

The Quality of Therapeutic Space: An Introduction

Edward Thornton

Questions of Quality

While contemporary political debates concerning the provision of mental healthcare are consistently posed in spatial terms, there is a tendency for the nature of space itself to be taken for granted in these discussions. Perhaps the most common points of dispute are over the number of beds provided in psychiatric wards, and the amount of working space available for the provision of therapeutic activities.¹ Another recurring trope within the political debates concerning mental illness is the question of whether psychiatric patients should be treated in specialist hospital wards, or whether they should be provided with ‘care in the community’.² Unfortunately, as these arguments rage, there is an implicit theory of space at play, in which space is assumed to be an inert, apolitical, and abstract framework within which our social and political actions are lived. It is considered as something quantifiable, divisible, and ultimately fungible that can be parcelled out in measured portions to play the role of the passive scaffolding within which any number of tasks can be performed. When these assumptions remain unchallenged, the only kinds of spatial questions that can viably be raised within the discourse of mental healthcare provision concern the *quantity* of space available and the *location* of this space. In contrast to this, the three papers included

¹ See, for example, Emese Csipke, Constantina Papoulias, Silia Vitoratou, Paul Williams, Diana Rose & Til Wykes “Design in mind: eliciting service user and frontline staff perspectives on psychiatric ward design through participatory methods”, *Journal of Mental Health* (2016).

² For the history of this debate, see N. Sartorius, *Psychiatry in Society*, (London: Wiley, 2002); and Martin Knapp, *Care in the community: challenge and demonstration* (Farnham: Ashgate, 1992).

in this collection aim to explore the *quality* of therapeutic space. They treat space not as a passive medium, but as something embodied and intensive, which is actively constructed, and which plays a functional role in experience.

The papers included in this collection began life as three voices in a conversation at the London Conference in Critical Thought 2016, where a series of panel discussions had been organised in an attempt to find connections between the diverse range of radical forms of psychotherapy that emerged in the middle of the 20th century, such as the Anti-Psychiatry movement in the UK and the Institutional Psychotherapy movement in France. These panels aimed to bring the various theoretical tools developed in these discourses together with a contemporary analysis of the clinic to see what lessons could be drawn for the provision of psychotherapy today. As part of this discussion, a range of spatial questions emerged that challenged the aforementioned conception of space as an inert, geometric and extended medium. Concurrently, a new set of spatial questions materialised concerning not only the *quantity*, but also the *quality* of therapeutic space: What kinds of spaces are suitable for therapy? How do spaces play an active role in treatment? How do the spatial dynamics of the hospital interact with the dynamics of mental illness?

Following the close of the LCCT, Susana Caló and Laura Palmer, who were panel members at the conference, and Anthony Faramelli, who attended, continued this discussion further. Working with a common appreciation of the need for a reassessment of the role played by space in therapeutic discourse, they each shared their academic and practical experiences in an attempt to map out new understandings of therapeutic space. The papers published below chart their respective investigations into the ways in which space itself is an intrinsic factor in the clinical process. Before introducing each of these three papers in turn, this introduction will attempt to provide a sketch of the historical debates that tacitly inform their discussion. This introductory work will show that far from making entirely isolated claims, the three papers included in this collection are embedded in, and respond to, a history of Western philosophical and scientific thought that has continually returned to the problematic nature of space. By connecting this discussion to the history of

psychoanalysis and the development of alternative psychiatric treatments in 20th century Europe, I also hope to uncover some of the ways in which the development of psychotherapy has relied on a critical reappraisal of the nature of space. While this introduction will inevitably fall short of providing a comprehensive overview of the full intellectual backdrop of contemporary discussions concerning the quality of therapeutic space, it is provided here as a tool for aiding further discussion in this area.

Space and the History of Psychotherapy

The history of Western thought is littered with arguments concerning the nature of space, with special attention given to those debates that concern the absolute or relative nature of space, and those that concern the subjective and the objective determinations of space.³ Developments in both traditional and more radical theories of mind, and the forms of psychotherapy that they accompany, regularly return to these questions in order to find productive ways of thinking about mental phenomena. While the constant cross-pollination between theories of mind and theories of space is too large a topic to cover in depth here, there are two distinct connections that it will be useful to highlight in this introduction: first the various ways in which the mind itself has been described in spatial terms, and second the different ways in which the practice of therapy has been spatially modelled. Starting with the former, we should note that Freud continually relied on spatial models and metaphors for describing the mind. Most

