UNIVERSITÀ DEGLI STUDI DI PADOVA

Dipartimento di Psicologia dello Sviluppo e della Socializzazione
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Final paper

The role of the couch in psychoanalysis and its implications in the clinical setting: a Scoping Review

Relatore
Prof. Tommaso Boldrini

Correlatrice
Prof.ssa Silvia Salcuni

Laureanda: **Martina Piccin**
Matricola: **2047237**

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Summary

Abstract

Background and aims: The couch has been part of the psychoanalytical setting since its origins. Despite its relevance, empirical evidence on the use of the couch are limited and sparse. This scoping review aims to map existing research the use and this and the implications of the couch and its implication as a setting's element for both the patients and analysts.

Methods: This scoping review was conducted following the PRISMA-ScR guidelines and the Joanna Briggs Institute Manual for Evidence Synthesis. The a-priori protocol was registered at https://osf.io/7evpx/. We searched PubMed, EBSCO/PsycINFO and Web of Science databases for research articles written in English and of any type of study design, including grey literature. There are no restrictions about context or geographical location.

Results: Eight studies were included in this scoping review. The findings were organized into five key concepts: 1) Impact on Therapist-Patient Communication; 2) Facilitating Free Association; 3) Influence on Therapeutic Technique; 4) For Which Patients and Why?; 5) Therapists' Attitudes on Couch Use.

Conclusion: The main findings indicate that better-educated patients are more likely to be engage in therapy within a couch setting. Additionally, therapists are more inclined to use classical therapeutic techniques, and patients exhibit more free associations when the couch is part of the psychoanalytic setting. However, it is noteworthy that no studies have yet investigated the effect of the couch on psychotherapy outcomes, with existing research focusing solely on the psychotherapy process. Further research is necessary to explore the clinical implications of incorporating the couch in therapeutic environments.

Introduction

The couch has been part of the psychoanalytical setting since its origins, for several historical reasons. In particular, Freud struggled with sitting in front of the patient and in clinical practice and "*being stared at by them for eight hours a day*" (Freud, 1976, p. 65). In addition to this personal reason, he also believed that using the couch would positively influence the analysand's phantasy and free association, putting self-observation at the core of the psychotherapeutic process (Freud, 1976).

The recumbent position is usually considered as a relaxing state Tyminski (2006) which can facilitate free associations, transference and countertransference phenomena (Freud, 1913; Connolly, 2015). As analysands have no access to analyst's facial expressions and their related feelings, they are more likely to perceive the analyst as an ***object*** (Celenza, 2005). Specifically, not seeing the analyst may encourage patients' imagination regarding the analyst's inner world, making them a surface onto which they can project their own mental states (Celenza, 2005). Moreover, the couch has been discussed regarding the so-called *intersubjective analytic third*, as it may facilitate the formation of a third space between the analyst and the analysand (Ogden, 1996). This metaphorical concept relates to the connection between two subjectivities with their unconscious worlds (Ogden, 2004). Ogden (1996) underlined that the analyst and the analysand co-participate in the development of this *analysis' third subject* in an asymmetric way. Indeed, their roles as patient and therapist, their personalities and their experiences have a different impact on the creation of the *intersubjective analytic third*. What they have lived outside, such as their physical feelings, influences their relationship, resulting in the specific exchange happening in the analytic room.

Similarly, Shteynberg (2018) focused on *shared attention* as the phenomenon of attending together without being physically next to each other. For example, analyst and analysand may experience the same atmosphere, sharing symbols and feelings without looking at each other.

On the other hand, the couch as a setting element has been criticized by other psychoanalytic scholars. Jung (1935) viewed it as a limit to the patient's analysis. By using the couch, the analysand is not able to see the therapist and her/his emotional reactions (Jung, 1935; Lichtenberg, 1995) underlining how patients who lie down on a couch might not realize whether the analyst pays or does not pay attention to them. Being in front of the therapist gives the patient the opportunity to perceive their emotional states, and to not feel alone in the room.

Lingiardi and De Bei (2011) reviewed the literature on the couch as a setting element and discussed its utility, also questioning whether it is *just* an icon or not. Their review focused on understanding how the couch has been considered in the classical psychoanalytic model compared to the recent studies in the neuroscience and infant research fields. In particular, it seems relevant to empirically focus on the relationship between the analyst and the analysand, and on how the use of the couch is indeed helpful or not for the treatment. For instance, the nonverbal communications between the two might have important implications in the therapeutic process.

