

## Discovering Time and Place

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### Abstract

The importance of place and displacement, represented in the mind as a clinical problem, is emphasized in this article. The movement takes on a double meaning, on the one hand that of metonymy, the other of spatial dislocation. The place and 'built-in sense of self as an element of identity formation'. The attachment theory describes the union with the body of the mother as the first place, developed through separations and reunions.

**Keywords:** group, nature, displacement, dislocation, attachment

The case history of a patient for whom place had no psychic reality is described. Concepts of displacement are developed to understand the patient's suffering. A psychoanalytic concept of place is implied by the process of displacement. Clinical and theoretical understanding of place in psychic life is applied to other disciplines which describe the emotional significance of place: geography, history, ethnology, and attachment theory. A clinical theory and technique to address an impasse arising from displacement is proposed.

### 1. Case history of a displaced person

It is possible to be with someone who does not feel themselves to be in a place. Such a person can be with you, as far as you are concerned, but cannot determine whether they are awake or dreaming, and would not know if they have invented you in a dream.

This is not dementia or delirium: This person can tell you the time of day and the address, but these facts have no psychic reality. One such patient, a young librarian whom I shall call "K", often had dreams within which she could not tell if she was awake or not. She would often wake up believing for a minute or two that she was in Brazil, or at a former home, or else somewhere eerily familiar but not recognisable.

With her boyfriend "Q" she had often felt that she was with someone else. She had sensed momentarily she was with a former boyfriend, or with someone she didn't know, because she had forgotten him. In sexual intercourse she vividly felt held by a former lover or by someone she didn't know but should remember, someone from a forgotten past. Q became increasingly impotent with her and started to accuse her of making him so. He returned to his native Brazil asking K to visit him there. She had been non-committal.

Since he left her, K had experiences of "jamais vu": feeling familiar places and people to become suddenly momentarily strange, as if she had never seen them before. In her dreams she was in unfamiliar places, and had a recurring image of drab

brown toned streets which had a "1930s look". The tonality and atmosphere of this dream superimposed itself on the scenes of her every day life giving the obverse experience to "jamais vu", of "dêja vu": she had already been there in a dream. People assumed this quality too and she felt increasingly alienated from old friends, disconcerted by meeting new people, although superficially gregarious. She said these experiences of estrangement were why she sought an analysis.

Her mother lived in the same block of apartments, K could spend much of her time with her as usual, but she found the closeness increasingly "suffocating". And her mother too seemed to grow unfamiliar - there was a "grim and dreadful depressed secret in her" hitherto unknown to K who came to believe that it had "always been there".

After Q went to Brazil the relationship was continued by e-mail.

He said he had found himself in a new relationship, with "R", that he was potent with her but could not make love without thinking it was with K. He wanted to have "e-mail sex" with K.

Shortly before coming to see me she travelled to Brazil, to stay with him, to see if there was any future for her with him. She found that the new girlfriend had just moved in. Q tried to have an affair in the house with K behind R's back. K soon returned to Australia feeling demeaned and confused. He kept sending e-mails saying that she was his only love and would always be so. K worked with a man who had almost the same name as Q, they had an on and off affair, but in his company she felt that she was still physically with Q, could not free herself from that. So she was unable to respond sexually or emotionally to her new lover.

When I first met her she appeared to instantly trust the relationship. She said an earlier experience of therapy made it easy for her to understand the usual arrangements for fees, session times, breaks, and so on.

She seemed to be "at home" with me. But I was having my own "deja vu": I felt I had seen her before or at least someone "just like her", but this is not the case. I had never met anyone like her. However there were some uncanny points of similarity to several other patients I had seen elsewhere, in terms of superficial biography, family history and physical illness.

