



Symbolic objects and the analytic frame

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Abstract: With reference to two patients who brought material objects to their sessions (previously discussed in Colman 2010a, 2010b), this paper reconsiders the pre-eminent role of verbal communication in analysis. I suggest that the privileging of words over action derives from Freud's view of the mind in which only that which can be put into words can become conscious. Following Stephen Mitchell (1993), I discuss the way that this view has become relativized by the shift away from an instinctual drive model to a more relational, meaning-making view of the mind. This is then linked to Jung's emphasis on the importance of symbols and the transcendent function and Milner's view of the therapeutic frame as a space for symbolic meaning. Drawing the boundaries of the therapeutic frame in this way allows for symbolic actions *within* the frame rather than as boundary-crossing deviations from a more narrowly defined frame which allows only for verbal communications.

Key words: boundaries, enactment, symbolic meaning, therapeutic action of analysis, transcendent function, words

Introduction

This paper has its origins in my work with two patients who brought material objects to their analysis that turned out to be deeply significant to the analytic process. In both cases the objects involved took on a ritualistic quality that gave the actions involving them an emotional and, I would say, a numinous intensity that felt profoundly real. I came to understand the physical objects as proto-symbolic representations of the self arising out of the activation of the transcendent function in the analytic relationship.

I have previously written about both these patients in different papers from different angles. I chose the first patient ('Helen') as the clinical illustration for a paper I was invited to give at the Institute of Psychoanalysis in 2003 on the similarities and differences between Jungians and Freudians (Colman 2010a); the second paper was written partly at the request of the patient herself ('Anna') and tells the story of how she was able to release a blocked mourning process through symbolization (Colman 2010b). Here I want to consider the implications of this kind of work for analytic practice. These experiences and others like them have led me to reconsider the approach to analysis in which I was originally trained which discouraged this kind of active involvement with objects brought to the room as 'unanalytic'. I do not question the need to think

about the meaning of such events—far from it—but the *way* I do so has changed considerably.

I have always resisted a rule-bound approach to analysis, considering this to be unanalytic in itself. For example, I once asked an experienced analyst, whose work I respect, why she had chosen not to read something her patient had wanted to show her. I was surprised when she replied ‘Well, that’s the way I was trained’. This never seemed a good enough explanation to me, certainly not an *analytic* explanation. So, for several years, whenever patients brought things they wished to show or give me, I would try to think about it with them before deciding what to do. Rather than having a standard response of abstinence and refusal, I would aim to take each situation on its own merits.

However, patients frequently found this hard to bear—often it would kill any spontaneity they felt about what they had brought or they would sigh at the tedious rigmarole they knew they would have to go through before I would agree to read anything or look at a photograph, for example. Furthermore, they would sometimes complain that they never knew where they were with me: in my efforts to be flexible, I was failing to provide clear boundaries, just as the official teaching claimed.

So I have now revised my approach: instead of asking first and accepting later, I now almost always accept first and ask later. I believe that I can best understand by getting involved—only then is it possible to figure out what sort of ‘fray’ I am involved in (a term first used by Robert Caper [1992]). I find that this approach also has the advantage that the implicit indicative message I give to my patients is one of acceptance and responsiveness; it encourages greater spontaneity and freedom in them since it proceeds from greater spontaneity and freedom in myself. I remain aware of the possibility of getting caught up in collusive and/or intrusive attempts to control me, although, as it happens, I rarely feel that this is the case. But I would much rather err on the side of getting caught up in a patient’s attempt to get me to ‘act out with them’, as Betty Joseph puts it (1985, p. 447), than reject a genuine need to communicate through action. It is easier to untangle myself from the former than it is to recover a patient’s trust when he or she has been wounded by the latter. Analysis is painful enough without the analyst inflicting further (iatrogenic) wounds through an adherence to analytic rectitude that is really a fear of making mistakes.

This change in the way I practise is part of a much wider change in the way I have come to construe the analytic process and the kind of theoretical models on which I draw. These changes include

- the role of verbal language and interpretation
- analytic boundaries and the therapeutic frame
- the meaning of enactment
- the therapeutic action of analysis.

I shan’t be able to cover all of these points in this paper but I hope to say something about most of them.

I want to start though with an account of the two cases that have been so significant in shaping my views, not only about the use of objects in analysis but about the centrality of the symbolic process of which the material objects were an expression¹. For both patients, the objects they brought to their sessions arose out of an inarticulate aspect of themselves that they could not express in any other way. Only over time, through the work of the analysis, could the meaning of the objects be symbolized and elaborated. Yet, even so, something remained, over and above what could be verbalized: as Jung said, the living symbol expresses its meaning through its own embodiment as an image: it cannot be 'translated' without loss of meaning since were that to be possible, the symbol would no longer be needed, it would have ceased to 'live'.

Helen

Very early in her analysis, Helen began to use objects in the room to express the feelings that she could not put into words, as if she was compelled to act in this way as a kind of circumvention of her rigid and punitive super-ego (protector/persecutor). She would take the cushions off the couch and sit on the floor with them, arranging a group of wooden eggs in a bowl and a wooden apple that she took from a table at the foot of the couch in a kind of dumb show. I rarely understood the meaning of these actions but since it was clear they were invested with great significance for her, I chose to mainly watch and wait, merely enquiring or commenting as and when I could. She later called this a form of 'cryptic communication'.

