

The Third in the Room

An enquiry into the role and impact of space in the psychoanalytic process



Katie Hutchinson



Fig.1. Sketch of a mask mounted on a bookshelf in Freud's living room at Maresfield Gardens in London.

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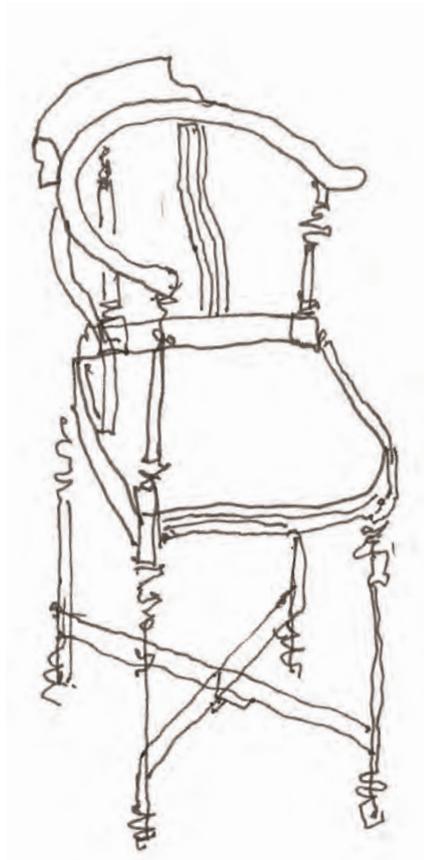


Fig.2. Sketch of a chair in Freud's study at Maresfield Gardens in London.

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Fig.3. Photograph of Freud's desk in his study at Maresfield Gardens in London.

ABSTRACT

Following its establishment in the late 19th Century, the discipline of psychoanalysis has had a revolutionary impact on mental health treatment. Whilst psychoanalytical theories have been well-examined, the impact of space on the process remains widely unexplored.

This research paper investigates the impact that the spatial environment of the domestic psychoanalytical consulting room has on the process of psychoanalysis. Using archetypal features of confessional space as a framework, derived from analysis of the Catholic confessional chamber, this paper analyses the original consulting rooms of the two most famous proponents of psychoanalysis: Sigmund Freud and Carl Gustav Jung. Using the analysts' original writings as lenses for exploration, in addition to a detailed review of existing literature, this paper will determine whether space is able to make an active contribution to the psychoanalytical process, assuming the role of the "third in the room".



Fig.4. "The Gossips" by Camille Claudel, 1897, Bronze sculpture. Gossiping - a form of group talking therapy or social confession. The figures lean towards each other, animated in conversation. Not only is secrecy implied in the body language of the subjects, but also in the sense of enclosure and intimacy created through the presence of walls which protect the gathering figures on two sides.

INTRODUCTION

The subject of emotional wellbeing is gaining greater prominence as a topic of contemporary debate, alongside a growing societal acceptance and understanding of those suffering with mental health problems. In tandem with this is an increase in the availability of personal psychotherapeutic treatments, often in the form of talking therapy, which offer counsel and guidance to individuals based on their personal disclosures. Dyadic in nature, the success of psychotherapy is not only dependent on the strength of the relationship between the therapist and their patient (the therapeutic alliance), but also the character and perceived safety of the space in which it occurs (Jamieson 2018b); a topic which this paper will explore.

Modern psychotherapy finds its origins in the late 19th Century, when neurologist Sigmund Freud (1856 – 1939) established the discipline of psychoanalysis. Marking a significant shift from previous mental health treatments (which were predominantly physical and medicinal in nature), in psychoanalysis healing started with the relief of the burdens of emotional distress, known as the “talking cure”. This dialogue-driven form of psychological therapy encouraged patients to openly express their inner thoughts and emotions without fear of judgement at regular, often daily, consultations, effectively redefining mental

health treatment. The importance of psychological disclosure was further reinforced in the early 20th Century, when Freud’s associate and founder of analytical psychology, Carl Gustav Jung (1875 – 1961), defined the act of confession as the first stage in the psychotherapeutic process (Jung et al. 1953, 4).

The prioritisation of the patient’s own experiences during talking therapy was exemplified in the spatial manifestation of the psychoanalytical consulting room. Contrary to the formal, clinical setting of mental health treatment facilities of the time, both Freud and Jung’s psychoanalytic practices took place within the domestic settings of their homes; a feature which had a revolutionary impact on a patient’s experience of treatment. Despite their initial collaboration, however, the relationship between the two men broke down, and their theories and methods began to diverge. The resultant conflict of approach between the two analysts is apparent in the spatial characteristics of their respective consulting rooms.

It has been suggested that the physical form of the consulting room is “intimately tied” to the process of psychotherapy (Jackson 2018), however, the subject of psychoanalytical space has not been explored in any great depth. Whilst the theories and methods of Freud and Jung are well-examined, only a limited number

“Nowadays people go to the psychotherapist rather than to the clergyman”

(C. G. Jung 1969b, 333)



Fig.5. Detail of “La Confessione”, 1838, Oil painting by Giuseppe Molteni. A physical manifestation of the sacrament of confession, the Catholic confessional chamber has several spatial characteristics which parallel its secular counterpart; the psychoanalytical consulting room.

of publications attempt to analyse the architecture of their consulting rooms, with even fewer considering the contribution of space to the psychoanalytical process. The intention of this paper is to determine how the architectural space of the consulting room may embody and enhance the talking cure through the prism of its two most famous proponents, and ultimately, the ways in which the spatial design of the consulting room actively contributes to the process of psychoanalysis. This will be demonstrated through an architectural analysis of Freud and Jung's consulting rooms, in which the two spaces will be compared and contrasted in relation to the distinct approaches of the analysts. In addition to a detailed review of existing literature, Freud and Jung's original texts will provide analytical lenses underpinning the arguments presented in this investigation.