She wanted to work out her continuing vacillations and preoccupations with Q, still transacted in e-mail. She said " I think of doing extreme things, something that would show him he doesn't know me at all - I could get tattoos! Something that doesn't fit with his idea of me, it's the only way I can stop him from forcing me into his idea of me. I can't stand that". She hated to feel so unfree, but was virtually addicted to her e-mail attachment to Q. This had clearly substituted for her earlier attachment to her mother. This addicted, constricted feeling made her connection with Q intolerable, but was even stronger with her mother: suffocating". Once she used to tell her mother "everything" " five times a day" but even after she had decided not to, still felt fitted into her mother's stereotype of her, and that was unalterable and changeless. She felt everything she did to be an expectation of mother: her vocation, her style of speech,

her body, even in coming to see me she had followed her mother, who had recently found a therapist for herself, and had "always known" that K would have an analysis. K had an unusual illness, which had damaged her liver. In an acute episode at its onset five years before she had become desperately ill when travelling alone in South America. She had met Q then. In hospital, he was the only other English speaker and he had cared for her like a nurse. She still saw a physician for treatment of the illness, it appeared to be quiescent now, but required close monitoring.

She had been frankly psychotic for a month, and had then a delusion that she was not in a hospital, that the personnel were imposters and she had literally lost her mind. She was told that corticosteroid medications given to treat her acute illness accounted for this experience. She recovered as the dose was reduced. She said that Q had "re-orientated" and "re-educated" her. When she came home she saw a therapist who helped her "come to terms with the illness" in weekly sessions with preset termination after 12 sessions. K described the treatment as "making an inventory of dysfunctional cognitions and managing them according to a protocol".

She described a recurring dream of her illness –

There was some "organ inside, a liver or a kidney or something that was coated with a kind of thick slime." This was her illness, an auto immune disease. She dreamt that if only she could pour clear alcohol over the viscous surface it would clean it, if only she could get enough clean spirits. It occurred to me that this illness seemed the one thing in her mind or body that didn't fit the images that she sensed mother and Q to have of her. Every attempt to separate was just what she thought they would expect and suggest, only this sickness was not to do with them. But as our work continued it became clear to me that it was also partly an introject from her mother's mind: the object in the dream was what K called her mother's "grim depression". This was the part of her mother's mind K did not know. I doubt if the mother herself was aware of it. Its imagery may only have appeared in the daughter's body, then this dream. Now it was the "Other" within K, intolerable to her system, and a cause of shame. K's latent illness was an understandable cause of great grief to her mother who worried about the possibility of recurrence, fussing over details of health maintenance.

The strangeness of our predicament became a strong atmosphere. I was bewildered each time we met. Because she felt so at home with me. She suffered from nostalgia, for the good times with Q, childhood games with the family, for a sort of timeless golden age dimly remembered before she had gone to preschool. "We had all been together and my parents were young, my grandparents were alive and it seemed to have always been like that." There were many indications that I was part of that time too and therefore she felt completely accepted by me. Nothing I could say was new or unfamiliar for her. She had what she termed "an ongoing virtual conversation" with me in her head between sessions and did not much feel breaks.

At her many schools she had been bullied and teased - on account of her big ears, awkward ways, shyness and academic success. She had felt a misfit since, until meeting Q, who convinced her when she was desperately ill in Brazil that he had always known her. A "mesmerising" feeling in her voice as she related this led me to

infer, and interpret to the effect that I was now the original agency that had derealised her, and maintained her in a seamless harmony with no separations and no reality to place or time. In retrospect, I realised that Chasseguet-Smirgel's account (1990) of an "Archaic Matrix of the Oedipus Complex" had informed my interpretations. K felt an increased empathy in response to them. I had not presented my interpretations as part of a theory, and had not attributed the ideas to anyone else, The interpretations were responses to her references to timelessness in the sessions. But K seemed aware that her predicament had been accommodated by me into a schema made for and by other people in other times and places, and she reacted as if understood and reassured. Although this gave her a sense of harmony, it had a cost: she felt more disembodied, and would not find a new beginning in this state of attunement.

The feeling that we had always empathically known each other recurred in the sessions. I noticed it was always matched by K reporting intensified feelings of dislocation, and a hopeless feeling of estrangement, of not being in real time in an actual place, of there being no future.

