



## **The Healing Space of my Office: Analysis as Performance Art**

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Photographs by Ella Abramovitch

## **Need for a New Paradigm: Analysis as Performance Art**

Most discussions of the analytic process focus on a number of key topics: the importance of the therapeutic relationship; making the unconscious, conscious, especially through dreams; the transference-countertransference matrix; the process of individuation and other theoretical formulations basic to analysis. While I believe understanding the therapeutic process is important, so, too, I believe, is the effect of the concrete therapeutic space, the office in which healing takes place (Abramovitch 1997, 2002, 2015, 2020a). I believe a paradigm shift is needed to conceptualize analysis as a special form of dramatic performance art, in which the focus is more on what we actually do and less on how we understand it. Looking at psychotherapy as a performance art allows one to focus on often neglected aspects of the therapeutic situation. Instead of moving from theory to clinical example, the emphasis would be on the dramatic aspects: entrances and exits, when to speak and when to stay silent, giving the same interpretation in ten different ways, being simultaneously the actor and the audience, but above all, being masters at improvisation. Thinking of analysis as a kind of performance art places a spotlight on the therapeutic space as a stage setting. We know the power of healing places from pilgrimages, dream incubation rituals, voyages into nature and other numinous sites (Abramovitch 2021). Likewise, I argue that how an analyst's office is decorated is inherently part of the healing process; a badly arranged space can undermine it. Greater attention is needed by our healing spaces.

In this article, I want to examine my own therapeutic space, against the background of the offices of Freud and Jung and the work of Mark Gerald (2019),

a psychoanalyst-photographer who photographed hundreds of the offices of psychoanalysts. I will describe not only the interior room where the actual healing dialogue occurs, but also the “approaches”, the transitional spaces that patients walk through en route to the office.

### **Temenos Lost**

I first became aware of the importance of my office space as an integral part of a healing process when I first moved there. I went from a small cozy room in my apartment, to a large sunny office in a distinctive ‘Jerusalem style’ building complete with high ceilings, enormous bay windows, and beautiful ceramic floor tiles. (Abramovitch 1997).



*Figure 1 Overview of office*



*Figure 2 View from my chair of bookcase, many ethnographic objects and paintings, some presents from patients.*



*Figure 3 Tile floor. Regular pattern.*

I wanted to provide a feeling of continuity for patients by recreating in the new space as much as possible the ‘feel’ of the previous one. But my chairs, table and rug, which had filled the old space, took up only a corner of the now much larger room.



*Figure 4 View of my desk, the curtains and windows*

Most patients made the move easily, commenting on the unique character of the new place. But one patient did not. When Michael arrived at the new office, he appeared shocked. He stared at the room, the white walls, the high ceiling, the off-white curtains, for many minutes without speaking. I felt he was scanning the unfilled new spaces. Finally, he said: “Things seem too far from each other. I don’t like it...If this were my first visit, I would never come back!” My new office,

symbolically and literally, was too big for him. It did not contain him as the old therapeutic space had. He seemed lost in the vast and unfamiliar place. I felt the move had destroyed our therapeutic vessel. Later, I called this phenomenon, *Temenos Lost* (Abramovitch 1997, 2002). My experience forced me to understand the importance of the therapeutic space as part of healing, and to pay more attention to how we set up and decorate our offices as spaces for healing. I also understood that for certain psychological types, such as strong sensation types, or those with early attachment issues, the importance of the therapeutic space can be paramount, providing a key element of the containment which we usually think of only as part of the therapeutic relationship. For some, the temenos becomes a home, giving a sense of absolute security and protection that patients may never have experienced previously.

### **Freud's Office**

As in so much of Sigmund Freud's work, there is an enormous gap between what he wrote and what he did, between the theory and his actual practice. For example, Freud argued that an analyst should present a 'blank screen', devoid of any revealing personal features. However, his actual office was strikingly different. It was dominated by his enormous personal collection of artifacts and antiquities.



*Figure 5 Office of Sigmund Freud*

The American poet, H.D. [Hilda Doolittle] claimed that when she entered Freud's office in Berggasse 19, it was the objects, not their owner, that seized her attention: "The statues stare and stare and seem to say, what has happened to you?" (HD, 2012, p. 110) There are more sculptures in Freud's vast collection of antiquities than any other kind of art object.