³ Questions concerning the absolute nature of space were articulated particularly clearly at the end of the 17th Century in the disagreement between Newton and Leibniz: Sir Isaac Newton, *The Mathematical Principles of Natural Philosophy, Volume 1, (Book 1, Scholium)*, trans. Andrew Motte, (London: Knight & Compton, 1803), 6; and Gottfried Wilhelm Leibniz 'Letters to Clarke', published in *Leibniz: Philosophical Essays*, trans. Roger Ariew & Daniel Garber, (Indianapolis: Hackett, 1989), 324. These questions returned in a different form during the 20th Century turn towards relativity: Einstein, A., Lorentz, H. A., Minkowski, H. and Weyl, H., *The Principle of Relativity: A Collection of Original Papers on the Special and General Theories of Relativity*, trans. W. Perrett and G.B. Jeffery, (New York: Dover Books, 1952). The question concerning the subjective nature of space was presented most pressingly by Kant: Immanuel Kant, *Critique of Pure Reason*, trans. Norman Kemp Smith, (London: Macmillan, 1929), (A46/B64), 85.

obvious in this regard is Freud's topological model of the psyche, which splits the mind into the conscious, unconscious, and preconscious and relates them to one another according to a spatial configuration.⁴ However, both Freud's earlier economic model, which uses a broadly thermodynamic metaphor for the mind, and his later structural model, which introduces the relationship between the id, ego, and super-ego, also rely on spatial language to explain the organisation of the psyche.⁵ Apart from his use of these spatial metaphors, Freud also engaged with philosophical debates concerning the subjective nature of space to ground his own distinction between the conscious and the unconscious aspects of mental activity. Simply put, following the Kantian distinction between our perception of the *phenomenal* world on the one hand, and the *noumenal* world as it exists in itself on the other, Freud claims that conscious thought is contained within the spatial categories of human sensibility, while the functioning of the unconscious mind remains resolutely unspatialised. Freud makes this link explicitly in *The Unconscious* (1915), when he writes:

The psycho-analytic assumption of unconscious mental activity appears to us... as an extension of the corrections undertaken by Kant of our views on external perception. Just as Kant warned us not to overlook the fact that our perceptions are subjectively conditioned and must not be regarded as identical with what is perceived though unknowable, so psycho-analysis warns us not to equate

⁴ For Freud's most extensive discussion of the topological model, before the introduction of his structural model, see Sigmund Freud, *The Interpretation of Dreams* (London: G. Allen & Unwin, 1955).

⁵ For the former see "Inhibitions, Symptoms and Anxiety" (1926), in *Complete Psychological Works of Sigmund Freud, Volume 20*, (London: Vintage Classics, 2001), and for the latter see "The Ego and the Id" (1923), in *Complete Psychological Works Of Sigmund Freud, Volume 19* (London: Vintage Classics, 2001).

perceptions by means of consciousness with the unconscious mental processes which are their object.⁶

Freud refers to Kant's theories of space again in *Beyond the Pleasure Principle* (1920) when he argues for an understanding of the unconscious that is not conditioned by any spatio-temporal logic.⁷ The point to emphasise here is simply that Freud's distinction between the unconscious and the conscious aspects of mental activity relies in part on a prior Kantian distinction between the non-spatialised world as it exists in itself and the spatialised world of human perception.⁸

Post-Freudian developments in psychoanalysis retain Freud's tendency for presenting psychic phenomena in spatial terms. Theories of child psychology have been particularly prone to analysing the spatial configuration of mental development, significant examples of which include Klein's use of object-relations-theory,⁹ and Winnicott's analysis of play as an activity that occurs in a psychic space that is neither 'inner psychic reality' nor 'external reality'.¹⁰ The child psychologist Jean Piaget also argued that in the early stages of development children lack any sense of a spatial Cartesian grid in their mental worlds and rely instead on an idea of emotional proximity.¹¹ In

⁶ Sigmund Freud, "The Unconscious" (1915), in *Complete Psychological Works of Sigmund Freud, Volume 14*, trans. James Strachey, (London: Vintage/Random House, 2001), 171.

⁷ See Sigmund Freud, "Beyond the Pleasure Principle" (1920), published in *The Penguin Freud Reader*, ed. Adam Phillips, (London: Penguin, 2006), 155.

⁸ While Freud read Kant directly, he also absorbed many Kantian forms of thought from both Schopenhauer and Nietzsche. For more on the influence of Kant on Freud, see Andrew Brook's chapter "Kant and Freud" in *Psychoanalytic Knowledge*, ed. Man Cheung Chung and Colin Feltham, (London: Palgrave Macmillan, 2003), 20-39.

⁹ Mélanie Klein, "Notes on some schizoid mechanisms" (1946), in *Envy and Gratitude and Other Works 1946-1963* (London: Hogarth Press and the Institute of Psycho-Analysis, 1975).