She could feel transiently she was actually in the consulting room with the analyst, and these moments in ordinary time were repeated and marked by us often and reliably enough over many months, enabling her to develop another precarious vantage point. From this point she observed how she could be in a daydream, "miles away" from the here and now. She suffered both within and outside of the sessions because she was not accepted as "other", but rather as the stereotype perceived by her mother, by Q, by her employer, colleagues, by this analyst. I worked with this by observing how she would speak. For example, she would rephrase most of what I said to her: " you mean to say that ... in other words"- this kept our shared words within her preconceived patterns. She became concerned for a while that I would condemn her for various acts of infidelity to Q, that I would be hurt or incapacitated (impotent) if she did not go on asking what she thought I expected of her. She became depressed, ashamed, feeling herself to be disloyal and in "bad faith". I did not reassure her on this issue. These were attempts to control me, to have me as she had imagined. Within the sessions feelings of betrayal and "bad faith" were part of a sequence and the consequences of her striving to invalidate me as having a mind of my own. I was able to observe how she strove to position me when she would say such things as " I know just what you are going to say" or "I felt you really understood how I felt" and also in various subtle ways of using language and voice tones to create an impression of timelessness in the sessions. When she found that what she did was observable she was uniquely surprised. She felt less helpless. Her shame and victimhood transposed into a concern for her own actions. But still I was with someone who often did not know who was with her, where she was, how long she had been there or indeed whether she was in a dream or not. She could barely experience anything new, just recurrences, reunions, more of the same. While she was in this state of mind, I would discover myself more than usually noticing the particularity of the room, the specific way natural light patterned it, the unrepeatable quality of certain distant sounds. I found that I could use such perceptions of the

place as imagery in interpretations of the transference, and that K would feel less disembodied as a result.

## **2. Narrative of a dislocated family**

K was the inheritor of generations of displaced people and of that process represented within the mind. Through working with K I became aware of the importance of place in clinical work. This led me to a kind of meditation that started in the sessions and has continued elsewhere: that dislocation in place is the context for our collective pain. We may assume dislocation as given, or as fate. Australia is a country of exiles, of the disinherited, perhaps most of all for the indigenous people of our land. K inspired me to focus on dislocation, represented in the mind, as a clinical issue.

A disjunction between where, when and who did not begin with K, it was her inheritance. Reconstruction, in instalments, of a transgenerational family history helped K to place herself in the here and now. The family history told to me by K was one of extended dislocation. The father's family, of old Australian stock, appeared to have obliterated their genealogy. Her mother's refugee grandparents arrived in Australia dispossessed and destitute on the eve of World War 2. They gladly made a lifelong sacrifice for the education of their children. K's parents, both technicians in scientific fields, moved around Australia frequently during her childhood. They had a jovial, dismissive attitude to separations, treating all places as interchangeable. Her father had a saying " wherever I hang my hat is home, wherever I sit is the head of the table". Her mother had a particularly disembodied lifestyle, neglecting her own appearance and physical health, giving up her career to preoccupy herself with the children, of whom K was the last to leave home. Despite an outward display of optimism and political progressiveness K's mother carried an inherited nostalgia for Europe before the 1930s in a concrete unmentalized archive everywhere, in old photographs of former neighbours and neighbourhoods that no one could name now. K recalled these mementos as the only constants in her nomadic childhood. They were not discussed. The father remained in the background, a gentle, dreamy man. There was a vague kind of mythology of a golden age of elegant fashionable maternal ancestors in the great cities of central Europe, of something called "culture" over there. "Everyone" knew it to be absent in Australia and now virtually extinct in Europe. This mythology included some distant relative several generations back who was supposed to have had an analyst. As K reconstructed her family past, she felt less hopeless as she developed a more real sense of the passage of time, and accordingly of a future.

## **3. Displacement and the psychology of place**

Displacement is a double entendre: in one sense it is this: for psychoanalysis it is the transvaluation of psychological values; abstract ideas or feelings can be transposed to an equivalent which lends itself to visualization; in this way psychological interest is transferred into sensory vividness. This is a familiar process in dreams. Displacement functions as a defence commonplace in clinical analysis, in a phobia, for example,

displacement onto the phobic object permits the objectification, localization, and containment of anxiety. It subserves avoidance in this context. In this sense displacement is a metonym in which association is based on contiguity, in contrast to symbolisation in which association is based on similarity (Laplanche and Pontalis, 1985).

In metonymy, juxtaposition equates one element with another. For example: “Moscow criticizes Washington” equates capital cities with nations; a part may stand for the whole. Metonyms include puns, rhymes. By contrast, metaphors link elements by shared meaning, not by juxtaposition. (For example: “the fire of lust”, “sweet words”). In metaphor, one element is not a component or extension of the other. In clinical work, the shared meaning, between the elements of the metaphor, is the quality of emotion. These linguistic terms can describe states of mind, and also the nature of the link between analyst and patient which is both emotional (metaphoric) and a function of proximity (metonymic).