*Figure 6 View of Freud's desk showing his many statues*

Strangely, Freud wrote nothing about their effect upon patients or upon himself, although we do know that he did show and discuss with patients these unique objects which were clearly an inspiration to him. Acquiring these antique artifacts may well also have been some expression of mourning his father. Only two months following his father's death, he had begun his collecting. A father's demise is "the most important event, the most poignant loss, of a man's life", Freud asserts in "The Interpretation of Dreams," (SE. 4: xxvi), a book which has itself been read as an extended work of mourning. Arriving at Sigmund Freud's office, patients entered a space of loss and absence, grief and memory, elegy and mourning. In short, as they entered the theater of Freud's clinical space, they encountered his own emotional history, where every object memorialized a love-

object lost. Indeed, Freud's first office was in a residential block built over the ruins of Ring Theater which burned to the ground in a spectacular fire, in 1881, killing over six hundred people. It was popularly known as the *Sühnhaus* (House of Atonement). Significantly, Freud owned many representations of Osiris, king of the underworld and god of resurrection. Remarkably, no other Freudian psychoanalyst followed his example. In direct contrast to Freud's actual space, clinical austerity became the general attitude to how to arrange one's office, although one psychoanalyst remarked how her massive bookshelves connected her with the security of her psychoanalytic ancestors. (Gerald 2019).

At an initial encounter, Freud and his potential patient would sit face to face at his desk. Freud used a rather striking technique. The seated patient was immediately faced with a reflection of his own image in a small portrait-sized mirror, framed in gold-filigree, which hung at eye-level, on a window facing him. Then, as soon as Freud had sat down at his desk, the patient's reflection was blocked by Freud's head. This substituted for the mirror in a metaphorical staging of the clinical role Freud sought to assume. "The doctor," Freud pronounces in *Papers on Technique*, "should be opaque to his patients and, like a mirror, should show them nothing but what is shown to him" (Freud, 12: 118).

In her autobiographical work, *Tribute to Freud*, the American poet H.D. recalls Freud's office in similar terms, emphasizing the feelings of safety and security generated by the space around Freud's consulting room couch: "Today, lying on the famous psychoanalytical couch, ... [w]herever my fantasies may take me now, I have a center, security, aim. I am centralized or reoriented here in this mysterious lion's den or Aladdin's cave of treasures." (HD 2012, p. 132). Another

patient, Sergei Pankejeff, known as the Wolfman, agreed that there was a feeling of sacred peace and quiet in Freud's office, which reminded one not of a doctor's office but rather of an archaeologist's study. H.D. goes on to describe the "smoke of burnt incense" (op.cit., p. 23) and the "fumes of the aromatic cigar" (op.cit. p. 132) that wafted above the couch, emanating from where Freud sat, invisible, behind her. The air in Freud's treatment room hung heavy with the smell of Freud's favorite cigars, which he often smoked during analytic sessions. Freud's dog was also typically present.

### **Jung's Space**

C.G. Jung did not describe his own consulting room in any detail, but in his description of the Tower at Bollingen, he did discuss the dynamics of transference to a therapeutic space. He stressed how much the physical environment is vital for creating the right emotional atmosphere. After he finished the tower building in 1932, he had an intense feeling of repose and renewal which he related to the feeling of Bollingen as representing the maternal hearth (Abramovitch 1997). He wrote: "At Bollingen I am in the midst of my true life, I am most deeply myself..." (Jung 1963, p. 261). Surely that is the feeling that we as analysts, want to convey to our patients. To show them that here, in this room, they can be most deeply themselves, and in the midst of their true life. Jung went on to say that a too modern space might block off deeper, archetypal aspects and that it was very important to allow place for the ancestors.

## Full and Empty Space

My patient Michael's reaction to the change in my office pushed me to consider more deeply the influence of the physical space where analysis takes place. I realized that my work was not only influenced by Jung's ideas but also by how he arranged his therapeutic space. In terms of decorating the clinical space, there are two schools of thought: the empty space and the full space. The empty space is derived from a desire for *tzimtzum*. *Tzimtzum* is a kabbalistic idea that God had to reduce Himself to allow space for the world to be created. In a similar fashion, analysts should reduce their physical presence to allow maximum space for the patient's unconscious projections and fantasies. This school strongly recommends a strict minimalism in the analytical space. Nina Coltart, a leading British psychoanalyst, follows this train of thought: "I think a bare wall allows for freer fantasy in the patient and I would certainly always choose to have white walls as my personal preference" (Coltart 1993, p. 30). Images on the walls, she says, can evoke transference reactions or reveal intrusive aspects of the analyst. Minimalism is rationalized by allowing the patient full reign for fantasy. On the other hand, it may also evoke an impersonal emotional atmosphere that interferes with therapeutic process. In addition, how will the analyst feel sitting all day in bare white minimalism?