¹⁰ Donald Winnicott, "Transitional Objects and Transitional Phenomena", and "The Location of Cultural Experience", both in *Playing and Reality* (Harmondsworth: Penguin, 1967/1971).

¹¹ Jean Piaget, *The Child's Conception of Time* (New York: Ballantine Books, 1969).

the second half of the 20th Century, the influence of Einstein's theory of relativity can be seen in the development of psychoanalytic theory. The psychoanalytic work of Jacques Lacan is particularly interesting for us here as he not only uses spatial diagrams in his work, such as the L-Schema and the 'graph of desire', but he also tends to favour spatial metaphors drawn from 20th Century developments in mathematics that rely on an understanding of non-Euclidean geometry, such as the 'Borromean knot' and the 'Möbius strip'.¹² Other psychoanalysts, such as Henri Rey also made the case for using Einsteinian language, and especially the concept of the space-time continuum, to explain the experience of psychoses.¹³ These developments show us not only that psychoanalysis regularly relies on spatial models for an understanding of the constitution of the psyche, but that developments in mathematical and scientific conceptions of space have played a role in the evolution of psychoanalysis.

Besides these examples of spatial theories of mind, it is also the case that the practice of psychotherapy has often been described in distinctly spatial terms. For Freud, the practice of psychoanalysis required a particular spatial organisation of the room: the analysand had to be lying on a couch and the analyst had to sit in a chair behind, and out view of, the patient. This spatial configuration was seen as integral to the activity of free association and to the development of the correct kind of analyst-analysand relationship. Without it the patient would not achieve the right state of mind and many psychoanalytic processes, most notably transference, could not occur.¹⁴ This spatial relation between the analyst and their patient was not, however, unanimously accepted. Melanie Klein did not advocate the use of the couch for children and there has been much disagreement on whether the couch is suitable for the treatment of

¹² For Lacan's explanation of the Borromean knot see, *On Feminine Sexuality: The Limits of Love and Knowledge (Seminar XX)*, trans. Bruce Fink, (London: Norton, 1998); for more on his other uses of topological figures see Dany Nobus, "Lacan's science of the subject: Between linguistics and topology", in *The Cambridge Companion to Lacan*, (Cambridge: Cambridge University Press, 2003).

¹³ Henri Rey, *Universals of Psychoanalysis in the Treatment of Psychotic and Borderline States: Factors of Space-time and Language*, (London: Free Association Books, 1994).

¹⁴ Harold Stern, *The Couch, Its Use and Meaning in Psychotherapy*, (Human Sciences Press, 1978), 171.

psychosis.¹⁵ During the proliferation of alternative psychotherapeutic practices in the 1950s and 1960s, the political implications of Freud's spatial relationship with his patients was directly challenged. This was in part an attempt to rehabilitate Freudian theory for use in psychiatric hospitals, where therapy was not delivered in the therapist's office. The sentiment of many of these approaches is summed up in Deleuze and Guattari's famous proclamation: 'A schizophrenic out for a walk is a better model than a neurotic lying on the analyst's couch'.¹⁶ In fact, the founding acts of the Anti-Psychiatry movements in Italy and in the UK, as well as the Institutional Psychotherapy movement in France, all relied on a removal of the spatial restrictions that were traditionally imposed on psychiatric patients. Locks were removed from doors, and bars from the windows, in recognition of the fact that spatial confinement was not conducive to psychotherapy. These alternative psychotherapeutic practices were also closely connected to their particular locations. The Asylum at Gorizia in Italy, the clinics at Villa 21 and Kingsley Hall in London, and the clinics at Saint-Alban and La Borde in France, were all first and foremost *spaces* of asylum. In certain cases, the therapists working in these conditions began to use a continual reconfiguration of the spatial dynamics of the asylum in their practice. Perhaps the most obvious example of this is Fernand Deligny's work with autistic children, in which he attempted to draw maps of the children's movements around the asylum and to use the resulting spatial diagrams to find ways of sharing the children's space that would have therapeutic effects.¹⁷ It will not be possible to give a full overview here of the many ways in which developments in the practice of psychotherapy have relied on alterations in the spatial relationship between patients and their environment. However, by pointing to these few examples we can see that it is not only the case that the mind has been described in spatial terms, but that the interaction between the mind of the individual and its environment, including the analyst, has been continually discussed as a spatial relation. This recognition has led to a number of different

¹⁵ Ibid., 199.

¹⁶ Gilles Deleuze and Félix Guattari, *Anti-Oedipus*, trans. Mark Seem (London: Continuum, 2004), 2.

¹⁷ Fernand Deligny, *The Arachnean and Other Texts*, trans. Drew Burk (Minneapolis: Univocal Publishing, 2015).

investigations into how the quality of the individual's psychic space can be treated by altering the quality of the surrounding social and therapeutic space.