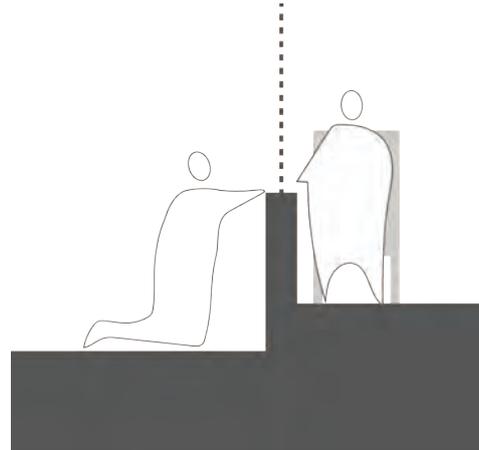
Contemporary psychoanalysis is still largely influenced by the ideas of Freud and Jung, however, the domestic consulting room is not the only form of psychoanalytical space. One of the most common settings for contemporary psychoanalysis (outside of the analyst's home) is that of the psychotherapy clinic, where an individual consulting room is commonly used by a variety of psychotherapists throughout the course of a week. In order to accommodate different forms of psychotherapy, these spaces are often neutral

in appearance with limited decoration, leaving little opportunity for the therapist to influence the layout or appearance of their working environment. Psychotherapist and author Robert Langs (1982, 362-4) argues the importance of the simple, "professional" and neutral therapy space, asserting that the consulting room should not be revealing of the therapist's personal life; a method which is certainly more feasible within a clinical setting. However, it is important to question whether this approach is the most valuable or appropriate, particularly in the context of the domestic psychoanalytical setting. As such, the domestic consulting room will be the focus of this investigation. This paper will explore whether the consulting room can offer more to the psychoanalytical process than just a neutral backdrop; effectively questioning whether space is the "third in the room".

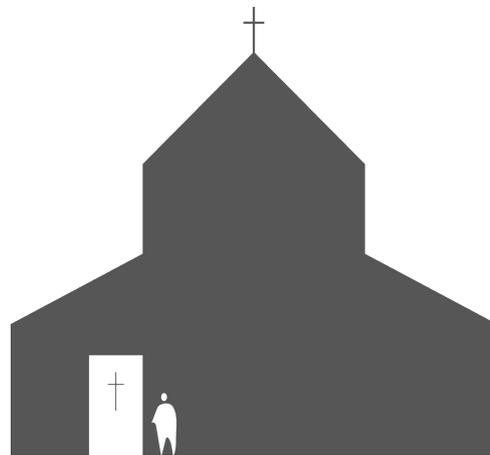
*“The first beginnings of all analytical treatment of the soul
are to be found in its prototype, the confessional.”
(Jung 1966, 55)*



1. Privacy



2. Boundary



3. Symbol

Fig.6. The design of the Catholic confessional chamber follows a standard template, devised in 1576 by the Archbishop of Milan, Charles Borromeo. Whilst some variation exists in terms of form and decoration, all traditional confessionals generally adhere to the three archetypes defined above.

In order to understand the background of psychoanalytic space, it is important to consider its religious and historical counterpart: the Catholic confessional chamber. The psychological disclosure inherent to the process of psychoanalysis finds equivalents in the Catholic sacrament of confession, a point which has been the topic of some academic discussion (see fig 5). Both Jungian psychologist Marie-Louise Von Franz (1957, 1), and author J. Marvin Spiegelman (1984, 19), find parallels in the roles of the psychoanalyst and priest, arguing that both figures are primarily engaged in psychic healing. The confessional chamber; a condensed physical manifestation of confessional space, can be viewed in terms of three fundamental archetypes (see fig 6). The first is the creation of a semi-contained private space, which facilitates the comfortable disclosure of internal thoughts, whilst also reinforcing the importance of the confessional act. The second is the use of the boundary to establish a hierarchy and separation between the two subjects involved. The third is the use of architecture as a symbol; the confessional chamber, itself a symbolic object within the church, marks a physical transition which represents the inner, spiritual transformation associated with the sacrament. These three archetypes of confessional space find expression within the psychoanalytical spaces of both Freud and Jung, and so will form the

framework around which their consulting rooms are analysed. Starting with the broader themes of spatial containment and privacy, the paper will then analyse interior composition and boundaries, before homing in on the role of the symbol and its manifestation within psychoanalytical space.