Helen was too restless and anxious to lie down on the couch so she usually sat on it. After a few months, she plucked up the courage to ask me if I would move the couch slightly so that it was against the wall and she would be able to sit in the corner. This created a difficult dilemma since whatever I did would have a meaning that could not be entirely encompassed within the realm of verbal interpretation. Not moving the couch was just as much an action as moving it—either way I would be making a statement about my relationship to her and to the boundaries of the analytic frame. This was a critical moment, a fork in the road where I could either take the path of maintaining the frame in a way that would re-enact her deprivation and rejection, thus creating an arena to work through it in the transference, or I could offer her a different experience that confounded her expectations and highlighted her negative transference expectations against a different kind of experience. I chose the latter path and so initiated a routine in which I would move the couch for her before each session and move it back again after she had left—a repetitive action that enacted my therapeutic care for her. For me, the guarantee of Helen's genuine appreciation of this action was that she did not mind when I occasionally forgot to do it.

¹ This material mainly recapitulates the previously published accounts.

In the third year of her analysis, following a week-long break, Helen brought a stone with her to her session to which she had been 'holding on tight' during my absence. This referred to a dream in which she had been holding on tight to metal bars on the edge of a chasm that she associated with the break. In turn this was associated with a traumatic separation from her nanny at the age of three when she had held on so tight that she had to be prised away. She wanted to leave the stone with me but assumed this would not be possible. I questioned this assumption and then, at the end of the session she silently offered me the stone and I took it from her. I had not really expected her to actually leave it with me but, as with the couch, I knew that not taking it would represent my rejection of her. Over the week away, the stone had represented a way of holding onto me, whereas in leaving it with me, it had also become a representation of her—the part of her that wanted to always be with me, held in my care. And indeed I did take care of the stone for many years. Initially I would keep it on my desk—at the beginning of the session she would ask for it and at the end she would hand it back to me. These exchanges were in one sense interpretations in action, as with moving the couch, but now there was an added element in that something was physically passing between us, now held by her, now held by me. In one way it was a sort of proxy that could physically represent holding and being held and in that sense was more an indexical sign than a fully fledged symbol—that is, it was a token that stood in for physical holding and, as a physical object that could actually be held, was both more and less than a symbolic representation.

However, the use of the stone set us onto a symbolic path. On the one hand, it was a way of getting around the boundary that prevented her from literally clinging on to me as she had clung on to her nanny. But at the same time, it acknowledged that and substituted a representation for the emotionally charged longing to be held and to be always with me. These intense emotional projections heightened the intensity of the therapeutic relationship and of the stone that had become its representation. As it passed back and forth between us, the stone took on another meaning—it was not only her and me, it was also a third thing—the relationship itself. It might therefore be seen as an expression of the analytic third in which the stone expresses the third dimension that is co-created out of the mutual interaction between analyst and patient and activates the transcendent function between them.

The pattern of giving and receiving the stone soon took on a definite ritual quality in the sense of a ceremonial action imbued with a sense of deep but often implicit meaning that must be carried out respectfully and in the proper way. From the start I had seen it as a symbol of the self, partly due to the obvious association with the alchemical lapis. Although I kept this association to myself, it undoubtedly influenced the way I related to it and therefore helped to foster its symbolic meaning.

Helen was terrified that when all the rage and hatred she felt about being abandoned and rejected broke out in the analysis, it would completely destroy

the relationship and I would violently reject her. This fantasized scenario was activated on many occasions when some small action on my part would be interpreted as rejection and she would either fall into the chasm or be pitched back into a cold, angry, defensive stance of not needing me at all. Then the stone would lose all meaning and she would spurn it as a stupid game. As these storms were weathered and the good feeling recovered, Helen became more trusting and vulnerable and the emotional quality of the sessions became intensely intimate. On one such occasion she asked if I would hold the stone and I agreed to do so. This was repeated on several occasions. It had, for me, a distinctly erotic quality—on one occasion I found myself rubbing my finger along it, on another I (unconsciously) put the hand that was holding the stone against my face. Helen was particularly affected by this and, afterwards, speaking of her ‘child self’, asked me ‘How did you know that ‘she’ [her child self] wanted to stroke your beard?’ I felt intensely uncomfortable about this, fearing that I was straying across the analytic boundaries into a potentially unsafe area of incestuous enactment.

There were also two notable occasions when Helen brought an amaryllis as a symbolic penis—on the first occasion it was a phallic bud in a plastic bag that she had cut to pieces. When she unwrapped it, it felt deeply shocking as if it really was a dismembered penis. On the second occasion a few years later, she attempted to enact a ritual celebration in which she sat with an apple in one hand and a flowering amaryllis in the other, announcing that this was a crown and sceptre and that she was the Queen and I was the King. However, the planned drama went wrong when she accidentally got some pollen on her hand that felt like semen and she then felt stuck. At this point, I experienced a strong fantasy of sucking the pollen off her finger and felt that the reason the celebration had got stuck was that the next part of the ritual would move into a physical and sexual arena that could not be enacted between us. I felt I understood as never before how sexual acting out between analyst and patient can happen when the symbolic space collapses. However, as I now understand it, the problem was not a collapse of symbolism but that the symbolism had become too concrete and thus too real. In retrospect, I do not think there was any possibility that something sexual might actually happen between us—there remained a full awareness of the importance of the boundaries on both our parts. Yet, the ‘ritual’ had nevertheless lost its ‘as if’ quality that Helen hoped would make it possible for her to contain her overwhelmingly powerful sexual and emotional longings towards me. And it was this symbolic equation—between plant and penis, pollen and semen—that made it feel that something sexual was ‘really’ happening. A symbolic enactment was teetering on the edge of a delusional transference.