Although many Freudians adopted the "empty office" school, both Freud and Jung, as noted above, exemplified the "full" school. Freud's office, as discussed above, was crowded with innumerable statues and artifacts that he loved and discussed with his patients. Jung's office was full of ethnographic

treasures from his many travels, as well as the beautiful stained-glass windows he had made in honor of his daughter's birth.



*Figure 7 Carl Gustav Jung in his office*

My own room has a distinctly ethnographic feel. The style of my office is clearly in that “full” tradition. I now want to describe my relationship to a few pictures in my office, which help provide a healing backdrop for the performance of analysis.

### **The Altar Piece of my Temenos**

Some of my favorite works of art in my office are gifts given to me by patients at the end of a long, difficult, but satisfying treatment. One woman gave

me a print of one of Michelangelo's unfinished sculptures from the group, *I prigionieri*, "the prisoners."



Figure 8 Michaelangelo, the Prisoner

The powerful piece shows a person in the process of emerging from a huge block of stone, frozen halfway. It is said to represent the eternal human struggle with material existence. However, I see it also as a metaphor of the therapeutic epic: the struggle of patients to come into being and emerge from a static, stone-like state, into a life with panache and vitality. Yet the image can be seen in reverse; the person being drawn back into stone. It reminds me that we do not always know which way the patient (or ourselves, for that matter) is heading. As in all

great art, the artist holds a moment of intense ambiguity and endless curiosity. Not surprisingly, this Michelangelo was given to me by a person with severe issues about her body image. (Abramovitch 2015).

My true chosen piece of art in my office is a painting by the great Dutch painter Vermeer, called *Woman in Blue Reading a Letter*.



Figure 9 *Woman Reading a Letter* by Johannes Vermeer. Oil paint, 1663.

The painting depicts a young woman dressed in a blue jacket reading a letter. In the lower foreground, there is a long table and some leather-backed chairs. In the higher background, there is a large map of some far distant land, set on the white

wall. Each object is accompanied by its own shadow. The intensity of the woman's feelings is conveyed subtly, indirectly in the sense of tension between the woman, the letter, the map, and the chairs. The woman herself might be pregnant, but even this is ambiguous. The spectacular blue is made from lapis lazuli, imported even in the seventeenth century from Afghanistan, giving the hue an inherently international look. The woman is alone in the privacy of her home and yet very much engaged with an absent other. This painting of a woman, pensive, reading, guards and sanctifies my therapeutic space. She is the altarpiece of my temenos. (Abramovitch 2015, 2020).

Jung believed that the image, rather than the word, was the fundamental language of the psyche. Not only do images precede words in us developmentally, but images remain a universal language in a way that words can never be. The images from the Vermeer painting give the therapeutic space a sense of holiness. For me, this painting is a symbolic representation of the analytic process. The map on the wall represents the need analysts have for a map, or theory, that helps us trace the therapeutic journey. We need to know where we are and perhaps where we are heading. The woman's possible pregnancy represents the part of the person that is coming into life but is as yet unborn, as when I myself dreamed I was pregnant during my own analysis. The unconscious, so Jung taught, is always sending us messages, if only we can read them with clarity and serenity. The woman's letter in the painting is akin to a message from an intimate, but faraway presence. It is like a dream or symptom, a message from the unconscious, which seems very far away but, of course, is very close to hand. The painting of the blue lady draws us, not outward, but inward, toward her inner, expectant space. The

map, the woman, and letter are all placed between two chairs. Vermeer certainly could not have known about psychotherapy or analysis, but in this picture, I believe, he has symbolically depicted much of its essence.

*A Women in Blue Reading a Letter* continues to fascinate. The renowned Getty Museum, recently, held an online contest using active imagination. Contestants were asked to imagine the very first line of the letter she was reading. The winning line was: “Let me tell you of the future.” The completed letter ended with the line: “For this ordinary moment speaks to all of us who seek the extraordinary: to love and be loved.” Every day, when I enter my office, I wonder what will be written today in the letter. (Abramovitch 2015).