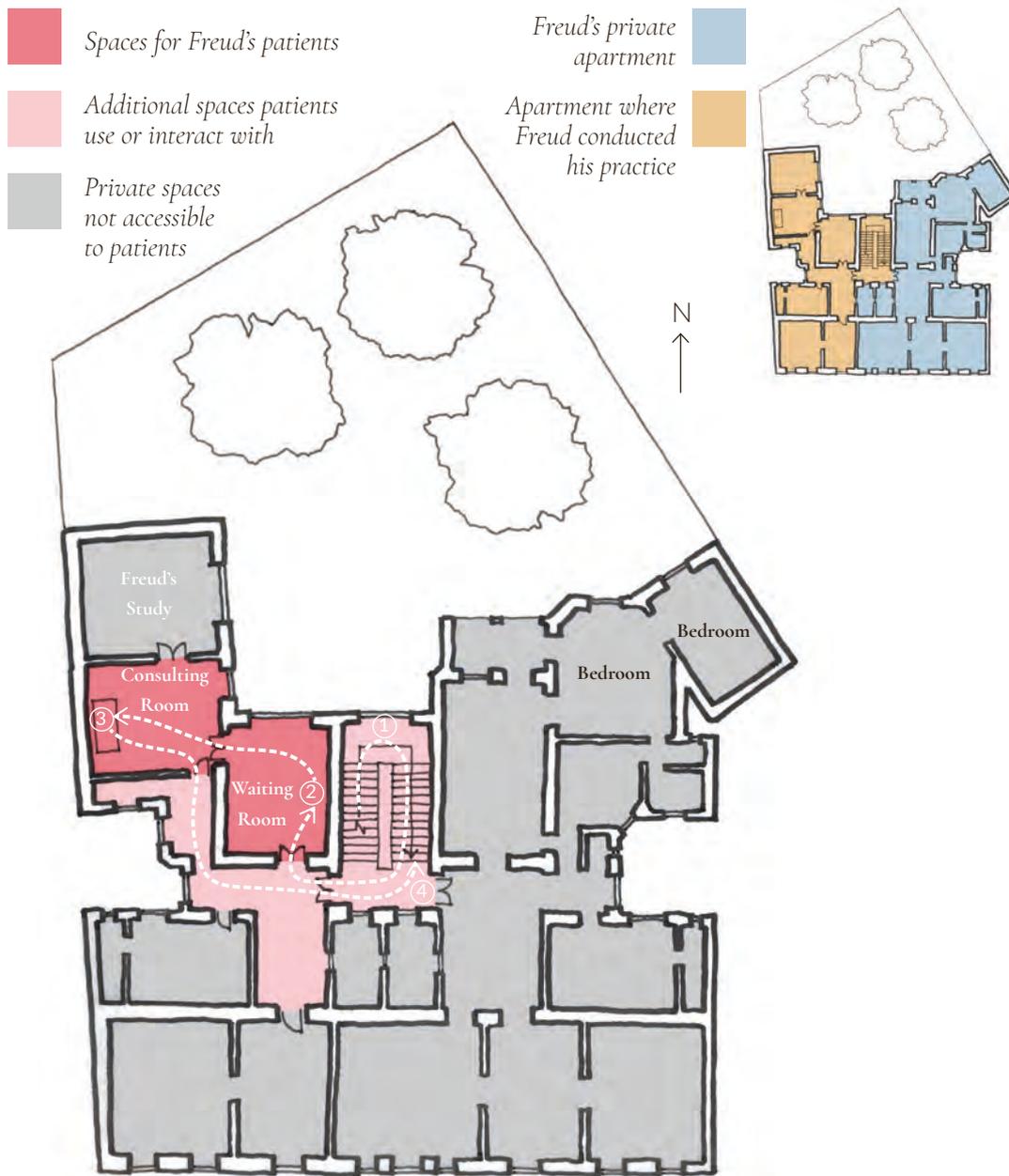


Fig.7. First floor plan sketches of Berggasse 19 in Vienna showing Freud's apartments and the patient's route to and from the consulting room.

PRIVACY AND CONTAINMENT: THE DOMESTIC INTERIOR

The sensitive nature of the psychoanalytic process means that stability is required both within the patient-analyst relationship and also the space of the consulting room in which psychoanalysis occurs. The term *temenos*, used by Jung to refer to an isolated and sacred space (Jung 1969, 95), has since been adopted by Jungian psychoanalysts to describe a “sense of secure continuous containment” provided within the therapeutic space or “inner sanctum” of the consulting room (Gerald 2011, 438-9). Author and psychoanalyst Henry Abramovich (2002, 584), speaks of a patient’s need for “maximum containment” to counter the dangers of psychoanalysis, likening the function of the therapeutic space to that of a home, which may offer security and protection to its inhabitants. This description highlights the important role played by space in offering privacy and containment throughout the course of a patient’s psychoanalytical treatment.

Sigmund Freud’s apartment at Berggasse 19 in Vienna was the scene of psychoanalysis for almost fifty years. In 1891, in line with typical Viennese medical practice of the time, Freud set up his practice within his home; a small first-floor apartment in the district of Alsergrund (Puner 1992, 102). In 1908 Freud moved his work spaces to the apartment adjacent to his home; where he conducted his practice for 30 years, until he fled Nazi-occupied Vienna for London in

1938. The private setting of Freud’s practice meant that he was able to exert considerable control over the spatial configuration and interior design of his work rooms, tailoring and adapting the spaces to suit the developing theory and practice of psychoanalysis.

Located at the rear of the apartment building, the three sequential spaces forming Freud’s practice mirrored the location of the analyst’s private sleeping quarters at the back of the adjacent apartment (see fig 7). This suggests that, to its founder, the development and practice of psychoanalysis required a level of seclusion equal to that of the home’s most private space (Fuss and Sanders 2004, 90). The privacy requirements of each space seem to have been taken into account by Freud when setting up his practice. Set between Freud’s study and waiting room, the consulting room was perhaps the most inward-looking of the three spaces; its dark walls and densely-layered furnishings heightening the sense of spatial containment (see fig 8). Providing relief to this spatial confinement, a small east-facing window offered a visual connection to an external courtyard, whilst ensuring a patient’s privacy was not compromised; the window offered no direct views to other buildings.

The private nature of a patient’s disclosures during psychoanalysis means that confidentiality forms a



Fig.8. Photograph of Freud's consulting room at Berggasse 19, taken in 1938 by Edmund Engelman. With its dark walls and dense furnishings, Freud's consulting room epitomises spatial containment.



Fig.9. Close up photograph of Freud's couch, taken at Maresfield Gardens in London.

core aspect of psychoanalytic practice. This manifest in the spatial layout of Freud's work spaces, in which a composed route ensured patients did not interact with each other (see fig 7). A corridor leading from the consulting room to the entrance lobby meant that following psychoanalysis, a patient would not have to pass through the waiting room, therefore preventing interaction with Freud's next client.

Despite the separation of Freud's living and working spaces into different apartments, the domestic character of the home appears to have been amplified within the interior of the analyst's consulting room, with writers Diana Fuss and Joel Sanders comparing the space to that of a "private boudoir" (Fuss and Sanders 2004, 90). This is particularly evident in the layering of soft furnishings and draped materials which surrounded the patient during a psychoanalytical session (see fig 9). Located against the room's west wall, beneath a richly-patterned hanging carpet, and itself furnished with a heavy Persian rug, Freud's couch exemplifies domestic comfort within the analytical setting. Typical of a Viennese home of the time, the interior furnishings chosen by Freud would have provided a welcoming sense of familiarity; perhaps with an aim to accompany and reassure patients throughout the lengthy and often challenging process of psychoanalysis.

