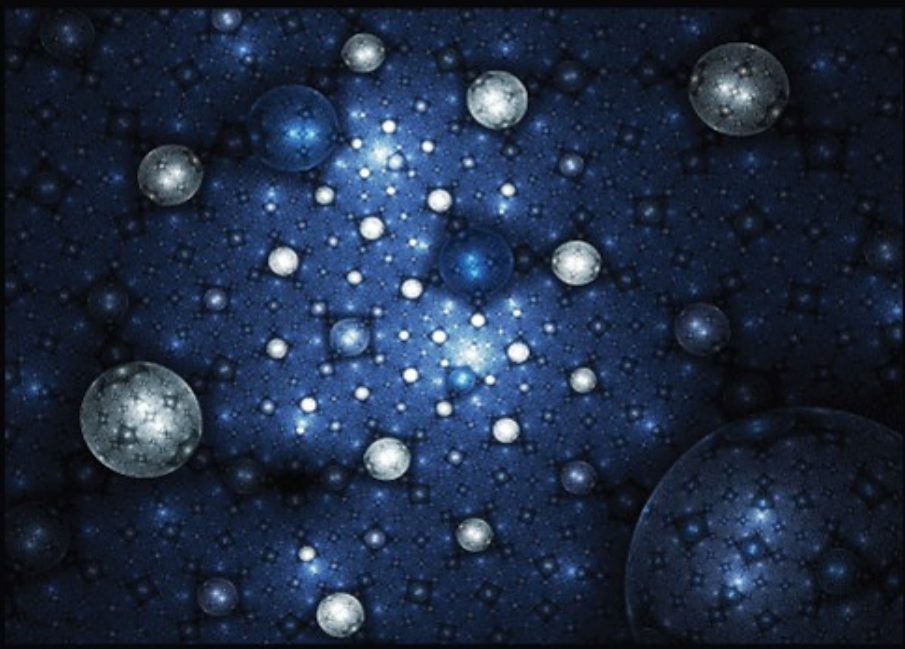
Spatial Metaphor and Spatial Reality



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Dimensions of Psychotherapy, Dimensions of Experience

Spatial metaphor and spatial reality: an overview

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Dr Scharff's 15 books include *The Sexual Relationship* (1982), *Refinding the Object and Reclaiming the Self* (1992), *Object Relations Theory and Practice* (1995), and *Fairbairn: Then and Now* (1998). He has also written 50 articles and chapters and is widely sought as a lecturer on the topics of family and couple theory, object relations theory, and sexual development, disorders and their treatment. He maintains a private practice in psychoanalysis and psychotherapy in Chevy Chase, MD.

Spatial metaphor and spatial reality: an overview

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Marie Bonaparte described space as ‘the atmosphere we breathe’ (1940: 430). Like oxygen, space is essential for life and usually outside our conscious perception, yet, it is difficult to imagine how we could make sense of experience without spatial coordinates. While philosophers may

debate the relationist versus absolutist argument of whether space exists independent of objects (does a spatial vacuum really exist?), there is agreement that space has at least three functions (Le Poidevin 2003):

1 Space as a point of reference: ‘He was across the room.’

2 Space as a possibility: ‘Put the book over there (in an unoccupied space).'

3 Space as a geometrical reality: ‘My chair is 12 inches from the wall and 10 feet from the window.’

Similarly, psychotherapists study external and internal space as psychological experience:

1 Space as a point of reference: ‘I feel so close to her even though she’s 3,000 miles away.’ ‘Your anger pushed me away.’

2 Space as a possibility (or a lack of possibility): ‘I can imagine you coming over to my side.’ ‘I can’t be interested in anyone now—there’s no room in my heart since she left.’ ‘Give me room to think!’

3 Space as a geometrical/psychological reality: ‘I feel safe in your

office.' 'I'm connected to her but you seem so distant to me.' 'I'm falling apart.'

Clinically, claustrophobia and agoraphobia are, at one level, directly about space—too little or too much. Psychoanalytic therapists are more concerned with the subjective, symbolic, relational and existential realities of space. The following are some psychoanalytic spatial perspectives: the projection of self into the world creating space (Freud 1941), potential space and transitional phenomena (Winnicott 1953), the

container and the contained (Bion 1962), and the claustrum (Meltzer 1992). Space is also a key element in Ogden's (1989) three modes of experience. In the sensory dominated, autistic-contiguous mode (the most primitive), anxiety is about being unbounded and it can take the form of primitive terror of falling endlessly through space. In the paranoid-schizoid mode, there is no space between the symbol and the symbolized and anxiety is about falling apart, the self having spaces between its parts. In the depressive

mode, there is space between the symbol and the symbolized and there is space to think and make linkages.