Because of the inevitability of separation in both physical and psychic reality, we experience an unconscious structured by constant displacement, metonyms. Lacan (1970) contrasts this to metaphor, which he assimilates to Freud’s concept of condensation. He considers the nature of desire as metonymic.

A second meaning of displacement is spatial dislocation. This sense of the word begs a question: what do we mean, in psychological terms, by place? Place connotes a geographic centre. Place also refers to a psychosocial moment.

Psychoanalytic theory deals with “space” but rarely with “place”. But clinical practice depends on a place: a meeting in historic time in a real place, the consulting room, the couch, the session. This setting cannot be entirely defined in psychological terms.

Interdisciplinary studies can be helpful in finding a concept of place (as distinct from “space”) relevant to psychoanalysis.

The geographer Anssi Paasi (1991) suggests that places represent the nodes of a life biography, which is a unique web of situated life episodes. In this sense, person-place interactions include the perspective of an individual's whole lifetime, which comprises memory, transgenerational and historically remote events.

The American Community researcher M T Fullilove (1996) describes displacement as disrupting three psychological processes: familiarity, attachment and identity. The ensuing disorientation, nostalgia and alienation may undermine the sense of belonging and mental health. Sudden loss of an exterior world that validates our spatial routines is felt as a loss of self. It is a psychosomatic trauma. <<*Geographic orientation is embedded in the whole body*>>.

In the concept of place identity, as developed by Proshansky and others (1983) place is incorporated into the sense of self as a core element of identity formation. The soundness of individual place identity rests on having a place and also on knowing that one's place is held in esteem by others. When identity is betrayed in either of these ways, alienation may result (Smith and Katz, 1993).

A sense of alienation may become a transgenerational legacy, as in the case of K's family. This is the social and political aspect of the psychology of displacement which we in Australia witness in Aboriginal land rights determinations (Butt and Eagleson, 1996; Hiley, 1997). The appropriation of land, like the appropriation of surplus value in Marx's theory, causes alienation. The concept of alienation, first developed by Hegel, is that the world (nature, things, others, and ourselves) has become estranged from the human. Erich Fromm (1961;1962) developed this concept of alienation to explain the incapacitating effect of an idealising transference. Only by submitting to this object of projection can the alienated patient feel in touch with self. For dislocated K this meant feeling especially secure, at home and understood, when with the analyst. Passivity in the presence of an idealised object may be based on the fact of the individual's alienation. Fromm considered it to be the central dynamic of transference, that which gives transference its strength and intensity.

Nostalgia. Attachment theory describes how attachment to place, originally union with mother's body, our first place and primal source of imagery, is elaborated in separations and reunions from earliest infancy. Attachment to home forms the core of a series of belongings to successively larger and more abstract spatial domains (Low and Altman, 1992). Insecure attachment status in infancy appears as a precursor to later psychopathology including depression (Schoore, 1994): severe disorganisation is a predictor of dislocations throughout life, and in the extreme, of suicide (Adam, 1995). But the awareness of desire as a "bittersweet nostalgic feeling" may be a signal that the capacity for new attachment remains viable (Fullilove, 1996).

#### **4. The agency of the patient in generating alienation**

The analysis of K disclosed the damaging effects of displacement, nostalgia, disorientation and alienation. These could be attributed to an environment deficient in secure place attachment, familiarity and identity. The environment included projective activity from her parents. Much of the nostalgia had been unmentalised, itself displaced, externalised. The work of analysis was largely to develop a reflective capacity as described by Fonagy et al (1991) to make that feeling thinkable and bearable.