### **A Japanese Print**

There is another image on a different wall; it is a Japanese print from a poster for an exhibition of woodblock prints at the Tikotin Museum of Japanese Art, in Haifa (1986). It depicts a large manor house as seen from above so that the viewer can simultaneously see deep inside the inner courtyard as well as its outside roof. From this “impossible” bird’s eye view, we can see not only the heart of the courtyard but also all the series of defensive roof protectors.

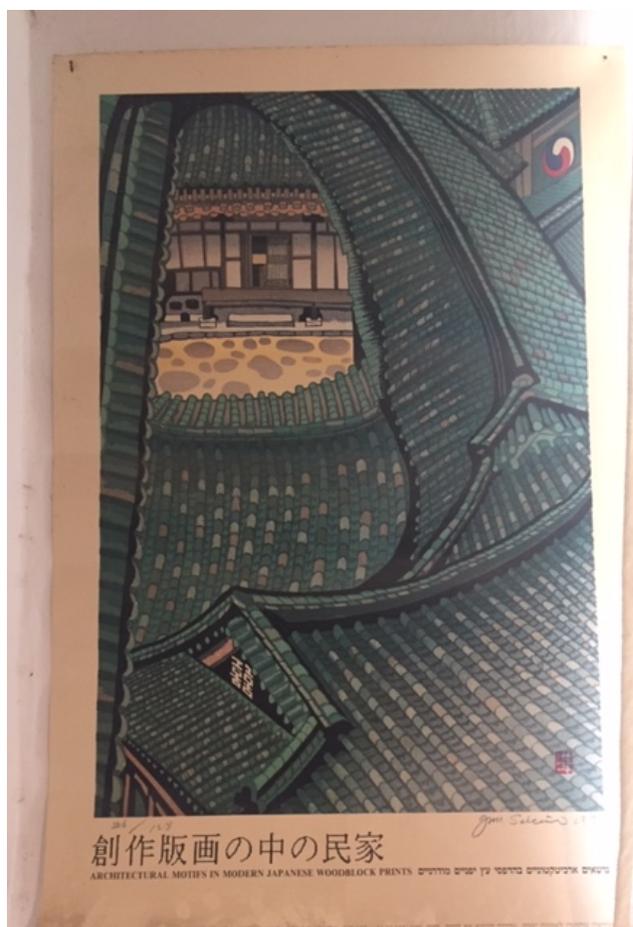


Figure 10 Japanese Print. Bird's eye view of manor house.

This “view” suggests how Jungian psychology takes a peculiar perspective on defenses and resistance. On the one hand, it assumes that people do not naturally resist but want to get better. Their symptoms, rather, are failed attempts at self-healing. (Abramovitch 2015, 2020b, 2021). On the other hand, when resistance does occur in the therapeutic process, interpreting it directly is usually seen as unhelpful. I do not like it when someone tells me I am being defensive, especially if it is true. Rather, the analyst takes resistance as a sign that something is not sufficiently secure and safe in the therapeutic container, or that the analyst’s style of communication is inappropriate, for instance, the patient perceives me as speaking on the judging axis instead of the perceiving axis. Resistance is,

therefore, the responsibility of the analyst. A woman, whom I will call Lisa, spends most of the session giving a detailed list of everything she has done during the week, and any attempt to draw in her feelings is met with “just let me finish”; by the time she has finished, the time is up. I wonder why she is so defensive. I feel desperate, useless perhaps as a result of participation mystique and projective identification. But I have had no space to speak.

Then I see the Japanese print. It reminds me I must see into this person’s hidden, unseen inner courtyard, behind their defensive walls. This print gives me inspiration when dealing with a highly defended individual. It reminds me that I must not take a frontal approach, but rather seek a “seemingly impossible” birds’ eye view to see down into the patient’s inner courtyard, where there is a life so different from the outer face of the personality. This print allows me to imagine—to imagine a realm of innerness where the work must take place. Suddenly, I find myself saying, “It must be hard to be vulnerable.” She starts crying silently, then weeping, then sobbing, and says, “I am so afraid.” A connection is made. Without the inspiration and intuition from the Japanese, I doubt it would have happened. (Abramovitch 2020).

### **Dream Catcher & Tibetan Ending Ritual**

In my office, I have other artifacts which assist me in creating a healing space. One on the wall, near where the patient sits, is an elaborate and unusual object-- a “dream catcher”. A dream catcher, according to Ojibwe Indian culture acts like a spiritual sieve protecting the dreamer from destructive nightmares but allowing “good dreams” to come through.