Considering that this was all happening during the period when I was preparing the paper I was to give at the Institute of Psychoanalysis with Helen’s analysis providing the clinical material, it’s small wonder that I was gripped by a feeling of dread about how I could possibly justify all this to an audience

of psychoanalysts as an illustration of ‘Jungian’ practice. What *had* I been thinking of? When I looked for examples of such behaviour in the literature, I could find none—not with adult patients anyway. Yes, patients brought objects from time to time but did analysts ever get as deeply involved as I had done? Was I completely caught up in some Oedipal fantasy with my patient? It did not help when I presented the case to some psychoanalytic psychotherapists as a sort of ‘dry run’ and they remarked that what I was doing might be therapeutic but it was not analytic: such behaviour did not enable the patient to internalize the analysis. I was off the track and over the wall. In the event, with no small help from colleagues who reassured me that I was not mad, I was able to buttress my account with strong theoretical support and the event was a success. I could not publish, however, until Helen’s analysis ended several years later when Helen was in a position to give her permission. The paper has now been published in the *International Journal of Psychoanalysis* (Colman 2010a).

Anna

It was less than a year after Helen first brought her stone that another patient, whom I have called ‘Anna’ arrived at her session with an ugly-fruit—a cross between a grapefruit, a Seville orange and a tangerine that her father used to sell in his greengrocer’s shop when she was a child. Anna’s father had died when she was 15 and she had been completely unable to mourn his death, partly because, in life, he had been so psychologically absent, something she felt was due to the trauma of having been a Japanese prisoner of war. She often dreamed of her father’s shop and the previous week had dreamt that she went into the shop and there was a man there from the Far East—she had asked him for an ugly fruit but he didn’t have one and so she left. She had no idea why she had brought the ugly fruit, nor why she wanted to give it to me, although it obviously had something to do with her relationship with her father; I commented that it might be an image of her self. She responded by saying that she’d always liked ugly-fruits, though they’re not very popular. They’re ugly on the outside but juicy and exotic to eat.

I was hesitant about accepting the ugly-fruit, sensing the same storm-clouds of anxiety that had surrounded my work with Helen already beginning to gather. Was this another Oedipal enactment heading my way, with a surreptitious invitation for me to eat my patient’s juicy fruit? Anna’s distraught reaction to my hesitation made it clear that this was not the case: the issue was much more to do with whether her ugly-fruit self could be received or would have to be ‘thrown in the bin’—an image I connected with the bulimia that had developed after her father’s death. I now regretted my hesitation which I realized had much more to do with my own preoccupations than Anna’s need. My course was clear: I accepted the fruit wholeheartedly without further ado, taking it home and sharing it with my family.

Like the stone, the ugly-fruit reverberated throughout Anna's analysis, although, as a perishable object, it could not be physically present in the same way and its specific significance was different. Both objects were symbols of the self, whose symbolic resonance deepened over the subsequent years of analysis but no two patients are alike and each symbol was unconsciously chosen to embody the particular contours of the patient's history and the traumatic legacy they needed to work through in the analysis. Anna had used bulimia as a way of evacuating unthinkable and therefore unsymbolizable emotions associated with her father's death so the choice of an object that would rot unless it was eaten had powerful symbolic evocations, albeit these were not apparent at the time.

The bringing of both these objects was prompted by dreams. This gave them a curious valency as symbolic realizations in physical form. In one sense, the object is concrete and material, yet in another it is a symbolic representation of the image evoked by the dream. This was explicit in the case of the ugly-fruit whereas in the case of the stone it was the image of 'holding on tight' that had been transferred from the metal bars of the dream to the stone that was brought. I think too that in the use of these material objects, we can also see how symbolic representation emerges out of an unconscious process of proto-symbolic thought in which word, image and object are not yet differentiated. Neither Helen nor Anna had very much idea of what the stone and the fruit meant at the time they first brought them. They were acting out of an urgent but largely unconscious impulse that drove them towards communicating something they could not have expressed in any other way since it was not yet within the realm of the knowable—i.e., it had not yet been symbolized. Although the transcendent function was already operating unconsciously in the selection of the symbolic object, they also needed to draw on the transcendent function in me to encourage the symbolic process that the bringing of the objects initiated. Thus, initially I had more of a sense of the symbolic meaning than they did. With Helen, I acknowledged this by the ritual seriousness with which I engaged with her use of the stone. With Anna, this was achieved by repeatedly referring back to the bringing of the ugly-fruit and gradually bringing it within the range of meanings that were developing in the analysis.