This formulation of displacement as caused entirely by a traumatic environmental dislocation was "evidence-based" and misleadingly plausible. But K's illness was not simply post traumatic or environmental deficiency. Therapeutic results depended on K's discovery of her own agency in the displacement and of becoming aware of when, why and how she used this process as a defence against awareness. An alternative to a simple environmental formulation was presented by a coincidence. There is a wonderful sad postmodern song about alienation and nostalgia from one of the world's most alienating cities, São Paolo. I had heard it once in another place. K had the tune in her mind and the poignancy of it, but only a fragment of the words. She hummed the tune and tried to remember the words. By coincidence, as I wrote this paper I came across them, a poem in Portuguese by Caetano Veloso : "Sampa" The writer is clearly an exile in his own land. The

nostalgia is in all in the music, composed by another man. In a very condensed form the words explain K's act of perception that generated her alienation and lost identity:

Quando eu te encarei frente a frente não vi o meu rosto  
Chamei de mau gosto o que vi, de mau gosto o mau gosto  
É que Narciso acha feio o que não é espelho  
E a mente apavora o que ainda não é mesmo velho  
When I stared ahead I didn't see my face  
I called what I saw bad taste, bad taste, bad taste  
Does Narcissus find ugly what's not a mirror  
And the mind scares off what's not really old.

It was difficult for me to put words to K's emotional music. There were sessions where anything new that came to mind to express the atmosphere in the room was instantly "recognised" by K, that is codified and filed into a predetermined "library" scheme of things. Nothing new was allowed to be; nothing was unknown. It was all banal, "bad taste" until it was sorted. She was an obsessive system-maker, fastidious with detail like de Sade, Fourier and Loyola, in Roland Barthe's (1996) account of them. Like them she isolated herself emotionally and dwelt in schemata, a secondary language to which everything could be referred, like a library catalogue. "That's just like... That's another one of those...just the same as. I really should have known that already. Oh, you mean to say that.." . Terminology from her reading of cognitive-behavioural psychology lent itself to these systematizings: She would often say: "the same old tapes, again and again"... "that was another sociotropic dysfunctional assumption". So she did away with the ordinary here and now. There was a tidy, satisfied feel to her familiarising word-rituals. Narcissus found ugly what was not a mirror.

## 5. Places in the countertransference

For me it felt like travelling interminably through a monotonous-featured depopulated landscape; occasionally there would appear an odd looking rock formation, or a discontinuity on the horizon, or a clump of strangely configured trees. Our all-knowing guide said each of these belonged to another story in another time, not our time, but that of an ever-present recycling myth, already finalised and fixed. Each irregularity marked an old story that was in the beginning, is now, and ever shall be. I found ways to talk to K about this "guide" who converted the New, the Other, into the Primordial and ever-known. The use of metaphor catalysed K to associations which gave me an understanding of the landscapes of my reverie. The desert scenery represented the mind of the father who had not be able to sustain a sense of inhabitable space for K and her mother in the face of the seductive derealising "guide".

K felt these metaphoric interpretations linking the past to the present as "astringent, cleaning", a relief from a "gluggy, slimy state". She was then able to disclose a transference to me as the vague father. Later sessions had a fresh feel; she felt woken from a trance.



## 6. New experiences as incomprehensible

It is sometimes useful to consider the individual mind as a group, and observation of group processes as images of a person's inner world. I will take a liberty in applying a recent study of group processes in this way. Claudio Neri (1998) in his recent work on groups describes the reaction to the entry of new members of the group:

<<A phantasy appears that the new members are 'the returning dead'>>.

expression <<returning dead>> refers to a few members of the original group who had abandoned it for various reasons, leaving a sense of negative feelings'. Because K could not bear to know anything as 'Other', any new emotional contact was for her a meeting with the living dead. That is, with the bits of her self that had been dislocated by projective identification to preserve a narcissistic order. This phantasy, that the newcomer is a revenant, occurred in early encounters between indigenous cultures and modern Europeans. In Mexico the Spanish invaders were at first thought to be <<long lost rulers, or even gods, returning>>. (Thomas, 1993); in Melanesia and Australia first meetings with European expeditions were believed to be with ancestral spirits or the dead returned (Souter, 1963; Blainey, 1980). The inability to see the "Other" was mutual and had tragic consequences, a notorious instance of which was the legal fiction that Australia was "terra nullius" (Butt, 1996). K treated the space between us as she did her inner life, as if it was a "terra nullius" that could not possibly contain any mind not already known. But it was also a "terror" of absence. She had filled the absence where she could not see the Other with her derealising system, the already known. Mircea Eleade (1954) has drawn from ancient traditions of Aboriginal Australia to describe a state of mind called <<the myth of the Eternal Return>>. It was this fantasy, that there are only recurrences, which maintained K's disorientation in the face of innovation. Her mind 'scared off' anything that was not "really old" and part of her "same old story".