Figure 11 Dream Catcher

Although Jungians welcome dreams, there are certain individuals such as those suffering from “nightmare disorder” (Abramovitch 1995) who benefit from this protection. But in a wider sense, the dream catcher provides me with a sense of being protected even as I descend into the dark side of the therapy work. On another wall, I have a photograph of massive cauldrons being prepared for a

“Tibetan ending ritual” which was given to me at our final session of what at times seemed to be an interminable treatment.



*Figure 12 Tibetan ending ritual*

In the treatment of some difficult patients, such as victims of multiple abuse, or those with severe borderline personality disorders, an intense, destructive transference may make the therapeutic space feel like a war zone. At times, I have felt overwhelmed, trapped and hopeless, feeling there was apocalyptic-like suffering ahead for both patient and myself. And yet, even at times of such

despair, a secret voice message reflects back to me from a pair of female and male, African figurative sculptures, reassuring me that despite the struggle and destructiveness, this patient will eventually come home to her Jerusalem.



Figure 13 Male and female wooden figures, West Africa

But of this encouraging future, I know I must not speak aloud, even as it sustains me. Most patients benefit from a therapist's encouraging words, but for some disturbing and disturbed souls, any premature hint of optimism in the therapist constellates its dark twin, pessimism and despair. (Abramovitch 2021).

## **Other Gifts**

I also have another parting gift from an ultra-orthodox Jewish woman who strained against the heavy controls of her community and with raising her ten children. The parting present she chose was a long, thin and airy piece of batik textile, with white designs on a purple background, which sometimes flutters with the wind. It represents a new lightness she acquired, an ability to be flexible but present. Its beauty reminds me of the Hopi ideal: to “walk in beauty”--beauty meaning harmony in the deepest sense, with oneself, with the world, with the cosmos. I also have two well-crafted antique clocks given to me at the end of a period of case supervision and at the end of a dream group for trainees. One is at my desk, next to me when I do online sessions; the other is on the bookcase situated so I can see the time over the head of my patients.



*Figure 14 Antique clock given to me by my students*

Having a clock is of course important for keeping to the frame and structure of an appointment, but having two clocks is a special gift. The clocks do not always agree on what time it is, and that magically helps me understand that different patients are operating in different time zones.

### **Waiting Room Art**

There are a number of large paintings in the transitional space between my office and the large metal doors at the entrance to the building. They are also part of the symbolic space.