I have described this process in detail in my previous paper on 'Mourning and the symbolic process' (Colman 2010b) published in this Journal last year. Here I want to refer only to the synchronistic sequel to the appearance of the ugly fruit several years later. Anna had often noted the disappearance of ugly-fruits from the shops and at times when she found the analysis particularly hard going, which was not infrequent, was wont to say that the next time she found an ugly fruit that would be the day she'd leave the analysis. Eventually, she had a sort of vision in which her dead father said he would send her an ugly-fruit. On the next anniversary of her father's death, she was able to mourn for him in a way that had not been possible before, by laying flowers at the site where he had collapsed of a heart attack. Three days later, she found a shelf full

of ugly-fruits in the local supermarket. She bought one for herself and one for me. And as we mused together on the synchronistic significance by which her father's promise had been fulfilled, the idea emerged that I would write a paper about it that would serve as a substantial memorial to a man who, in life, had had no substance. The idea linked with my own current interest in the symbolic process and a talk about the mourning for my own father that I had recently given to a local bereavement group but was too personal to publish. So the paper I came to write was itself an enactment that expressed in concrete form the living third that had been constellated in Anna's analysis—an expression of patient and analyst together in their unique combination (*coniunctio*). The paper symbolizes the analysis that has an affectively charged meaning for each of us. By a further synchronicity, it was completed on the following anniversary of her father's death. Anna regularly asked about the progress of the paper and its publication provided a symbolic fulfilment for her that, once again, needed to be established in the form of a material object, albeit one that has many copies.

I hope these descriptions have served to highlight a number of features of analytic work that depart from what is commonly considered to be the 'standard' approach to analysis in relation to some of the areas I outlined at the beginning—the role of words and verbal interpretation, the use of material objects and the meaning of enactment. All of these have implications for the nature of the therapeutic frame and the boundaries it defines which I now wish to discuss.

The 'standard' approach to analysis (Enactment and the analytic super-ego)

Although the approach to analysis in which I was trained will, I think, be familiar to all psychoanalysts and Jungian analysts of the developmental school, I suspect that many analysts frequently depart from it, albeit with some sense of guilt. According to this approach, everything brought to the room should be analysed and interpreted and any involvement with physical objects constitutes a departure from analysis that should be eschewed. As Chris Hauke sardonically puts it 'no objects allowed—except the cheque at the end of the month' (Hauke 2009, p. 49). Or, to paraphrase the admonition given to travellers in wilderness areas, 'take nothing but the cheque, give nothing but interpretations'. In the strict version of this view, then, analysis is a purely verbal enterprise. Notwithstanding the obvious fact that a great deal of communication that goes on between analyst and patient is non-verbal and indeed unconscious, the analyst is enjoined to restrict their *intentional* communications to words and to foster a process whereby the patient learns to do likewise. That is, enactments inevitably occur but, as the analyst 'recovers' from them, they become 'grist to the mill' of verbal interaction.

Enactment

Most discussions of enactment seem to take for granted that actions on the part of either analyst or patient are departures from a frame that is defined as abstinent, neutral and verbal. Actions are contrasted with verbal symbolization which thereby implicitly equates symbols with words. Even where this is not the case, enactment is almost always synonymous with ‘failure’, including occasions when the analyst fails to process their own emotional state and ‘acts out’ through the form and emotional import of their interpretations. By contrast, I would argue that the enactments I have described are not failures and occurred in the service of the analysis. Most of these are in the form of indicative action—that is, taking the stone, moving the couch and so forth are *indications* (signs, rather than symbols) of my care for the patient. Something similar occurred with Anna when I changed the cushions on my couch. She had become greatly attached to one of the old ones and I felt that removing it would display the kind of insensitivity shown by parents who throw away their children’s beloved transitional objects; so I kept it for her and put it out each session, just as I moved the couch for Helen. In some ways, the cushion was similar to the stone as something that represented the analyst and could be physically held; however, it never became as numinously significant as either the stone or the ugly-fruit and my involvement with it remained at the indicative level of enacting my care for Anna and my understanding of what the cushion meant to her², an interpretive action of the kind described by Ogden (1994).

I see the ritual use of the stone over a period of years with Helen and the writing of the paper about Anna as more symbolic forms of enactment that have multiple meanings and *represent* the analytic relationship rather than merely indicating it. These are symbolic communications rather than indexical ones and constitute the ‘living symbol’ as Jung understood it. They are more than an interpretation through action since, in both cases, they became an emergent feature of the analytic third that cannot be reduced to either patient or analyst.

Boundaries and the frame

The emphasis on verbal interpretation and the negative view of enactment also forms a template for defining the boundaries of the analytic frame against which departures from good analytic practice can be measured. Curiously, though, discussions of the rationale for defining the boundaries of the frame in this way are surprisingly rare. For example, I cannot recall a single seminar on boundaries and the frame throughout my training and the topic does not appear on the current curriculum of the SAP either. Nor is there very much literature

² I had not reckoned on the significance of the *other* cushion, the one I did not keep: Anna let me know that this too was important, perhaps a bit like the ‘no-rug’ of Winnicott’s patient in *Playing and Reality* (1971, p. 21–22).

devoted to the topic—although it may crop up in passing in papers concerned with other issues of therapeutic technique, a quick search on PEP-Web revealed almost 600 references on interpretation and close to a thousand on transference: the references on boundaries and the frame amount to little more than 50 or 60 with about 70 titles on enactment.