## 7. The fear of time and place

The State of Mind described by Eliade is a longing for a universe without anything new in it, "a ceaseless repetition of gestures" where "no act which has not...been given by someone else", and ultimately, "by some other being not human", the condition, where there would be no "Other" is a powerful opposition to the discovery of time and place. This discovery involves what Eliade called <<the terror of history>>. Because of K's illness, the beginning of "another" within her, a pregnancy, real or metaphoric, could prove her death warrant. For K it would be hard to bear the knowledge of irretrievable loss and a future beyond prophecy.

The quality of the "Other" necessary for consciousness had been relegated by K to the system of "the one story that will prove worth your telling". When a fresh encounter began, as it might at the start of every session, the otherness could still be unbearable to her, an incomprehensible, monstrous absence, and she would "scare off" the newness of it with some rehearsed anecdote or formula from "cognitive

science". But an increasing trust in metaphor, arising from visuo-spatial imagery, like that of the "guide", came to supplant the endless cycle of metonyms (displacements).

### **8. Implications for technique : frame and metaphor**

These reflections on place point to a question. How can we help an alienated patient recognise the "Other" as distinct from the work of their own mind, projection, preconception, dream, hallucination? Maybe this is the fundamental task of psychoanalysis. Language is stretched by this question: Is this a place that has dreamt us up? Or by which we are slept? (This may not be a mystical question, it is Darwinian evolutionary theory in brief). If this place and ourselves are "Other" to each, how would we know?

Ronald Baker's work on the discovery of the analyst as a new object addresses this problem. Baker (1993) describes how the survival of the analyst in the frame is itself an implicit transference interpretation. Above all, safety, like survival, can mean that the patient is not in the original traumatic (dislocating, disorientating) transference situation. The analyst may be the first survivor in the patient's life; Baker considers this is what is therapeutic. This establishes the conditions for the patient to find the analyst as a new object. This was vital for K who tended to make any new object relationship into an old one. Explicit transference interpretation could feed into her "more- of- the- same- from- the -past" resistance to a new beginning. It was against the analyst as a new object that she was most defended. Furthermore, Baker suggests that an implicit, as distinct from verbalised, transference interpretation can also be potentially mutative. But explicit transference interpretations were necessary for K, who was not simply traumatised but now actively perpetuated her alienation. This impasse was negotiated by a particular application of the frame to make interpretations of displacement processes.

Psychoanalysis developed historically among people who had been, or were soon to become displaced, and they understood that displacement like all defences against awareness leaves symptoms behind it. The invention of the analytic frame (Langs, 1981) addressed dislocation. It defined the analyst's psychic activity on behalf of another in an objective form, in a geographic space located in unidirectional linear time. This is also an ethical space, a container of moral values. In that context I was able to use my consulting room to observe the spatial aspects of transference and countertransference. K was often virtually disembodied. An analysis by e-mail, "virtual" sessions (the way of the future?), would have made matters worse. Analysis needs a physical body as does a person. There is no real person without their place, just as there is no such thing as a baby without their mother. Unlike many other patients, K made no reference to the place she was in. This work fell to the analyst. Metaphoric reference to the implicit therapeutic properties of the frame-place itself could be made in verbal interpretations. By attaching a transference meaning to real aspects of the immediate physical setting we were able to see projective activity that negated space and time against the relative constancy of the frame.

## **9. Genius loci : the Spirit of the place**

Claudio Neri adds a new intuitive dimension from group work and classical mythology to the analyst's maintenance of the frame. He describes how a condition for group thought is "the presence of a "genius loci". He means that a point of reference is needed, so that all members realise that they are not only referring to one another but also to another common point. This common point is cared for by the genius loci, the spirit of the place. The function of the genius loci is to find ways of staying together, and to know a group spirit. The genius loci is not necessarily within the analyst, not an object of interpretation. It is something that comes from nature and the environment and includes thought (Neri, 1998). Each real place has a genius loci. The "feel" of a place is discovered by intuition and represented by this tutelary spirit. I propose that Neri's concept be developed to understand the individual analytic situation as a place which can be known intuitively. In the clinical context the genius loci presents the analyst with the "feel" of the session, which from time to time may be represented by the particular sensory properties of the room and coincidental physical phenomena. These provide imagery for metaphor. To make our place new and real for a group, whether intrapsychic or social, we need to invoke the genius loci, the spirit of the place, and like a good architect, to ask what should be made here, who we can be with here and what we share. We may not always agree. The genius loci may also ask us not to visit some places. We should not climb to the top of Uluru or Mt Kailas just because it is there. Some places in the mind, as in the natural world, need to be left alone.

