to the fore and with desire comes anxiety, not only in an intrapsychic but also in an interpersonal context with the analyst as co-actor and co-author. It is, in my view, very important to be aware of the fact that the body permanently participates in this, so all bodily sensations require attention and wording. It is not only changes in e.g. heart rate, respiration, muscular tension or skin reactions, it is also specific body parts getting sensitized in a meaningful way. Looking at the patient can give important information about what cannot yet be said, something already to be found in Reich (1933) and recently again picked up by Jacobs (1991). As a general conclusion, we may say that lying on the couch, including the concomitant sensorial and motorial deprivation, directs perception.

With some exceptions *seeing* each other is an essential element in every normal social contact. For a short period Freud was seated at the foot of the couch, but some female patients misused his placement in a sexually seducing sense, so he decided to move to the head and out of sight. Seeing the other and especially reading the face gives information about the state of mind in which someone is, the affective attitude and the possible good or bad intentions. Of course, this has its roots in the early mother-child relationship and without doubt it has evolutionary meaning as a strategy for survival. Eye contact usually also means contact with external reality: 'first seeing, then believing'. In analysis, the patient is deprived of this type of information and the eyes automatically turn more inward. It is interesting to realise that partly because of this, the beginning and the end of a session can be highly charged, because the greeting and the leaving are the only moments to acquire different and visual information. Usually the contact during the session passes after all by means of older systems, especially hearing and the fluid in which there is interaction without speech.

Regression is a complex phenomenon with distinctive terminology which I reduce here roughly to only a few notions. Transference operates by replacement and regression, replacement in the sense that somebody is taken for somebody else, and regression in the sense that the present is changed for the past. Freud distinguished two forms of regression: libido returning to the original object and libido returning to the original infantile sexual organisation. Seeing regression as resistance, as a mechanism of defense and as an important factor in pathogenesis, it was evident for him that regression belongs to pathology and that it is an essential element in psychoanalytic treatment. As far as I know, he nowhere made a connection with the psychoanalytic setting.

In egopsychology, regression is a resistance as well as an ego function, and in that framework all of the functions can regress. Lying on a couch, for example,

induces regression of locomotion and sensory deprivation causes regression of perceptual systems. Regression can also be the result of anxiety, and in turn regression can evoke anxiety because it endangers the existing equilibrium. Conflict is mainly oedipal conflict and anxiety is connected with the calamities of childhood (Brenner, 1982). Lying on the sofa in the living room usually mean relaxing, watching TV or taking a nap, but in analysis it is likely that internal stimuli intensify, sometimes to the level of hallucinations. There is a loss in the sense of reality, difficulties in speech can emerge, changes in body image and body feeling occur, as well as problems with orientation in time, religious preoccupations and all sorts of projections (e.g., Stein, 1965; Zubek & McNeill, 1967).

Regression has, for the objectrelational way of thinking, a meaning different from egopsychology. Winnicott, for example, holds that it is not so much the depriving and frustrating aspects of the couch and the setting that facilitate regression, but the holding aspects. He beliefs that regression is necessary, especially for those patients who at a very early stage had to develop a false self in order to protect their true self and who primarily suffer from the effects of deficiences in the primary object relationship. He argues that the setting makes a return to this preoedipal stage possible, in order to be able to neutralise the 'freezing of the failure situation' and to pick up development and maturation. "The patient is not there to work with us except when we provide the conditions which are necessary" (Winnicott, 1964/1989, p.97). To quote from another paper: "…for Freud there are three people, one of them excluded from the analytic room. If there are only two people involved then there has been a regression of the patient in the analytic setting, and the setting represents the mother with her technique, and the patient is an infant. There is a further state of regression in which there is only one present, namely the patient, and this is true even if in another sense, from the observer's angle, there are two…the setting of analysis reproduces the early and earliest mothering techniques. It invites regression by reason of its reliability…the couch and the pillows are there for the patient's use. They will appear in ideas and dreams and then will stand for the analyst's body, breasts, arms, hands, etc., in an infinite variety of ways. In so far as the patient is regressed (for a moment or for an hour or over a long period of time) the couch *is* the analyst … In the extreme it is no longer true to say the couch stands for the analyst" (Winnicott 1954, pp. 286/88).

Conceived in this way, regression becomes part of the healing process and it is the relationship and the ability to provide a facilitating environment including offering oneself as an object for love and hate on all developmental levels that matters. For the most primitive stages, this means in Balint's terminology: becoming the object of primary love without disturbing that process and without installing the idea of omnipotence by interpretations. In the realm of the basic fault there is no conflict and nothing 'to solve'. In his words: "In my experience regression during analytic treatment – the first phase of a new beginning – aims at establishing an object relationship similar in structure to the primary relationship. Evidently this can be done only if the analyst realizes that this is what is

happening, recognizes that this is what is needed at this moment, accepts this wish as part of the therapeutic process and does not try to inhibit its unfolding either by his behaviour or by his interpretations" (Balint 1968, p.137).