Instead, trainee therapists seem to be expected to ‘pick it up’ as they go along so that it becomes a form of implicit learning that is never properly discussed or debated, most often conveyed via supervision and clinical discussion. I think this lack of theoretical debate contributes to the way the idea of ‘good boundaries’ becomes unconsciously installed as a super-ego injunction, a measure of our internal sense that we are doing it ‘properly’, that we are being real analysts/therapists. At worst, this then becomes a taken for granted definition of ‘bona fide’ practice that is not subject to further discussion—a situation I satirized in a previous paper on the analytic super-ego, describing how

the idea grows up that one must always and only interpret the ‘here and now’ transference, maintain a neutral demeanour at all times, never make a personal disclosure, never acknowledge mistakes, never apologize, never answer questions and preferably don’t ask them either, never say ‘we’, never accept presents, never look at photographs of the patient’s family or read anything that they bring to the room.

(Colman 2006)

Much of the stimulus for writing about the analytic super-ego came from the tension I felt between what I had been taught to do and what, in practice, I found myself actually doing, perhaps most acutely when I faced the prospect of describing my work at the Institute of Psychoanalysis. In retrospect, I now see the British Psychoanalytical Society as the prime carrier, not only of my personal analytic super-ego but of the institutionalized projections of most of the analytic community in Britain. The anguish I felt then and the hesitation that nearly scuppered Anna’s gift of the ugly-fruit were symptoms of these super-ego injunctions from which it took many years to extricate myself. However, the warm reception given to my paper and its subsequent publication in the IJP helped a good deal in dispelling these projections.

Justification for privileging words over action

The ‘standard’ approach is not without clinical justification, though, as long as it is not merely a question of following the rules. For there are certainly legitimate concerns to be raised when analysts depart from these boundaries. This was the issue of a contentious debate in the pages of the JAP between Kalsched and Astor a few years ago. Astor questioned the style of analytic practice and technique where

following a period of mutual unconsciousness in which Kalsched often found himself behaving in untypical ways with patients, such as giving his home telephone number,

or arranging a special session to look at films of the patient's childhood, the analysis then takes off in what is described as the beginning of the therapeutic resolution.

(Astor 2003, p. 193)

Astor was concerned that these were countertransference enactments which contained the elements of the patient's psychopathology which had not been integrated and which needed working through. He doubted the value of substituting actions for words, considering it 'a high risk strategy to abandon language for actions'; he asked whether the 'delusional projective dynamic in the transference... can be integrated if it is not interpreted in relation to the analyst' (ibid., p. 194). Nevertheless, he also suggested that for UK analysts seeing patients more frequently, it may be 'the analytic frame that represents the enactment of care for our patients', thus acknowledging that the creation of the frame is itself a form of action and that enactments may constitute more than analytic failures.

Kalsched, while accepting that 'for most patients the therapeutic action of psychoanalysis has fundamentally to do with interpretation', commented that

the fact is that I have not found interpretation alone to work all that well with these patients... The analyst is dragged into the dance whether he likes it or not, and then the dance must be undone... During this increasingly 'real' process, the original trauma is repeated with an object which neither exploits... nor withdraws and retaliates. Slowly the traumatically compromised reality ego strengthens. Affects that were unbearable now get symbolic representation.

(Kalsched 2003, pp. 203-4)

Behind this debate is the question of what constitutes the effective therapeutic action in psychoanalysis. Both Kalsched and Astor recognize the value of the relationship as well as that of interpretation but for Kalsched, the therapeutic action involves the analyst literally being 'in action' with the patient whereas Astor emphasizes the need for the verbal articulation of what is taking place. It would seem that one reason for this is that Astor considers that verbal language is a superior form of symbolic representation to the use of images or symbolic actions, probably because words are more precise and explicit and therefore less prone to misunderstanding or things being left unsaid (e.g., the negative affect towards the analyst)³. He is also concerned that enactments in the transference may be a way of *avoiding* emotional difficulties rather than providing a non-verbal means of symbolizing them.

Many of these concerns derive from the coalescence of three trends derived from Freud's theory and practice which provide the theoretical basis for privileging words over actions in psychoanalysis.

³ However, Astor is particularly alive to the importance of authentic language and attending to the subtle nuances of words, as discussed in his recent paper 'Saying what we mean, meaning what we say' (Astor 2011).

Firstly, since patients' conflicts were believed to stem from the repression of instinctual drives, it was necessary to frustrate any gratification of the patients' unconscious desires so that the instinctual wishes aroused by the analytic process could be made available to conscious thought and reflection.

Secondly, Freud believed that there was an intrinsic link between consciousness and words. In his 1915 paper on the Unconscious, he argued that it is only when unconscious contents can be associated with word presentations that they are capable of becoming conscious. Thus verbal language is a crucial tool in enabling the patient to become conscious of their unconscious desires.

Thirdly, Freud (1914) noted his patients' tendency to *repeat* what had been repressed rather than remembering it and he introduced the term 'acting out' to describe this 'compulsion to repeat'. Thus 'acting out', which for Freud included the repetition of the patient's unconscious conflicts in the transference, was a tool of the patient's *resistance* to analysis, a means of avoiding knowing about their unconscious wishes and fears.