In general, the couch is considered as a traditional element of the psychoanalytic setting. However, there is heterogeneity regarding the role and importance of the couch and its impact on treatment.

This scoping review aims to map empirical studies focusing on the role of the couch as a setting element in psychoanalysis and/or psychodynamic psychotherapy, focusing on how it

is employed, how it is perceived by analysand and the analyst, and if and how it affects the psychotherapy outcome and/or process.

2. Methods

2.1. Materials and Methods

We performed a scoping review following the PRISMA-ScR guidelines (Khalil et al., 2021; Tricco et al., 2018) and The Joanna Briggs Institute Manual for Evidence Synthesis (Peters et al., 2015, 2020)(a priori registered protocol: https://osf.io/7evpx/) in line with previous scoping reviews (Fornaro et al., 2021; Lo Buglio et al., 2024). The PRISMA-ScR checklist is provided in Supplementary Materials S1. Protocol amendments are reported in Supplementary Materials S2.

2.2. Search strategy and inclusion criteria

A preliminary search is performed on PubMed, EBSCO/PsycINFO and Web of Science to identify potentially relevant reports. A full search strategy was developed based on the identified words keywords, titles, and abstracts (see Supplementary Materials S3). After removing duplicates, the titles and abstracts of the articles are screened, including those that met the inclusion criteria (see below). Then, the studies are screened at title/abstract and full-text levels. Widely used research websites (e.g., ResearchGate) and the references of the retrieved articles, were also searched for additional reports.

We included primary research studies that met the following criteria: (i) clinicians and/or patients ("population"); (ii) focused on the couch as an element of the setting in terms of opinions or attitude about it, or its implication/effect on the psychotherapy process and/or outcome ("concept"); (iii) conducted in any context or location ("context"); (iv) used any type of primary study design (e.g., cross-sectional studies, randomized controlled trials, and

cohort studies) ("type of study") including gray literature (e.g., proceedings and dissertations); and (v) written in English.

2.3. Data extraction and presentation of findings

The following data is extracted from the retrieved studies: (a) demographic and study characteristics (e.g., country, mean, age, sex, study design); (b) study aims and main findings; (c) measures employed to assess the opinions and/or experiences of clinicians regarding the use of couch as a setting element; (d) authors' suggestions for future research; (e) relevant considerations regarding the use of couch for different patient populations; and (f) details about clinical interventions (i.e., setting, therapeutic process, and clinical challenges). Data were extracted and organized in a dataset, which was updated throughout the study.

We presented the findings in a narrative synthesis and organized them into major concepts identified across the included studies.

3. Results

3.1 Search results

Figure 1 describes the identification, selection, screening, and inclusion/exclusion of studies.

From the initial set of 1,275 records, the full texts of 250 studies were assessed, and 65 were excluded for specific reasons. Ultimately, 8 studies (DiNardo et al., 2005; Gordon et al., 2021; Graver, 2020; Henkel et al., 2019, 2020; Kroth, 1970; Kroth & Forrest, 1969; Lable et al., 2010) were included in the scoping review. The list of studies excluded after a full-text assessment, with the reason for their exclusion, is presented in Supplementary materials S4.

3.2 Study Characteristics

The main characteristics of the included studies are reported in Table 1.

Two studies (Kroth & Forrest, 1969; Kroth, 1970) were published before 1970, two studies (DiNardo et al., 2005; Lable et al., 2010) were published in 2010, four studies (Gordon et al., 2021; Graver, 2020; Henkel et al., 2019, 2020) from 2019 to nowadays.

A total of four studies (DiNardo et al., 2005; Graver, 2020; Kroth, 1970; Kroth & Forrest, 1969; Lable et al., 2010) were conducted in the USA, two studies were conducted in Germany (Henkel et al., 2019, 2020) and one multisite study (Gordon et al., 2021) internationally among USA, China, Europe, UK, Latin America, Canada, Australia/New Zealand region, Indian subcontinent, South Africa and others.

Concerning the study design, one study was an empirical case study (Graver, 2020), one study was a within subjects naturalistic design study (Lable et al., 2010), two were longitudinal naturalistic studies (Henkel et al., 2019, 2020), one study was a survey study (Gordon et al., 2021), two were between subject randomized controlled trials (Kroth, 1970; Kroth & Forrest, 1969), and one (DiNardo et al., 2005) was an observational study.