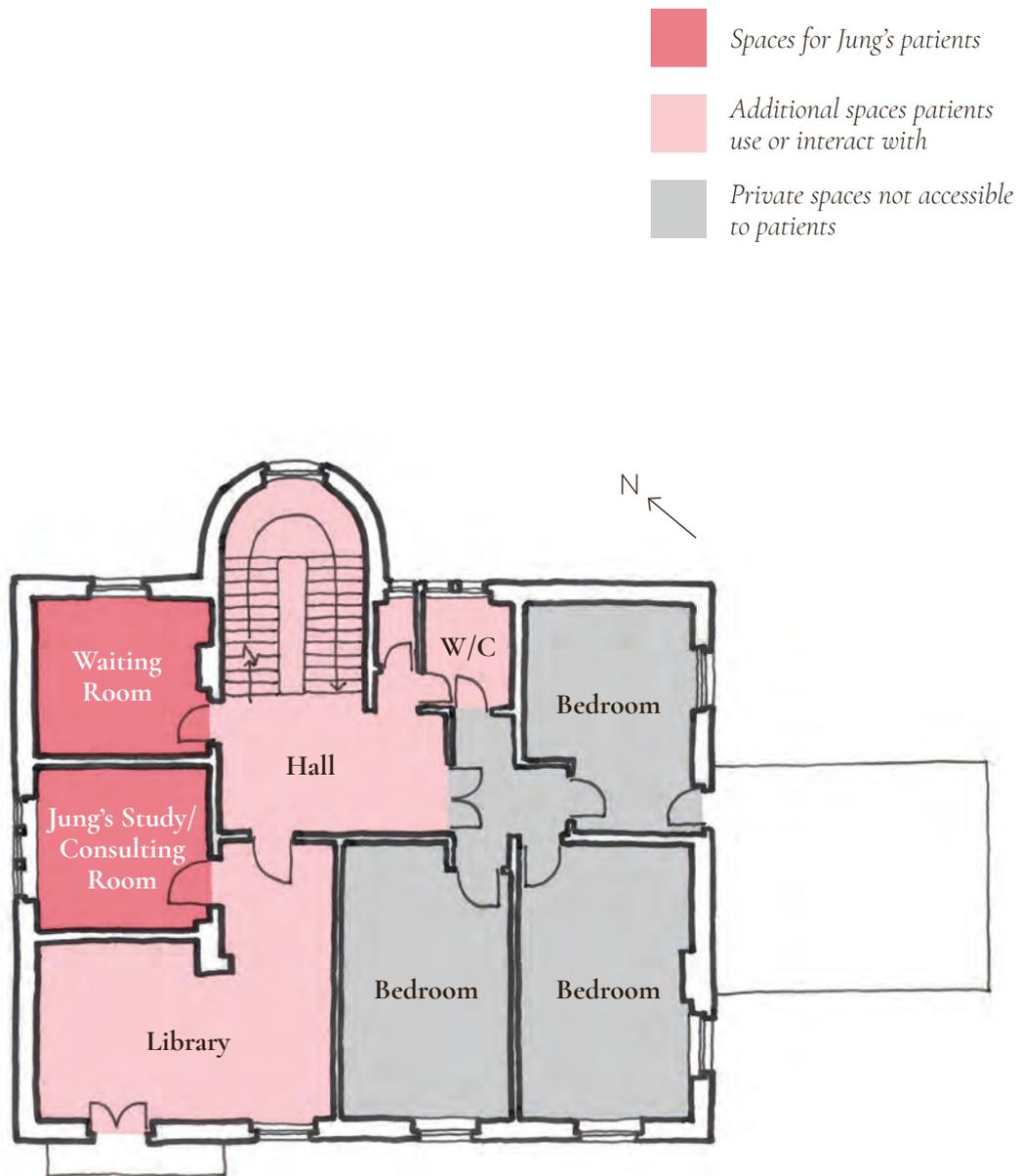


Fig.10. First floor plan sketch of 228 Seestrass in Küsnacht showing Jung's consulting room opposite the family's bedrooms.

228 Seestrasse in Küsnacht on Lake Zurich was Jung's family home and the setting of his private psychoanalytical practice for many years. The house was built to Jung's specifications in 1908. The distinction between work and living space is less apparent in Jung's practice; his work rooms were situated on the first floor of his house, directly opposite the family's private bedrooms, which meant that patients had to pass through the house to reach the consulting room (see fig 10). In contrast to Freud, Jung carried out his psychoanalytical consultations within his study, or "analysis locus"; a modest room accessible via an entrance vestibule connected to Jung's library (A. Jung et al. 2009, 81). In a similar way to Freud, Jung required his consulting room to be "completely closed off"; rather than carrying out consultations within the library, the private practice of psychoanalysis demanded its own dedicated space (A. Jung et al. 2009, 80)

Unlike Freud's densely-furnished apartment, in Jung's consulting room a sense of containment is created through architectural detailing. Contrary to architectural conventions of the time, the spaces in Jung's house are characterised by a strong separation between internal and external space; a feature which may be telling of the analyst's own desire for security and isolation (A. Jung et al. 2009, 66). Within Jung's

consulting room, this desire is best exemplified in the detailing of three small windows in the room's northwest wall, in which a sense of security appears to have been balanced with a need for natural light (see fig 11). Set to the outer face of a deep, arched recess and separated by thick timber frames, each window is divided into an upper and lower section. The upper part of each window contains a stained-glass panel, whilst the lower part is divided by an overlapping hexagonal glazing bar pattern. Both of these elements serve to accentuate the feeling of separation between interior and exterior space; by obscuring the view from the consulting room into the garden beyond, the focus of the space is drawn inwards; perhaps symbolising the inner reflection which is required of both Jung and his patients during psychoanalysis.