Meanings and functions of the couch

In the preceding paragraphs, in fact, the framework has been sketched in which the couch can acquire meaning. These meanings can be individually different and they may vary for each combination of patient and analyst. But there are some constants, because the attribution of meaning follows developmental lines from the earliest experiences till the present, which makes the couch the crucible of "the infinite variety of human experience" (Spotnitz, in Stern 1978). As a nonverbal instrument, meeting the just mentioned pre-oedipal aspects of pathology, the couch is indispensable for reliving and exploring these experiences, and with all its ambiguity, it can be the solid ground and the container as well as the sterile ground that is uninhabitable. In the latter case, the patient suddenly may sit up and look at the analyst, to see if he still is there or in order to feel connected, usually out of unbearable fear or out of shame caused by what is felt as narcissistic humiliation (Steiner, 2006). Experiences of inequality are very common, and they contain feelings of superiority and inferiority, the supine position as infantilising, surrender and submission, or being looked down on. It may mean being childish, passive, ill, miserable, helpless or objectless. In that early internal world, the couch may stand for the womb, the warm cradle, being fed or comfortably sitting on the lap, but also for being hungry, being swallowed, suffocating, being poisoned and dying, the couch as coffin.

Associations connected with toilet-training are not uncommon, and the couch can become a symbol for the potty with its positive and negative meanings and early memories, peeing or shitting in public, being afraid or willing to foul the couch with messy emotions. In another dimension, it can represent complete freedom, with no restrictions and the chance to let go all thoughts in a pleasurable way. Some patients experience losing themselves in the luxuries of the imagination and the real playing together with the analyst.

Then there is the couch as bed, with its double meaning of sleeping and sexuality. There are analysands who take off their glasses or who intend to take off their shoes as if going to sleep is under discussion. The couch can become the bed in which the child was lonely waiting, was secretly reading, enjoyed hearing the rain on the roof, was afraid of the noises in the dark, masturbated, was visited by the doctor and examined, or fell asleep exhausted with crying. The fantasy world connected with sexuality is limitless. Implicit threats in the homo-or heterosexual sphere can be felt and the entire sadomasochistic universe can come to life in multiple versions of fears and fantasies about psychic or physical violence. The couch can become an operating table, the chair of the gynaecologist or the dentist, all of the instruments ready for the ultimate mutilation or castration. It can be experienced as an invitation to transgressions and sexual abuse. Some mention as

a pitfall for female analysts that they easily slip into an overprotective maternal-nurturing attitude which, for example, Greenacre (1954, p.639) considers violent and abusive as well. In the more oedipal coloured atmosphere, the couch also can become seducing in the erotic, teasing or pleasant sense and be used as such by the patient (see e.g. Stoller's report on Belle, 1979). Many analysts will have heard the male or female analysand saying "why don't you join me on this couch?"

These are just a few examples of a colourfull multitude of experiences on and meanings of the couch. The analyst can experience and certainly is assigned a proportional quantity of complementary roles by the patient. Apart from that, the couch means for the analyst an enlargement of opportunities for empathy, thanks to his mental and emotional availability combined with being able to identify without being distracted by what is socially desirable or appropriate in the face-to-face situation. After all, in reaction to his patient he comes into contact with his own history, memories, pain, joy and sorrow, anxieties and longings, but also with his own creativity which he can use in a deliberate and professional way and to the profit of the patient. During the past decades, much has changed in the basic analytic attitude, parallel with a widening scope on indications. This has its benefits and its pitfalls and it is our responsibility not only to help our patients in their search for self-knowledge but also to become aware of our own enactments and countertransferences. Today's affective participation makes the analyst – in contrast with the past - much more vulnerable and the couch offers some protection (Moraitis, 1995). Consequently, the couch has an important function for the analyst in guaranteeing the – albeit limited – private space which he needs for the reception and regulation of frequently vehement transferences and enactments by severely disturbed patients. Examples of this are projective identification and movements in which he is used as the analysand's self-object. In these moments the couch functions as a protector for the registration and regulation of countertransferences and for the analyst's autonomy in case of too much intrusion. It is self-evident that this protection can be misused by the analyst for withdrawal or collusive avoidance of specific emotional content.

An abundant literature exists with testimonies of experiences on the couch, which starts with people who have been in analysis with Freud (e.g., Blanton 1971). I remember one of Kardiner's (1977) sentences: "What I said wasn't very important, Herr Professor, so you can go back to sleep". Later on, many interesting and sometimes very courageous autobiographical documents are published. Well-known analysts are interviewed by Hunter (1994) in a book that makes fascinating reading. Giovacchini, for example, talks about the iatrogenic effects of his analysis in the fifties, which he depicts as mechanistic, criticising and limited to interpreting all pre-oedipal material as a defense against oedipal conflict. New data are available from Tessman's (2003) research; in examining training analyses she discovered great differences between decades and between gender combinations. Of the analysts having been in analysis between 1945 and 1995 the group from the last decade shows the most satisfaction, and the chance to be satisfied is higher with the cross-gender combinations, the male-female couple. I find the

descriptions of the participants and the explanations of the author in this book more interesting than the figures and numbers.

At the end of this presentation, I come back to the dilemma as formulated in the beginning. I hope to have convinced you that the couch has multiple meanings and functions and that it cannot be isolated or separated from other ingredients of the psychoanalytic setting, from the contents emerging within that frame, and certainly not from patient and analyst. They are the two people who make use of it, attach meanings to it and travel with it in a unique form of cooperation through inner space. In my view, by changing the setting or abolishing the couch we would make incomprehensible what has been discovered in the past and we would not serve the future of psychoanalysis. We have to explore in depth its clinical and theoretical potential. My experience teaches me that the analytic situation with the couch presents the best point of departure to realise what Freud had in mind with these words:

"We refused most empathically to turn a patient who puts himself in our hands in search of help into our private property, to decide his fate for him, to force our own ideals upon him, and with the pride of a Creator to form him in our own image and see that it is good" (Freud, 1919[1918], p.164).

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(**TS**: Odessa, June 2008 / Zagreb, September 2009)
Amsterdam -in English- March 2017