These three trends have all played into the modern tendency to regard *all* forms of action within the session as an avoidance of the analytic task even though the theoretical basis has shifted considerably from instinctual drive theory.

From drive regulation to meaning-making

As Steven Mitchell (1993) pointed out some years ago, there has been a longstanding shift in psychoanalysis from Freud's view of humans as drive-regulating animals to a more contemporary view of humans as meaning-generating animals. In this revised perspective, the rationale of frustrating the patient's unconscious wishes for gratification 'is no longer a compelling, certainly not an exclusive, explanatory framework for most of us' (*ibid.*, p. 177). So the important issue is no longer a question of whether analysis should be restricted to verbal communication but what it means when it is not. In bringing the stone and the ugly-fruit and even in the enactment with the amaryllis, my patients were not *avoiding* analysis but using objects to further the analytic process. Their actions were not resistance but communication. The important issue then is that, as an analyst, I continue to regard the patient's actions as available for symbolic understanding whether or not that understanding can be communicated in words.

As Ogden writes

It is the task of the therapist, through the management of the framework of therapy and through his interpretations, to provide conditions wherein the patient might dare to create personal meanings in a form that he can experience and play with. The therapist working with borderline patients is often attempting to 'pry open' the space between symbol and symbolized, thus creating a field in which meanings exist . . .

(Ogden 1986, p. 241)

In this perspective, there is no easy division between words and action since *everything* that happens in the room between patient and analyst constitutes an action with a potential meaning. The analyst cannot escape action since every choice to speak or not to speak is an action; whatever he or she chooses to take up or not take up and however he or she behaves or does not behave with the patient—all this involves action. Even the maintenance of analytic boundaries may be considered an enactment of care, as Astor suggests, or sometimes an enactment of hatred, as Winnicott suggested with regard to the ending of the session (Winnicott 1949, p. 70). The analyst is no longer an objective observer of the patient's symptomatic behaviour: he is part of the action, just as much as the patient. Therefore abstinence also has a meaning as I recognized when I considered the potential implications of *not* moving the couch, *not* accepting the stone or the ugly-fruit or abstaining from Anna's wish that I should write about her on the grounds that it was a collusion that needed to be analysed. Even where there are grounds for thinking that the patient is attempting to control the analyst, it may well be that the patient *only* feels able to communicate by such coercive means so that the analyst's refusal leaves the patient feeling unable to make an impact on her analyst and thus devoid of self-agency—a view powerfully argued by Jean Knox (2009).

A Jungian view of the frame—words, images and symbols

There is, of course, a further reason why Jungians might wish to demur from a definition of the analytic frame that eschews action on the grounds of preventing gratification and privileges verbal communication on the basis of an equation of symbolization with words. Neither instinctual gratification nor the equation of symbols with words have ever been part of Jungian psychology. Jung's idiosyncratic definition of symbols excludes words altogether, regarding them as mere signs. In his well-known statement that symbols are 'the best possible description of a relatively unknown fact' (Jung 1921, paras. 814–15), he takes the view that symbols begin where words leave off and are only 'living' as long as they are unable to be defined in other ways. Once a symbol can be fully expressed in words—that is, once it has become fully conscious, it no longer functions as a living symbol since it is no longer *needed* (*ibid.*, para. 820).

For Jung, symbols, not words are the crucial bridges between conscious and unconscious. For this reason, Jung further demurs from Freud's view of pictorial imagery as a more 'primitive' form of mental functioning that is superseded both ontogenetically and phylogenetically by verbal reasoning. Not least because of their differing views of religion, Jung regarded the symbolic productions of mythology and religion as indicating a *higher* form of mental functioning than mere words in accord with his view of the unconscious as a creative treasure-house rather than the rubbish pit of repressed impulses or the raw, untamed chaos of the Id.

This leads to a very different view of symbolization as promoting consciousness (and individuation) through the use of images, objects and actions as well as word presentations. Here we can see an important aspect of the dividing of the ways between Jung and Freud. In the same period when Freud, in his paper on *The Unconscious*, published in 1915, was developing his view that only by becoming linked to word presentations can unconscious contents become conscious, Jung was developing his use of active imagination and formulating the concept of the transcendent function in his unpublished paper of 1916. While Jung certainly felt that it was important to bring consciousness to bear on unconscious products in order to understand their meaning, he did not consider that this necessarily needed to be translated into verbal form, recognizing the more allusive and indeterminate nature of symbolic productions.

it is not absolutely necessary for the process of confrontation itself to become conscious in every detail. Very often a total reaction does not have at its disposal those theoretical assumptions, views and concepts which would make clear apprehension possible. In such cases one must be content with the wordless but suggestive feelings which appear in their stead and are more valuable than clever talk.

(Jung 1916, para. 188)

Instead, he emphasizes the clarification of the image itself:

it does not suffice in all cases to elucidate only the conceptual context of a dream-content. Often it is necessary to clarify a vague content by giving it a visible form . . . by drawing, painting, modelling.