Introducing this Collection

The 'Micro-Politics of Desire' stream at the London Conference in Critical Thought was organised in an attempt to explore the theoretical and practical interactions that exist between a diverse range of radical forms of psychotherapy that emerged in the middle of the 20th Century. As such, the theoretical backdrop to our discussions was drawn mainly from political and philosophical debates of the time. The intellectual climate of this period saw the convergence of philosophy, politics, and psychotherapy as a number of prominent thinkers critically reassessed all three of these disciplines in the wake of decades of political unrest in Europe. There were those, such as Félix Guattari, who were using psychoanalytic techniques to further a communist agenda, and those, such as Franz Fanon, who were putting their psychoanalytic training to use in post-colonial struggles. However, one thinker who was particularly influential in this regard, who has not yet been explored in this introduction, is Michel Foucault. Foucault's *Madness and Civilization: A History of Insanity in the Age of Reason*, first published in French in 1961, was a ground-breaking structural and historical analysis of the meaning of the concept of madness in European politics, philosophy, law, and medicine throughout the modern era.¹⁸ In the book, Foucault investigates the many ways in which the mad have been defined as 'other' by the structures of State power and the resulting effects this has had on their confinement and treatment. Each of the three papers included in this collection takes Foucault's work on madness, and his categorisation of the psychiatric asylum as a 'heterotopia', as the implicit starting point for a re-evaluation of psychotherapy today. For Foucault, a heterotopia is a space that opens up within a society, and

¹⁸ Michel Foucault, *Madness and Civilization*, trans. Richard Howard (London: Routledge, 2005)

which establishes non-hegemonic conditions for action.¹⁹ In a lecture given to architecture students in 1967, Foucault gives the following six criteria for the classification of heterotopia: they are established in all cultures but in a range of diverse forms; they can transform and have different functions at different points in history; they juxtapose within a single space a number of incompatible spatial elements; they include spatio-temporal discontinuities or intensities; they presuppose a system of opening and closing that both isolates them and makes them penetrable; and finally, they have a specific operation in relation to other, non-heterotopic spaces.²⁰ Each of the three papers presented in this collection takes note of, but aims to go beyond, Foucault's classification of the asylum as a heterotopia in order to explore the specific spatial dynamics that define the clinic's therapeutic capabilities and its interactions with the larger political field.

The first paper in this collection, written by Susana Caló and Godofredo Pereira, considers two central case studies in the history of Institutional Psychotherapy, namely the work of Tosquelles and Bonnafé at Saint-Alban and that of Oury and Guattari at La Borde. This paper raises the question of urbanism and explores the relation of the asylum to the city. Drawing on the work of the CERFI research group (Centre d'Études, de Recherches et de Formation Institutionnelles), Caló and Pereira argue for a clinical process that foregrounds spatial relations, and considers them in their social and political context. Laura Palmer's paper takes a slightly different tack, transporting us to the context of contemporary mental healthcare in the UK. Here Palmer explores the modern inpatient psychiatric facility as a heterotopia and a fractal variant in the mind of the inpatient. The paper investigates the many ways in which the processes of psychosis can interact with the spatial organisation of the long-stay secure unit to produce a feeling of the uncanny, and ultimately reproduce the conditions for dissociation that serve to restrict the possibility of therapy. Drawing together some of the threads in the first two papers, Anthony Faramelli's contribution

¹⁹ Michel Foucault, *The Order of Things: An Archeology of the Human Sciences* (London: Routledge, 2005), xix.

²⁰ Michel Foucault, "Of Other Spaces, Heterotopias", in *Architecture, Motion, Continuity* 5 (1984), 46-49.

considers the question of therapeutic space by contrasting Foucault's work on madness with Frantz Fanon's clinical writings. Paying close attention to the relationship between Fanon's psychotherapeutic work and his political activism, Faramelli considers the use of Institutional Analysis at the Bilda hospital in Algeria and ultimately presents Fanon's work as an integrated project for transforming enclosed spaces of deviation into revolutionary heterotopic spaces of possibility.

Despite the wide variety of clinical contexts considered here – ranging from France, to the UK, and Algeria, and taking in developments from 1940 until the present day – what connects each of these three papers is a shared analysis of the functional role played by space in psychotherapy. More specifically, each of the three papers turns a clinical and political eye to the question of subjectivity, analysing the way in which the spatial organisation of the therapeutic encounter affects the mode of subjectivity constructed within and across a group of individuals living in close proximity. By paying close attention to the active, constructed, and embodied nature of therapeutic spaces, these three papers each draw on insights from the fields of philosophy and critical theory to initiate a much needed conversation about the quality, and not only the quantity, of therapeutic space.