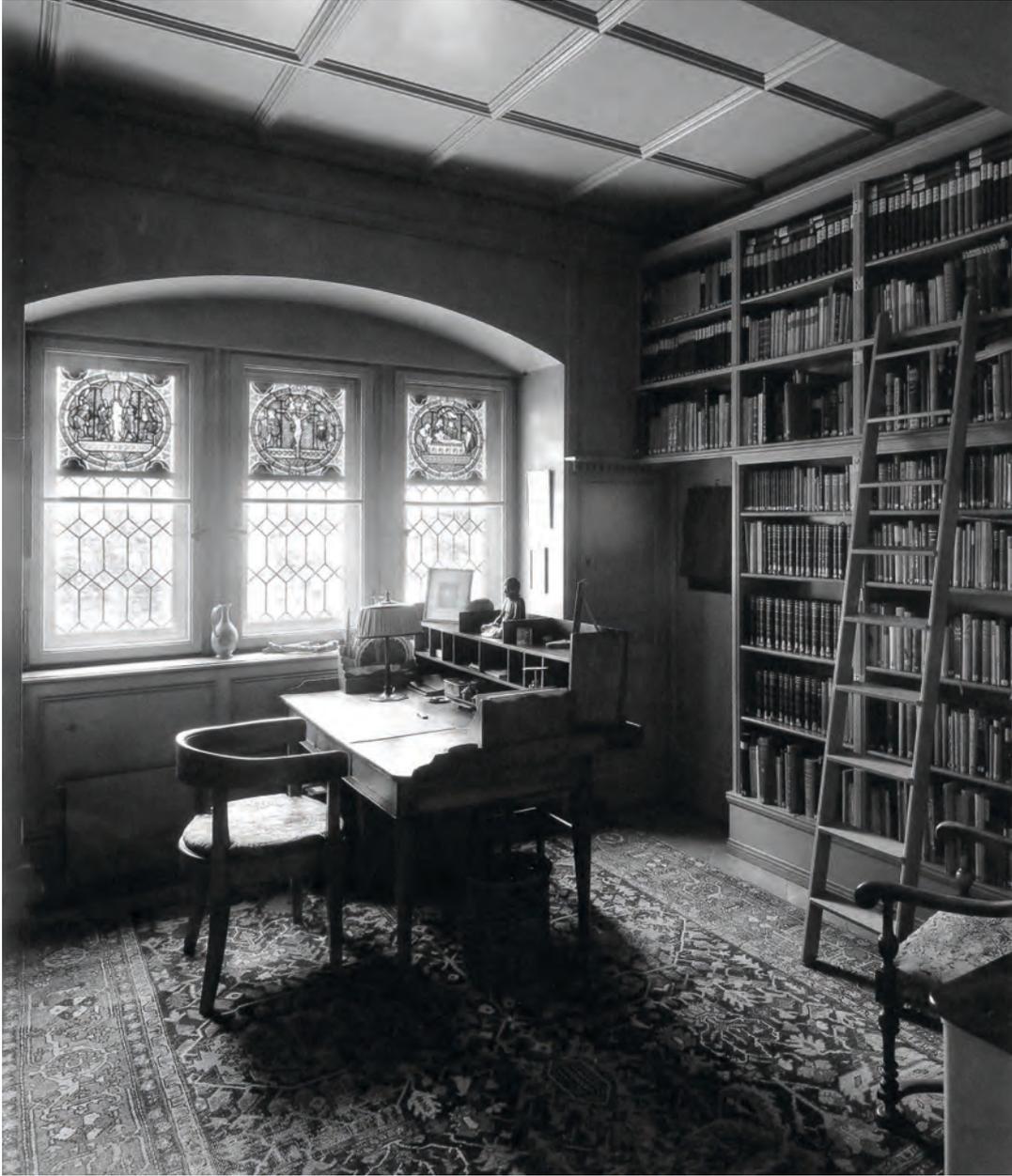


Fig.11. Photograph of Jung's consulting room. The windows contain stained glass panels depicting Christian religious imagery.

The privacy required for psychoanalytical disclosure is paralleled in Catholic confession. Prior to the 16th Century, the Catholic sacrament of confession was carried out publicly in an exposed location within the church's interior; with the penitent kneeling before a seated priest for absolution (Stefon 2008). In 1576, based on a prescriptive model devised by the archbishop of Milan, this public expression of penance was formalised and relocated to the confines of the confessional chamber (Schofield 2014). Not only did this provide a physical embodiment of the sacrament, but it also afforded a greater level of privacy for penitents during "intimate self-examination", thereby mirroring the function of the psychoanalytic consulting room (Bossy 1975). During confession, the vast and richly-decorated spatial grandeur typical of a Catholic church was replaced with an intimate unadorned timber box; the transition to a small space of sensory restriction could be seen to redirect the penitent's attention from their surroundings to their inner thoughts, in a similar way to Jung's consulting room.

Following consideration of the overall themes of spatial containment and privacy, the next chapter will focus on an investigation of interior spatial composition, exploring the ways in which the two analysts responded to the second archetype of confessional space: the boundary.

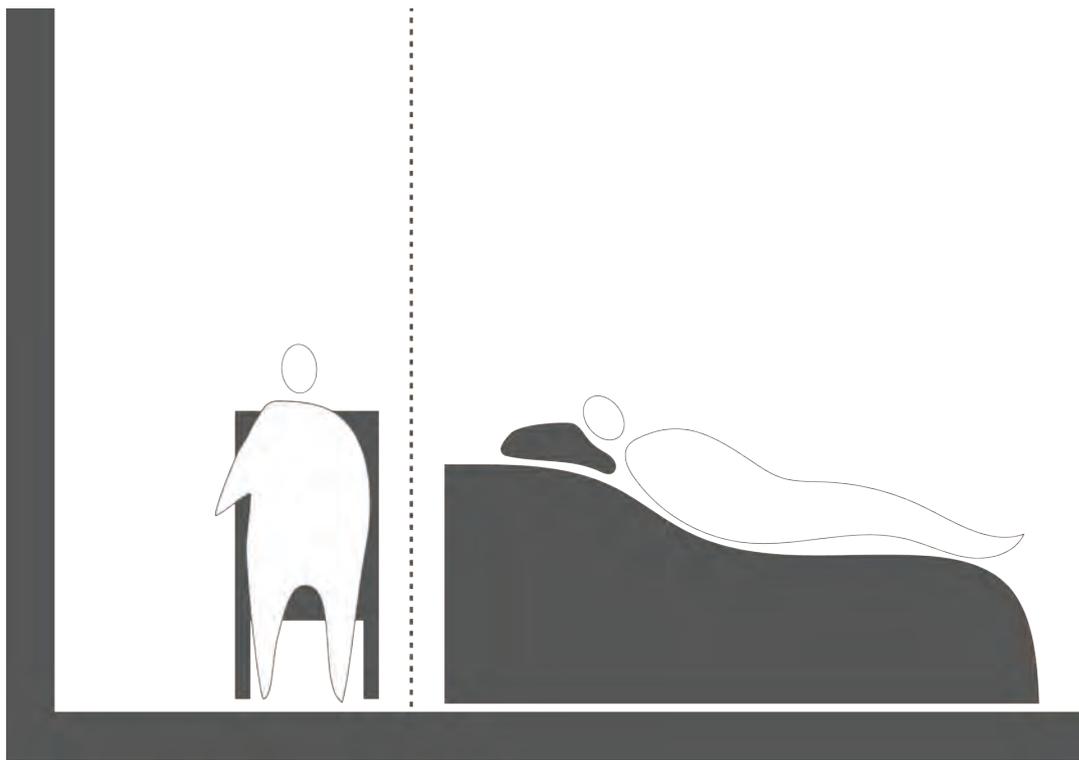


Fig.12. Diagram showing the boundary created by furniture in Freud's consulting room.

THE CONFESSIONAL VEIL: *HIERARCHY AND SEPARATION*

The intimate nature of psychoanalysis, and the power differential between the perceived authority of the analyst and the vulnerability of the patient, mean that there is a risk of either party exploiting the therapeutic alliance and compromising the psychoanalytical process. Freud (1915) termed this “transference love”, and established a series of professional boundaries which manifest in the spatial configuration of the analyst’s consulting room. In modern psychotherapy, a significant part of the therapist’s role lies in the definition and construction of boundaries (Adshead and Jacob 2009, 250).

Freud’s treatment method was characterised by an objective detachment between the analyst and his patients (Storr 2001, 119). This was exemplified in the formal arrangement of furniture which dictated the respective positions of the two subjects; Freud’s patient had to lie on the couch, whilst the analyst himself was seated on a chair at its head (see fig 12). This unusual perpendicular arrangement created a clear visual detachment between the two subjects; an approach which has several potential effects on the psychoanalytical process. It could be argued that by preventing direct visual contact between himself and his patient, Freud was attempting to offset a patient’s discomfort at the prospect of disclosing intimate personal thoughts. The creation of a visual boundary

between the patient and analyst could also be seen to benefit the therapeutic alliance by discouraging romantic intimacy between the two; perhaps reinforcing the “emotional coldness” Freud deemed necessary for the successful treatment of a patient (Freud 2001, 115). However, the passive position of the patient may in fact heighten feelings of vulnerability, which might be further intensified due to the “sexual overtones” of the couch (Fuss and Sanders 2004, 90). Whilst the domestic furnishings of the couch suggest comfort and containment, the patient’s position and location in the room imply the opposite. Instead of receding amongst the prolific contents of the room, the couch - and patient - appear to occupy the focal point; this creates a sense of exposure which is further heightened by the analyst’s position in an unseen corner of the room behind the patient.