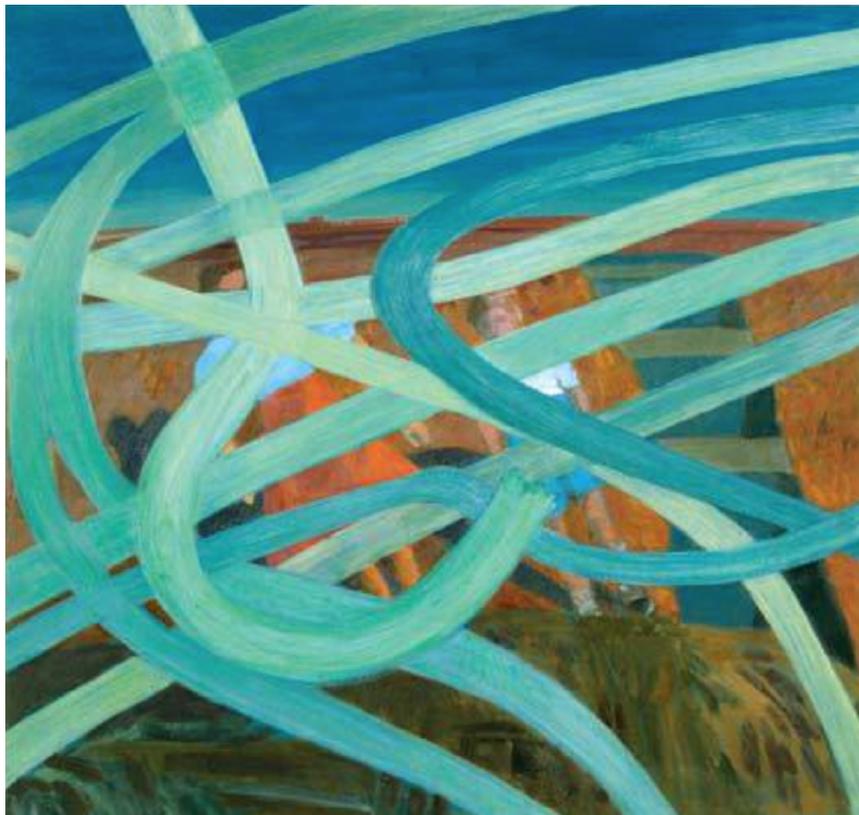


*Figure 15 Entrance. Two large metal doors.*

When I entered the building for the first time to take a look at the potential office, I encountered a large waiting room. In traditional architecture, such central spaces served as the room in which guests were received. The side rooms, including what was to be my office, were like more private areas. As soon as I experienced that main central space, I said to myself that it was like a boutique art gallery. Gradually, I have come to fill the walls with special paintings that welcome me when I arrive and among which patients arrive and exit. These paintings in the transitional space are part of my therapeutic process and create a unique healing vibration.

## The (Non) Representation of Trauma

The first of these works of art that patients pass by is an extraordinary, nameless painting by Israeli artist Orna Millo.



*Figure 16* *Untitled painting by Orna Millo*

The painting is visually very complex and to a casual viewer does not suggest its darker story. In the painting, I find six distinct visual aspects: green curving snakes; two figures staring out, unable to speak; a wheat field set against the darkening light; a broken stage set giving an artificial flavor of an abyss; a landscape at night.



*Figure 17 Millo painting detail.*

The “snakes” and the figures make up the heart of the painting, but Orna Millo added four more scenes that surround the boy and the female figure. At the top of the painting, is an agrarian scene of a long empty field with a house located in the far distance. The feeling tone is one of distance, loneliness, and isolation. The boy and female figures have come a long way, and they are out on their own. Their vulnerability recalls the Biblical situation of a rape occurring in the field, where there is no deliverer to hear the maiden’s cries (Deuteronomy 22:27). Did something horrendous happen in that field? The atmosphere of the painting conveys the sense that we both know and do not know what really happened; and if we do know, we must not speak of it. In either case, the long pastoral field with its link to the Great Mother and the fertility cycle of death and rebirth clashes with the frozen watchfulness and thanatos of the figures.

Just to the right of the boy is a section that I call “Broken Stage Set Giving an Artificial Flavor of the Abyss.” In some respects, it is the most disturbing image of all. If the wheat field provides a seamless background linking the figures to nature as the Great Earth Mother, the stage set calls everything we see into question and reveals that things are not at all what they seem. The field where the boy is standing is abruptly exposed to reveal a set of beams. It is as if the entire scene is some elaborate stage set and that what we see is actually a carefully managed illusion. The beams create a sense that the entire set is manufactured, not real. The juxtaposition of the stage set and the figures in the field where no one can hear their cry suggests the psychic defense common to victims of sexual abuse. It is the pervasive sense that what happened is “not real” or is “made up” or “never happened.” Again, this sense of self-doubt and derealization reflects the experience of many trauma victims who ask in disbelief, “How do I know I am not simply making it all up?” At the same time, beneath the beams lies the nameless abyss. The same patients who fight their sense of unreality may also say they feel like they are falling in a dark bottomless well: there is no stopping, only endless falling. Their double reality of illusion and abyss condenses the dissociative experience. Part of them does not believe that what really happened, really did happen; another part is totally consumed by the “black hole” of the trauma experience.

The final section of the painting is not representational — however, it is not abstract either. Rather, it conveys a sense of the breakdown of form.



*Figure 18 Millo painting detail.*

Here, Millo points to the inability of form to contain the emotional intensity of the trauma state. In this regard, it may resemble “the more acute deprivations of infancy” described by Winnicott as “primitive agonies,” the experience of which is “unthinkable” (1963, 90). This is the most primitive area of the soul in which experience is undigestible and remains incoherent and untold, lying beyond the limits of either visual or verbal representation.

The value of this painting is that it is not disturbing to the casual viewer; rather it subtly conveys to me and the patient that my therapeutic space is where trauma may be revealed, studied and put back into sense from its fragmented, silenced experience. To understand the searing depth of the (non) representation of trauma requires the therapeutic virtues of close observation, patience and listening to what cannot be spoken.

## Malagasy Cloth

Next to Millo's painting, is a very large framed cloth depicting a Malagasy village very similar to where I did my first fieldwork.