## **10. Links between theory and practice**

There cannot be such a thing as an idiographic analysis with its entirely unique clinical theory. There is implicit theory in each interpretation. Theories of any sort, clinical or general, applied by the analyst with K could be an acting out in the countertransference to perpetuate mutual estrangement from each other. The experience of dislocation was so central for K that I felt strongly invited to make interpretations informed by Attachment Theory. But K was hypervigilant to theory, and when she sensed it at work she became less embodied in time and place. Rosenfeld (1987) found an impasse caused by interpretation of separation reactions based on general theory rather than clinical evidence. K had an unconscious envy for the emplaced, including the analyst and the frame, as it became more real to her. Rosenfeld's later view was that interpretations to address the pain of envy would be more effective than a direct interpretation. This seemed to apply to K.

Clinical experience showed that a particular use of metaphor could help K discover herself in place and time, a process that would mean an encounter with the Unknown Other. By attaching a transference meaning to uncontrived coincidental place-defining events-like the sound of wind, of rain, of traffic, the cry of birds, the fall of light in the room- she became placed in time. Such events were not distractions, and certainly not omens. With this imagery we could articulate meaning. The inevitable

theoretical dimension of interpretation was thus linked to immediate emotional experience in real time and place.

Antal Borbely (1998) describes how, in traumatized patients, <<*networks of meaning which may have been metaphorically related to each other*>> come to form <<*rigid dialogical, unchanging relationships*>>. <<*Freud's repetition compulsion described the analysand's inability to remain responsive, ie, to relate metaphorically (with imaginative rationality) to present – day circumstances*>>. Borbely considers that whatever the school of psychoanalysis influencing the analyst, an effective interpretation <<*aims, in principle, at kindling metaphor*>>. This is done by linking emotionally charged images of the past and present to each other. K had been traumatized by the external and internal processes of dislocation and displacement. With the loss of her place, she had lost her potential for metaphor, that is, for symbolic thought, and was living in a state of recycling metonyms. To Borbely's psychoanalytic concept of metaphor, I would add that the actual content of imagery chosen by the analyst used in interpretations was important in relocating her in time and place. Guy Da Silva's paper describing <<*Borborygmi as markers of psychic work*>>. (1990) is a rare example of the intentional metaphoric use of immediate physical events (bowel sounds) in analytic interpretations. It illustrates a matter-of-fact approach (which, of course, involves humour) to including the somatic physical event into the psychological.

Carl Jung's observations of synchronicity (1960) go further and point the way to bring the shared perception of coincidental events external to the body into the analyst's reverie, and the domain of the "psychoid" as a field for metaphor-making interpretation.

## **Conclusion**

Analysis of a patient for whom place had no psychic reality disclosed difficulties in thinking metaphorically. These prevented the communication of symbols as words and caused an impasse in analysis. An explanation for this predicament is that metaphor – making requires imagery ultimately derived from an actual place. Thus dislocating processes working against the discovery of place compromise symbolic thought. Dislocation in time and place was demonstrated in the personal and transgenerational history of the patient and paralleled in transference and countertransference experience. An internal process of displacement perpetuated alienation and disorientation. In this state of mind the patient was unable to emotionally distinguish self from other and consequently unable to recognize new experience. The concept of place developed here considers it to be "other" from the subject, not adequately described as a mental construct, and not explicable in exclusively psychological terms. The participation of the analytic experience in a real place at a unique time kindles metaphor. Imagery provided by the place can make interpretations mutative. New images for emotion made from the immediate physical properties of the setting and uncontrived coincidental events are symbolic

connections made by intuition. They are discoveries which link us to an area beyond the psychic domain. They define time and place.

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