Eye contact is seen by some to form a core aspect of the psychotherapeutic process, allowing the patient to use this visual connection to the psychoanalyst to form a “secure base” (Duquette, M.D. 2010, 140). This is not possible in Freud’s consulting room; instead the patient must either close their eyes, or trust in the security of the space around them. In Freud’s consulting room, perhaps the overtly domestic intimacy of the space is an attempt to counter the professional detachment of the analyst’s method.

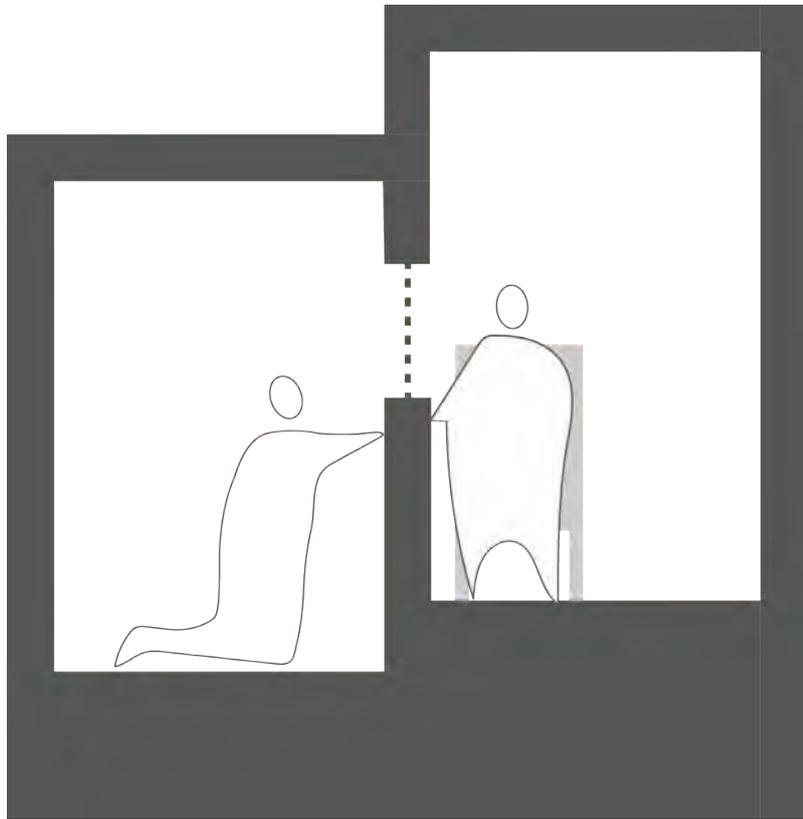


Fig.13. Diagram showing the respective positions of the priest and penitent within the confessional chamber

The intimate disclosures of psychoanalysis mirror those required of penitents during the Catholic ritual of confession. As in Freud's consulting room, the design of the confessional chamber defined the respective positions of the two subjects involved in the sacrament (see fig 13). The authority of the priest in their role as mediator between the penitent and God was reinforced in the placement of their seat towards the head of the church, at a higher position than that of the penitent, whose bench faced the altar (Voelker 1977, 85). The visual boundary between Freud and his patient is reminiscent of the physical screen that exists between priest and penitent within the confessional chamber; with the presence of both arising out of a common desire to deter inappropriate physical intimacy between the two subjects. In line with Freud's concerns regarding transference love during the intimate ritual of psychological disclosure, historian John Bossy claims that face to face confession was deemed by the church to be "dangerous on sexual grounds" (Bossy 1975, 30). A timber screen containing a small opening was placed within the confessional, creating a physical separation between the priest and penitent. This was covered on the penitent's side with a perforated iron sheet; and on the priest's side with a light fabric veil (Voelker 1977, 83-4). This allowed for verbal communication whilst preventing visual contact between the priest and penitent; meaning

that, in many cases, the penitent could retain their anonymity during confession. Whilst close proximity is perhaps necessary for a penitent's quiet admissions to be heard by the priest, the visual separation provided within the chamber may reduce feelings of intimidation or shame associated with the confession of sin; mirroring the effect of visual separation within Freud's consulting room.

Spatial boundaries were not clearly expressed within Jung's consulting room. At the beginning of his career, Jung closely collaborated with Freud; with elements of his early consulting room reflecting those of his mentor (see fig 14). However, his psychoanalytic theory and method eventually deviated from that of Freud, towards a treatment involving direct dialogue with his patients. This is summarised in Jung's comment on the role of the psychoanalyst: "No longer is he the superior wise man, judge, and counsellor; he is a fellow participant who finds himself involved in the dialectical process just as deeply as the so-called patient" (Jung 1966, 8). Jung's method sought to enable a sense of equality between the patient and analyst; as a result, the perceived authority of the analyst was less visible within the space of his consulting room. The character and informal arrangement of furniture marked this shift; an armchair replaced the couch, and was positioned opposite the analyst's chair, creating a



Fig.14. This photograph of Jung's consulting room taken in 1909 shows a chaise longue in the corner of the room; evidence that Jung's earlier method of treatment was in line with that of Freud.

sense of parity which perhaps negated the need for physical or symbolic separation that characterised Freud's consulting room and the Catholic confessional chamber.

Jung appeared to employ far fewer boundaries than Freud between himself and his patients. A fellow participant in the psychoanalytical process, not only was Jung's patient invited into the heart of his home, but also the inner sanctum of his private study. The interior of Jung's consulting room could be seen as an attempt by the psychoanalyst to counter the intimacy of the process by establishing a personal distance between himself and his patient. In contrast with the densely-crowded interior of Freud's consulting room, Jung's study was comparatively neutral in character, with limited decoration and furnishings. Elements of Swiss modern architecture, designed by the building's architect Ernst Fiechter, were present in the room's interior. Painted geometric wall and ceiling panelling marked an aesthetic departure from the furnishings chosen by the analyst himself, which were characteristically warm in colour and curved in form (A. Jung et al. 2009, 71). The use of a somewhat anonymous space for the practice of psychoanalysis, which is neither lavishly decorated nor filled with possessions, like that of Freud, is perhaps also expressive of an equality between Jung

and his patient; the analyst does not appear to dominate the space. The only significant change made to Jung's consulting room during his lifetime was the addition of full-height built-in timber shelves to the northeast and southwest walls (see fig 11). Built to the same colour and geometric grid of the coffered ceiling panels, and filled with books, the shelves appear as extensions of the walls; further reinforcing a sense of spatial containment.