Figure 19 Close up of Malagasy village in waiting room

The amazing the little huts, built on sticks, are entirely made of the different parts of a single plant, *ravinala ravinala*, popularly known as the Travelers Plant, because in addition to all else, there is always water to be found at its internal base. Toward the bottom is a motto written in Malagasy, which reads *tiam bady mahazo azy*, which may be translated as 'if you love your spouse, hold onto them'. For me, this saying has objective and subjective meaning. Objectively, it

highlights the importance for the analyst to have a loving partner in order to do the work of the psyche. I am exquisitely fortunate in this regard. My wife is also a psychologist and we share the office as therapeutic space, which is a joyful cooperation. Subjectively, it stresses how important it is to maintain inner connections between anima and animus, and to consciously use both in the doing of analytic work.

### **Wana, The Healing Snake**

However, my most prized work of art in the transitional space of my waiting room is a group of three paintings by well-known Australian Aboriginal artist, Andrew Spencer Japaljari, a Pintubi Tribal Elder. These paintings were sent to me as a healing present, when I was struggling with serious lymphoma, by my friend and colleague, Leon Petchkovsky. The works are meant to be kept together for ritual reasons and were sent to me as a “classificatory best friend” of the artist. The paintings create a spiritual force field as people enter and leave my office. The first rather large square shaped painting facing my door depicts Wana, the Medicine Snake, making a “puntu tjarpanytja”, the most powerful bite, or penetration, into a site needing healing.



*Figure 20 Close up of snake.*

The concentric circles are meant to be read as my centre of vitality but also the “centre” of Israel/Palestine, its conflictual heart. The irregularly colored areas represent various lands of Israel/Palestine. The roundels in the landscape are sacred or holy sites throughout the lands. Andrew, the artist, sent a declaration to accompany the painting: “May the healing energy of the snake touch the spirit of everybody in the two countries named Israel and Palestine.” This remarkable motto re-emphasizes how much healing of the collective and healing in the person must go hand in hand.

According to Pintubi beliefs, healing presupposes the “right conditions”. The two smaller, long and narrow paintings represent the worst and the correct way, the worst way showing the right path by contrast. “Rumia kutjara Yarapalong-la” depicts two sand lizard women, travelling south and a lecherous old man who, obsessed with one of the them, tracks her down and rapes her. This sexual act is considered the gravest incest taboo violation imaginable, worse even than mother-son incest or father-daughter incest. It attacks the fabric of society in the most profound way. The wavy lines in the painting, show the protagonists’ progress across sand hills. The black, red and yellow roundels illustrate “love magic” sites where a special white ochre is gathered.



Figure 21 Aboriginal painting “Rumia kutjara Yarapalong-la”

This painting displays a perverted, shadow image of relationships, including the therapeutic relationship. Its positive twin, “Rumis kutjara Mt Theo/Wamaru-la” also shows two lizard women foraging, hunting for roots, but from a different perspective: going in straight lines. Going in straight lines represents the archetypal situation where if my white cells can be put back in line and if correct relationships, rather than transgressive/incestuous ones are restored in Israel/Palestine, then the necessary conditions for the healing energy or “mapanpa” of the snake are in place.



Figure 22 Aboriginal painting “Rumis kutjara Mt Theo/Wamaru-la”

### **Temenos Regained**

Finally, I want to return to the story of my patient Michael. Every time he arrived at my new office, he scanned the environment looking for any change. In my countertransference, I experienced his behavior as the hyper-alertness and frozen watchfulness so typical of victims of childhood abuse, like Michael himself. It was as if he was looking to see where the next blow would be coming from. I

now understood how much the physical space of my previous office had provided an inner sense of security. He would often say that he was the ‘outsider, the one who was out of place’. Just then, he looked down at the tile floor with its Balkan design, that formed shifting, mandala-like patterns and noticed that one was out of place. Strangely or perhaps synchronistically, it was at a ninety-degree angle so that it broke the symmetry of the pattern. Enthusiastically, Michael, pointed to that tile and exclaimed: ‘You see that tile, that’s me! I’m the one out of place’ (Abramovitch 1997, p. 582).



*Figure 23 Tile floor with one out of place*

When he came the next time, he immediately searched out the tile and repeated ‘that’s me!’. Finding that tile allowed him to find his place in our new home. It became his *rite d’entree*. It helped him re-form his persona and begin individuation process from a new most solid base. The temenos which had been lost became a temenos regained.



*Figure 24 Me at my desk.*



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