(ibid., para. 180)

We now know, from the publication of *Liber Novus*, that this view goes right back to Jung's encounter with 'the spirit of the depths' in the immediate aftermath of the break with Freud. In the first section of the Red Book (*Liber Primus*), Jung writes (probably in 1914),

My speech is imperfect. Not because I want to shine with words but out of the impossibility of finding those words, I speak in images. *With nothing else can I express the words from the depths.*

(Jung 2009, p. 230; ital. added)

This is just what I feel about the patients who brought their symbolic gifts to my consulting room. However, in this work, I was also implicitly drawing on subsequent developments of Jung's work on active imagination that have resituated it within the interactive field of the transference (Davidson 1966) wherein the analyst's reverie is often necessary in order to make possible a symbolic space (Bovensiepen 2002). It is no coincidence that both Davidson and Bovensiepen were drawing on their work with children, where the analyst's involvement in the child's physical play with objects is a matter of everyday necessity and a vital means of prying open the space between symbol and symbolized. Why then should such behaviour be eschewed with adults, especially those who

are in regressed states? It is the analyst's attitude, the utilization of their own transcendent function in the way they relate to the patient in the special setting of the analytic space that creates the conditions for the development of the transcendent function in the patient, not the means of communication by which this occurs. With Anna, Bion's metaphor of the analyst/mother who digests the patient's projections was physically enacted by my eating of the ugly-fruit so that the representation of her unsymbolized self was literally ingested and digested in the physical body of her analyst, hence the symbolic ritual quality that I felt when I shared her fruit with my family. What she feared to be worthless rotting rubbish was thus transformed into a valuable gift.

Conclusion: an alternative definition of the frame (Milner)

In conclusion, I want to return to the definition of the analytic frame. In fact, I want to return to the original definition of the analytic frame put forward by Marion Milner who first introduced the concept of the frame into analytic thinking in the 1950s. Milner's definition cuts across the debate about what should or should not be accepted within the boundaries of analysis by defining the frame not in terms of action (or inaction) but in terms of meaning. She highlights the basic analytic assumption that events taking place within the analytic frame are to be understood in symbolic terms and that the mandate for symbolic interpretation may therefore be regarded as definitive of the frame. Analysts may practise in different ways, as indicated by the debate between Kalsched and Astor, but they have in common an allegiance to symbolic representation.

Marion Milner became interested in the idea of the frame through her reflective meditation on the act of painting, described in her book *On Not Being Able to Paint* (1950). In the early 1950s she began to speak about the correlations she had found between art, ritual and psychoanalysis:

I saw the frame as something that marked off what's inside it from what's outside it, and to think of other human activities where the frame is essential, a frame in time as well as in space; for instance the acted play, ceremonies, rituals, processions, even poems framed in silence when spoken and the space of the paper when written. Also the psychoanalytic session framed in both space and time. I said I thought that all these frames show that what is inside has to be perceived, interpreted in a different way from what is outside; *they mark off an area within which what we perceive has to be taken as symbol, as metaphor, not literally.*

(Milner 1952, pp. 79–80; italics added)

This seems to me to be a banner under which all schools of analysis might unite since all analysts share a basic allegiance to the idea of promoting symbolic understanding⁴, whether this is focused on the productions of the unconscious

⁴ With the possible exception of some relational analysts whose emphasis on the therapist's modulation of the patient's affective state through the analyst's own affective response may lead

such as dreams and fantasies, the details of the patient's everyday life or the interpretation of the analytic relationship itself. The advantage of Milner's emphasis on the symbolic, though, is that it makes room for a more flexible boundary for the analytic frame that can include actions and objects as well as words. The crucial issue is not the medium of expression but the means of understanding it in symbolic and metaphorical terms. Rather than defining the frame in terms of practical boundaries such as the maintenance of session times or the analyst's behaviour, such as restraint from personal disclosures, for example, this view of the frame sees it as an expression of the analyst's attitude towards the patient that defines the therapeutic space in symbolic terms. In Jungian psychology, this is sometimes called the *temenos*, the idea of a protected space that implies not only enclosed boundaries but the special, sacred and implicitly ritual quality whereby ordinary objects and activities take on a special symbolic significance. The analytic couch is an example of this: the very term 'the couch' is a special analytic term that transforms an ordinary bed or sofa into a special ritual object with its own set of meanings and symbolic significance into which the patient is to be inducted.

I want to suggest that this is the key function of the analytic attitude: the creation and maintenance of a frame wherein what we perceive has to be taken as symbol, as metaphor, not literally. In this way literal perceptions may be transformed into symbolic conceptions, as indicated by Ogden's reference to 'prying open' the space between symbol and symbolized. It is this space that Ogden refers to as 'the analytic third'—a dimension of meaning that is constituted between analyst and patient that does not reside in the mind of either one or the other. The purpose of this is to foster the development of what Jung calls the transcendent function, that is the creation of symbolic meaning within the analytic relationship which in turns fosters a process of containment and transformation within the patient's own psyche. And it is this, rather than the particular form in which these symbolic communications are made and understood, that is the core of the analytic experience, that makes it a unique and in its way, a corrective experience.