A study was conducted on both patients and therapists (DiNardo et al., 2005; Henkel et al., 2020), five were conducted on patients in psychoanalysis (Graver, 2020; Henkel et al., 2019; Kroth, 1970; Kroth & Forrest, 1969; Lable et al., 2010), two on therapists (Gordon et al., 2021). The main topics searched in the included papers are the implications of the couch in psychoanalysis, how it is employed, how it is perceived by analysand and the analyst, and if and how it affects the psychotherapy outcome and/or process.

The studies included in this review employed a variety of methods.

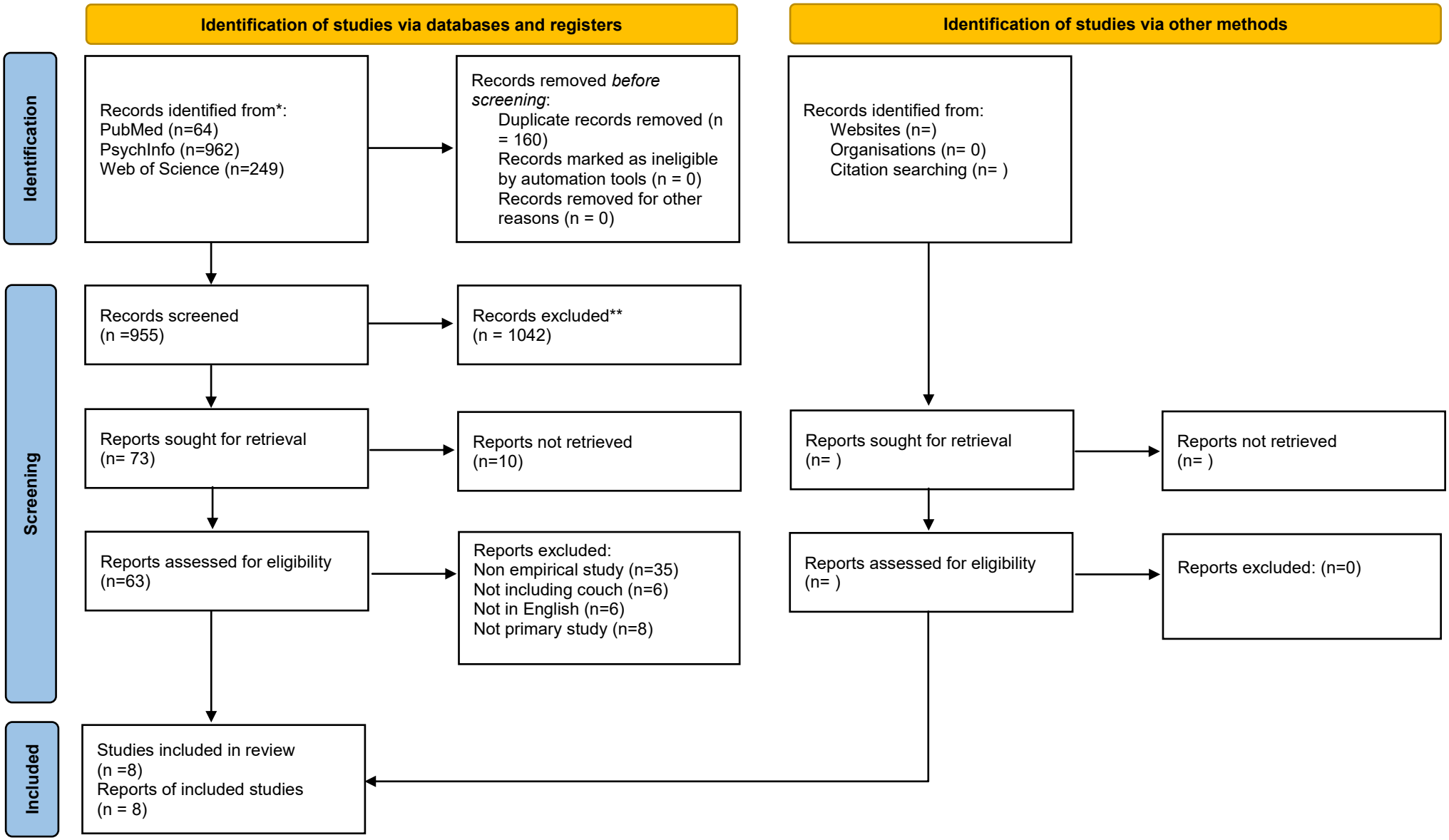
DiNardo et al. (2005) used the Linguistic Inquiry and Word Count (LIWC; Pennebaker & Francis, 1996, 1999) to analyze language and its structure, along with the Computerized Referential Activity (CRA; Bucci, 1997; Mergenthaler & Bucci, 1999) to estimate referential activity (Bucci, 2000; Bucci & Kabasakalian-McKay, 1992; Bucci & Miller, 1993). Lable et