The enquiry will now move on to examine the final archetype of confessional space: the symbol.



Fig.15. Photograph of Freud's consulting room at Maresfield Gardens. Maresfield Gardens in London, where Freud spent the final year of his life, has now been transformed into a museum dedicated to the founder of psychoanalysis. Following Freud's death, the transition of the analyst's consulting room to accommodate the function of a museum required little intervention.



Fig.16. A multitude of antiquities were on display in Freud's consulting room in Vienna; many of which were visible to patients during psychoanalytic consultations.

THE SYMBOL

Objects and symbolism were employed in different ways by Freud and Jung as a means of exploring and representing their theories and ideas. It has been remarked that Freud had a “topological imagination”; a unique way of relating theoretical ideas to spatial configurations (Freud Museum 1998, 59). An intense expression of Freud’s theory, personality and treatment approach is evident within his workspaces, which is perhaps telling of the importance that the analyst placed on the exploration and communication of ideas through space and objects.

Perhaps the most distinctive spatial characteristic of Freud’s consulting room was the sheer number of objects which were contained and displayed within it. This had such an impression on the space that several of Freud’s patients compared the atmosphere of the room to that of a museum or an archaeologist’s office (Freud Museum 1998, 52) (see fig 15). The fact that Freud decided to display the entirety of his vast collection, which included ancient Greek, Roman and Egyptian relics, within his workspaces (and not in his private apartment) suggests that objects played a greater role in Freud’s theory and practice of psychoanalysis than merely that of aesthetic decoration (Marinelli and Titheridge 2009, 151). Indeed, the presence of Freud’s collection had a significant impact on the character of his workspaces; in contrast to the “comfortable” and

“unremarkable” décor of his private apartment, Freud’s consulting room and study have been described as “opulent, exotic and idiosyncratic” (Burke et al. 2007, 6).

At the core of Freud’s psychoanalysis was the regular disclosure of a patient’s uncensored thoughts and dream images through *free association*. The information revealed was interpreted by the analyst in an attempt to unmask the underlying cause of a patient’s suffering. Freud declared the importance of maintaining a level of “evenly suspended attention” throughout the process of psychoanalysis; limiting his verbal contributions to only that which he deemed necessary (Freud 2001, 111). As a result, the environment of Freud’s consulting room arguably played a greater role than the analyst himself in inspiring an altered state of consciousness conducive to the patient’s generation of abstract thought. Whilst lying recumbent on the couch, in a position perhaps intentionally reminiscent of sleep (Rosegrant, Ph.D. 2005, 740), a diverse array of objects was visible to the patient (see fig 16). The shelves and cabinets lining the walls of the space were filled with ancient figurines, vases and other artefacts. The objects held symbolic value to Freud, their collective display perhaps acting as a visual embodiment of psychoanalysis; a process of psychic “excavation” which Freud frequently compared



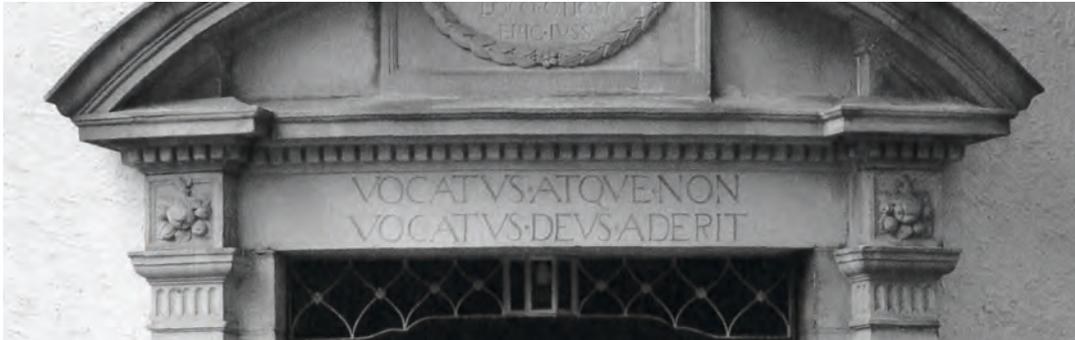
Fig.17. Photograph of Freud's desk at Maresfield Gardens, showing a line of antique statuettes.

to archaeology (Scully 1997, 225). The perception of such eclectic objects may have evoked memories or emotional responses in the patient (Gerald 2011, 440), providing material for discussion and thereby aiding the process of free association. In many contemporary forms of psychotherapy, objects and figures are employed as a tool for the patient to express thoughts and emotions, or as a mediator between the patient and therapist (Klosinski 1992), which may have resulted from the impact of the objects displayed in Freud's consulting room.

The density of objects and their orientation towards the patient within the intimate setting of the consulting room could be perceived as intimidating; contributing to a patient's feelings of discomfort. Indeed, Fuss and Sanders (2004, 82) commented on the exposure and unease a patient may have felt in the face of the "multitude of gazes" of the ancient figurines; a spatial arrangement which may seem counterintuitive to the creation of a secure and comfortable environment. However, as Huskinson (2018, 73) suggests, feelings of emotional and existential unease resulting from a subject's interaction with a "dissonant" environment provide an opportunity for self-awareness and growth; an objective aligning with the goals of the psychoanalytic process.

In addition to their emotionally-evocative properties, the objects in Freud's collection could also be seen to assume a role which the analyst himself was unable to provide; that of direct visual contact. A significant proportion of Freud's collection was comprised of statuettes; their anthropomorphic features perhaps providing a basis on which the patient could attempt to interpret or connect with the unseen and somewhat elusive figure of the analyst (Fuss and Sanders 2004, 102). In this way, Freud's consulting room exists in opposition to the neutral and ambiguous therapy space endorsed by Langs (1982); the display of the analyst's possessions creates a visually-stimulating environment, which perhaps compensates for the detachment apparent in Freud's psychoanalytical interactions with the patient.