TRANSLATIONS OF ABSTRACT

Cet article fait référence à deux patients ayant apporté en séance des objets matériels (situations par ailleurs déjà étudiées par Colman 2010a, 2010b). L'auteur reconsidère le rôle prééminent de la communication verbale dans l'analyse. Il suggère que la prééminence des mots sur l'action découle de la conception freudienne de l'esprit, selon laquelle seul ce qui peut être mis en mots est susceptible de devenir conscient. A la suite

them to see symbolic interpretation as optional rather than required (e.g. Beebe & Lachmann [2002]). This issue takes us into a complex discussion of the interaction between symbolic and presymbolic modes of psychic functioning that is beyond the scope of this paper.

de Stephen Mitchell (1993), il évoque la manière dont ceci a été relativisé par l'évolution d'un modèle pulsionnel vers une conception de l'esprit plus relationnelle et orientée vers le sens. Ceci est ensuite mis en rapport avec l'importance accordée par Jung aux symboles et à la fonction transcendante, ainsi qu'avec la conception de Milner du cadre thérapeutique comme espace symbolique. Une telle mise en forme du cadre laisse la place à des actions symboliques au sein de ce dispositif, plutôt que de les envisager comme des dérives hors d'un cadre plus étroit, n'accueillant que les communications verbales.

Unter Bezug auf zwei Patienten, die materielle Objekte in ihre Sitzungen mitbrachten (bereits früher diskutiert in Colman 2010a, 2010b), wird in diesem Beitrag die hervorstechende Rolle der verbalem Kommunikation in der Analyse neu überdacht. Ich vermute, daß die Bevorzugung von Worten gegenüber Handlungen auf Freuds Auffassung über den Geist zurückzuführen ist, in dem nur das bewußt werden kann, was in Worte gefaßt wurde. Im Anschluß an Stephen Mitchell (1993) verfolge ich den Weg, auf dem sich diese Perspektive durch eine Verschiebung weg vom Triebmodell hin zu einer mehr beziehungsorientierten, sinnstiftenden Auffassung relativiert hat. Dies wird daraufhin mit Jungs Betonung der Wichtigkeit von Symbolen und der Transzendenten Funktion sowie Milners Ansichten über den therapeutischen Rahmen als eines Raumes für symbolische Bedeutungen in Verbindung gebracht. Eine auf diese Weise gesetzte Definition der Grenzen des therapeutischen Rahmens erlaubt eher symbolische Aktionen *innerhalb* des Rahmens als grenzübersteigende Abweichungen von einem enger definierten Rahmen, der nur verbale Kommunikation zuläßt.

Facendo riferimento a due pazienti che portarono oggetti materiali nelle loro sedute (precedentemente discusso in Colman 2010°, 2010b) in questo lavoro si riconsidera il ruolo preminente della comunicazione verbale in analisi. Credo che privilegiare le parole piuttosto che le azioni deriva dalla visione freudiana della mente, per cui solo ciò che può essere trasformato in parola può divenire conscio. Seguendo Stephen Mitchell (1993), discuto il modo in cui tale teoria si è relativizzata con lo spostarsi da un modello della mente basato sulla spinta istintuale a una visione della stessa più relazionale, capace di costruire significati. Tutto ciò viene quindi connesso all'enfasi di Jung sull'importanza del simbolo e della funzione transcendente e al punto di vista di Milner che considera il contenitore terapeutico come spazio per un significato simbolico. Delineare in questo modo i confini del contenitore terapeutico permette azioni simboliche all'interno del contenitore stesso, piuttosto che incroci devianti da un contenitore più strettamente definito che permette solo comunicazioni verbali.

На материале двух пациентов, которые приносили на свои сессии материальные объекты (см. более ранние описания этого в Колман 2010а, 2010б), эта статья пересматривает вопрос об исключительной роли словесной коммуникации в анализе. Я предполагаю, что привилегия, отдаваемая словам по сравнению с действием, восходит к взглядам Фрейда на мышление, согласно которым только то, что может быть выражено словами, может стать сознательным. Следуя за Стивенем Митчеллом (1993), я обсуждаю путь,

по которому такой подход оказался релятивизированным из-за сдвига от модели инстинктивных влечений к иному взгляду на мышление, в большей степени учитывающему отношенческие и смыслообразующие аспекты. Затем это увязывается с акцентом Юнга на важность символов и трансцендентной функции и с Мильнеровскими воззрениями на терапевтическую рамку как на пространство для образования символического значения. Очерчивание границ терапевтической рамки при таком подходе позволяет символическим действиям пребывать *внутри* этой рамки, так что они не рассматриваются как нарушающие границы отклонения от более узко определяемой рамки, которая допускала существование лишь вербальных коммуникаций.

Con referencia a dos pacientes que trajeron objetos materiales a sus sesiones (anteriormente discutido en Colman 2010a, 2010b), este trabajo reconsidera el papel preeminente de la comunicación verbal en el análisis. Sugiere que el privilegiar de palabras sobre la acción deriva de la visión de Freud de la psique en la cual sólo lo que puede ser expresado en palabras puede hacerse consciente. Siguiendo a Stephen Mitchell (1993), se discute la forma en la cual esta visión ha llegado a ser relativizada por el cambio que la aleja del modelo de la pulsional instintivo a una visión más relacional y creadora de sentido de la mente. Esto es entonces relacionado al énfasis que otorga Jung a la importancia de símbolos y a la función trascendente con a la visión de Milner del marco terapéutico como un espacio para el significado simbólico. Al dibujar los límites del marco terapéutico se tienen en cuenta acciones simbólicas *dentro* del marco y no como transgresión de los límites de un encuadre menos definido que solo permite la comunicación verbal.

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