al. (2010) utilized the Psychotherapy Process Q-Set (PQS; Jones, 2020) to investigate the differences psychotherapy process between the couch and chair settings.

Henkel et al. (2020) employed several instruments to identify patients' clinical chacacteristics, including the Symptom Checklist-90-Revised (SCL-90-R; Franke, 2002), the Inventory of Interpersonal Problems–64 (IIP-64; Horowitz, Strauß, & Kordy, 2000), the Inventory of Personality Organization–16 (IPO-16; Zimmermann et al., 2013), and the Structured Clinical Interviews for DSM-IV (SCID I; First, Spitzer, Gibbon, & Williams, 2002, and SCID II; First et al., 1997). In an earlier study, Henkel et al. (2019) used similar tools but also included the Assessment of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV), Personality Disorders (ADP-IV) Questionnaire (Schotte & DeDoncker, 1996; German version, Doering et al., 2007) for a more comprehensive assessment of patient characteristics.

In the late 1960s and early 1970s, Kroth (1970) and Kroth and Forrest (1969) used Bordin's Free Association Scale (Bordin, 1966) to quantify the degree of free association during therapy. More recently, Gordon et al. (2021) conducted an anonymous survey to interview psychoanalysts who have used technological devices to continue therapy during the COVID-19 pandemic. Lastly, Graver (2020) applied microanalysis, a technique introduced to psychoanalysis through infant research, to observe non-verbal interactions between the patient and analyst.

Figure 1 PRISMA 2020 flow diagram for new systematic reviews which included searches of databases, registers and other sources



*Consider, if feasible to do so, reporting the number of records identified from each database or register searched (rather than the total number across all databases/registers).
**If automation tools were used, indicate how many records were excluded by a human and how many were excluded by automation tools.

From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372: n71. doi: 10.1136/bmj.n71. For more information, visit: http://www.prisma-statement.org/

Table 1. Characteristics of the included studies

Author, year	Country	Study design	Population	Study aims	Main results	Measures and/or procedures
Graver (2020)	USA	Empirical case study	One adult patient in analysis.	Observe how patients and clinicians communicate when the setting changes (from the chair to the couch and back again).	Video microanalysis is helpful to understand relational patterns.	Video microanalysis.
Lable et al. (2010)	USA	Within subjects naturalistic study	Two patients (women, 24 and 31 years old).	Aim is to stimulate psychoanalytic research, especially regarding the use of the couch and to present two case studies as preliminary empirical data.	Item-level analysis shows significant differences between lying down and sitting up. However, there is no significant difference regarding the use of the couch as enhancer of psychoanalytic process.	Psychotherapy Process Q-Set (PQS; Jones 2000).

Henkel et al. (2019)	Germany	Longitudinal naturalistic studies	386 cases of the DPG Practice Study.	Understand how patient characteristics can be associated with psychodynamic treatment approaches.	Patients with a higher level of education are more invested in couch setting psychoanalysis.	Symptom Checklist (SCL-90 – R, Derogatis, 1994; German version: Franke, 2002), the Inventory of Interpersonal Problems (IIP-64, Horowitz, Strauß, & Kordy, 2000), the Inventory of Personality Organization (IPO-16; Zimmermann, Benecke, Hörz-Sagstetter, & Dammann, 2015), the Assessment of *Diagnostic and Statistical Manual of Mental Disorders, fourth edition* (*DSM–IV*), Personality Disorders (ADP-IV) Questionnaire (Schotte & DeDoncker, 1996; German version, Doering et al., 2007); SCID I (First, Spitzer, Gibbon, & Williams, 2002; and SCID II: First, Gibbon, Spitzer, Williams, & Benjamin, 1997).
Henkel et al. (2020)	Germany	Longitudinal naturalistic studies	355 psychoanalytic cases .	Aim to observe whether the application of three different forms of psychoanalytic techniques (classic, clarifying and supportive)	Supportive techniques are preferred with individuals with more severe psychopathology.	Symptom Checklist-90-Revised (SCL-90-R; Franke,2002), Inventory of Interpersonal Problems– 64 (IIP-64;Horowitz,Strauß, & Kordy, 2000), Inventory of Personality Organization–16 (IPO-16; Zimmermann et al., 2013) and the Structured Clinical Interviews for *DSM–IV* (SCID I; First, Spitzer, Gibbon, & Williams, 2002 and