Freud's topological approach could be seen to mirror that of Jung, with the analyst appearing to link the architectural design of his home at Küsnacht with his "world of ideas" (A. Jung et al. 2009, 72). Indeed, Huskinson (2018, 16) notes that not only did Jung's psychological theories influence his "architectural constructions", but the two "directly inform[ed] each other". Jung's psychoanalytic method incorporated a process which was termed *active imagination*. Similar to Freud's free association, it involved the reconciliation of a patient's unconscious thoughts and



*“VOCATUS ATQUE NON VOCATUS DEVS ADERIT”
“Summoned or not summoned, God is present”*



Fig.18. Text and symbols carved into a wall at Jung's tower in Bollingen (bottom). The Latin inscription is the same as that above the front door of Jung's house at Küssnacht (top).

dream contents into the realm of conscious awareness through verbal or creative expression, often involving symbols. Jung was himself involved in the process of active imagination, and used architecture as a means of creatively expressing his ideas and his own psychic development. A few years after the construction of his family home at Küsnacht, Jung commenced the design of a tower at Bollingen. Designed and constructed in stages throughout Jung's life, each addition to the tower reflected a new phase in the psychoanalyst's quest for individuation; a spiritual and psychological process in which conscious and unconscious elements of the psyche are reconciled as part of a quest for inner wholeness (Schlamm 2010, 867). Whilst Freud found parallels between psychoanalysis and archaeology, Jung was inspired by the medieval process of alchemy; believing its spiritual and symbolic aspects to be reflective of the psychoanalytical process (C. G. Jung et al. 1953). Images and carvings representing alchemical symbols and Jung's own process of active imagination were present in various forms at Bollingen Tower (see fig 18). However, Jung reserved his second home for private contemplation, and continued to carry out his psychoanalytical consultations in his study at Küsnacht.

Although the construction of 228 Seestrasse predated Jung's theories of active imagination, individuation,

and his interest in alchemy, an inclination towards symbolic representation was present in the building's architecture. An inscription reading "summoned or not summoned God is present" was carved into the stone above the front door in Latin (Becker 1999, 29), positioned as a reminder to the analyst and his patients of the "important" and "ultimate" road to "God himself" (C. G. Jung and Adler 1976, 611). Describing himself as a "Christian-minded agnostic" (ibid., 610), Jung was influenced by religious practice, with the analyst speaking of the parallel roles played by the psychoanalyst and the clergyman in the "spiritual task" of psychic healing (Jung 1969, 333-4). This analogy between religious and psychological healing is apparent in the stained-glass window panels in Jung's consulting room. Copied from a former Franciscan monastery, which was transformed into a psychiatric clinic in the mid 19th Century (Oglesby 2016, 193), the panels depict scenes from Christ's life; their form and content evoking the image of a church within the intimate domestic setting of the analyst's study. The presence of Christian imagery within Jung's consulting room is not only suggestive of the analyst's transpersonal approach, but also contributes to the atmosphere of a sacred space; perhaps symbolising the importance of the psychoanalytical process. Indeed, Jung's consulting room could be interpreted as an attempt by the analyst to create his own *temenos*,



Fig.19. Photograph of the facade of Freud's apartment at Berggasse 19 in Vienna, 1938.

reflecting the depth and diversity of a practice which stands at the junction between science, philosophy and religion.

Freud occupied existing buildings for the development and practice of psychoanalysis (first in Vienna, and then in London), conducting the majority of his consultations within the confines of his consulting room. The architectural expression of his ideas was therefore limited to the interior spaces of his workrooms, resulting in an aesthetic concentration of objects, imagery and symbolism within the space, which were immediately visible to his patients. Jung, on the other hand, designed and constructed the buildings in which he lived and worked, and so, unlike Freud, he was able to define both the building's external form and its internal spaces. Jung was also known to occasionally conduct consultations in the library (Jamieson 2018, 18). It could be argued that Jung's psychoanalytical approach is less discernible through analysis of the isolated space of his consulting room. As Jung's patients interacted with several spaces in his home, one must consider a patient's overall journey through 228 Seestrasse to gain a more comprehensive insight into the role of space in their experience of psychoanalysis. Perhaps Jung used symbols within the architecture of his home to communicate the importance of the psychoanalytical

journey to his patients. The stained-glass panels within Jung's consulting room symbolised an end point on the patient's journey from the front door (and its inscription) to the contained inner sanctum of Jung's consulting room; one of the most intimate and "interior" spaces within the house.



Fig.20. Photograph of Jung's home at Küssnacht in 1910.

CONCLUSION

This examination has shown that, in their contrasting uses of the archetypal features of confessional space, both Freud and Jung were able to create a stable, contained environment, whilst controlling or negating boundaries between themselves and their patients. Analysis of the differences between Freud and Jung's spaces exposed the conflict between their approaches, showing that the environment of the consulting room can be tailored to align with a specific analytical method.

Freud's psychoanalysis was centred on the process of free association, and as such, the analyst used space and objects as a direct visual expression of this. Freud invited space into his psychoanalytical process to such a degree that, in some respects, the environment of the consulting room was arguably a more dominant force in the psychoanalytic process than Freud himself. Over time, the layering of objects displayed within Freud's consulting room densified, creating a museum-like space which could be seen as an attempt by Freud to preserve his theory.

Jung's central psychoanalytical theory of individuation was formed around the idea of lifelong self-development; a feature which often found architectural or symbolic expression in his homes. In spite of this, the environment of Jung's consulting

room remained fairly unchanged and anonymous throughout the analyst's life, somewhat aligning with modern psychoanalytical theories regarding the need for consistency and neutrality within the therapeutic space. Rather than using explicit visual material to express his theories or stimulate the thoughts of his patients, Jung's direct analytical approach meant that much of this communication was fulfilled by the analyst himself. The comparative neutrality of Jung's space when contrasted with that of Freud, is suggestive of Jung's direct, humanistic approach. Despite its location within Jung's house, the consulting room itself was not overtly expressive of Jung's own personality; the subtle characteristics of the space perhaps reinforcing Jung's recognition of the patient as an equal contributor to the psychoanalytic process.

Far beyond the provision of a neutral and safe backdrop, this enquiry has revealed that the spatial environment of the psychoanalytical consulting room does in fact assume the role of the "third in the room", actively contributing to the psychoanalytical process. Spatial analysis of Freud and Jung's consulting rooms has illuminated the ways in which the interior space of the domestic consulting room can be used as a symbolic or physical tool to reinforce, or even counterbalance, the specific method of the psychoanalyst. Not only can architecture be used to symbolise the analyst's theories, but also to manage and strengthen the therapeutic alliance; a factor which can only help to achieve the main objective of psychoanalysis: the task of psychic healing.

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