Perhaps no writer has discussed the internal/external spatial interplay more evocatively than Winnicott (1953). He saw the initial relationship between baby and mother as being a totally physical one, a psychosomatic partnership (Winnicott 1971), that began in utero where there is little physical space between mother and fetus, and the fetus occupies part of maternal space. After birth the

increased physical distance between mother and baby creates potential space for the development of psychological experience and eventually for the development of transitional space and objects. Transitional space is a third area of experience, neither fully inside nor outside but between. It is in this space that the arts, culture and creativity itself develop. It begins as:

> ... a developmental way station between hallucinatory omnipotence and the recognition of objective reality … Transitional experience is rooted in the capacity of the child *to play,* in adult form it is expressed as a

> capacity *to play* with one's fantasies, ideas, and the world's possibilities in a way that continually allows for *the surprising, the original, and the new* [italics added],
>
> (Greenberg and Mitchell 1983: 195)

We have six chapters in Part II on space. The first two examine the interplay between the external office space and the internal space of the patient and therapist. Geoffrey Anderson begins his chapter with a survey of the analytic writing on space, emphasizing the object relations theorists. He then presents how two patients made use of his office and the

items in them. He details how this ‘office usage’ affected their development, their relationships with him and the treatment in general. Anderson shows how a patient with an unintegrated (never integrated) sense of self used him and his office differently and more primitively than a patient who was experiencing a disintegration of self. Judith Rovner explores the multiple levels of a simple situation: the therapist moving her office. She presents material from the psychotherapy of three patients to illustrate a range of developmental

responses to this change in setting. Through discussion of her own countertransference reactions, Rovner also shows how some of the changes in the external space, the setting, involve changes in the therapist's own internal space.

Earl Hopper considers the dimension of space both theoretically and clinically, illustrated with a detailed case of a challenging patient seen in intensive individual and group psychotherapy. Expanding on Bion's (1961) work on group basic

assumptions, he adds ‘Incohesion: Massification/ Aggregation’ as a basic assumption. He also illustrates how therapy group can give both patients and therapists the space to be able to think and therapists the space to reflect upon their countertransferences.

The next two chapters examine how the physical space of psychotherapy and teaching psychotherapy can be dramatically expanded through technology. Sharon Zalusky brings an intensely practical element for our study as she considers the impact on

therapy when the patient and therapist are not even in the same room together and may be hundreds or even thousands of miles apart: when therapy is conducted by telephone. Her case vignettes demonstrate the usefulness, the technical issues, and the themes that are relevant to this increasingly accepted and important practice. I (DES) illustrate the unique aspects of teaching infant observation and psychotherapy by video-conferencing where the various students and teachers are working together from various geographically distant

locations. Without this technology, it would ordinarily require a great deal of time, expense and travel to provide such training.

Finally, Susan Barbour expands on some of the themes about potential space by looking at them in an organizational setting. Beginning with Bion's (1961) group work and especially emphasizing the group-as-a-whole paradigm (Wells 1985), she presents the narrative of a professional workgroup whose previously successful functioning became

seriously impaired when it experienced several staff changes and a change in leadership. Barbour shows how the workgroup's internal potential space collapsed and she gives suggestions for how leaders can create and maintain productive internal space for themselves and for their workgroups.

A NOTE ON SPACE AND TIME

For the purposes of study, we are isolating and focusing individually on the four dimensions in this book. However, as noted in the introduction, we know that there is a complex

interplay and synergy among the various elements of psychotherapy and human experience. Perhaps, this is especially true about time and space. Indeed, there are ways in which these dimensions interact to create a single entity. For example, physics has the concept of a four-dimensional construct, space-time (Greene 2004; Galison 2003).

Consider how we experience the merger of space and time psychologically. Freud (1933) noted that in dreams, time was represented

by space. Things that were far apart in the dreamspace could be understood to be separated in time, or an object that was very small and far away was being represented as being distant in time. In my chapter (Stadter, Chapter 2) on time, trauma and psychotherapy I found myself unconsciously using a spatial metaphor for different experiences of time: time-near and time-far. In Stern's (2004) exploration of the present moment, he frequently uses spatial metaphors. Grudin (1982) writes:

> ... the use of metaphor—temporal metaphor for space and spatial metaphor for time—gives us a special sort of access to the space-time continuum. This is not because metaphor has anything particular to do with the physics of space-time, but rather because metaphor evokes both conscious and subconscious responses and produces ... an awareness of the implicit connectedness of things.
>
> (Grudin 1982: 2)

Sabbadini (1989: 306) notes that a basic component of therapy practice, the waiting room, embodies time and space in the two words of its name: 'For instance, when we speak of the waiting room, we are referring to the space of the room but also to the time

of waiting.' Grudin (1982: 5) writes that 'Rooms can be vessels of psychological temporality, silently encouraging specific attitudes toward time.'

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