				depends on the treatment approach and specific patient characteristics.		SCID II; First et al., 1997).
Gordon et al. (2021)	USA(59); China (11%); Europe(8%); UK(4%); Latin America (4%); Canada (3%); Australia/New Zealand region (2%); Indian subcontinent (1%); South Africa (1%) and other (7%)	Survey study	1490 practitioners (68% female; 31% male).	Comparing patients and clinicians variables with other variables such as the setting.	The therapist and patient variables were considered much more important to the psychodynamic treatment than any of the other variables.	SPSS to compute focused *t*-tests for two independent samples (Rosnow & Rosenthal, 2002).
Kroth & Forrest (1969)	USA	Between subjects randomized controlled trial	40 female undergraduate volunteers with lowest and highest scores in the Trait Anxiety Index.	Observing free association in subjects with low and high anxiety in both supine and sitting position.	Subjects with low anxiety levels associate more freely when they are on the couch.	Trait Anxiety Index; Bordin's free association Scale (Bordin, 1966)

Kroth (1970)	USA	Between subjects randomized controlled trials	48 subjects (24 prone; 24 supine)	To see whether the supine position facilitates the process of free association.	The phenomenon of free association is greater in subjects who were in a supine position than in the ones who were in a prone position.	Bordin's Free Association Scale (Bordin, 1966); Estimated time spent in free association; Total seconds of silence in the session.
DiNardo et al. (2005)	USA	Observational study	Ten dyads patients-therapists; analysts were men and eight out of ten patients were women.	To identify the changes in patients' and clinicians' discourse while the analysand sits on a chair or lies on a couch.	Therapists speak less in a couch setting than in a face-to-face setting (use of the chair	Linguistic Inquiry and Word Count (LIWC; Pennebaker & Francis, 1996, 1999) to analyse language and its structure and Computerized Referential Activity (CRA; Bucci, 1997; Mergenthaler & Bucci, 1999)

3.3 Impact on Therapist-Patient Communication

Three papers (DiNardo et al., 2005; Lable et al., 2010; Graver, 2020) focused on the differences in communication between the therapist and the patient when the patient is on the couch or on the chair.

DiNardo et al. (2005) examined how therapists and patients communicate with each other by analysing 10 audio-recorded psychoanalytic psychotherapy sessions, which were recorded from the 1960s to 2010. At the beginning of therapy, each patient sat on a chair, but as therapy progressed, all 10 patients continued their sessions lying on a couch. The time between the first chair session and the final couch session varied between patients. Two aspects of communication were analysed: the words used during the sessions, categorized using the Linguistic Inquiry and Word Count (LIWC; Pennebaker & Francis, 1996, 1999), and the referential activity, which examines how people connect their nonverbal internal experiences to their speech, using the Computerized Referential Activity (CRA; Bucci, 1997; Mergenthaler & Bucci, 1999). Surprisingly, the results showed no significant difference between chair and couch sessions in terms of the topics discussed and the structure of the language used. The authors found that patients on the couch did not tend to be in a more introspective or regressive mode than those on the chair. However, there was a notable difference in the interaction pattern: the clinician spoke less during the couch sessions, leading to fewer overlaps and turn exchanges between the patient and therapist.

On the other hand, Lable et al. (2010) focused on the content of what therapists and patients say to each other during therapeutic sessions. They used audio-recorded sessions from the psychoanalytic treatments of two women, each analyzed by a different therapist. The Psychotherapy Process Q-Set (PQS; Jones, 2020) was used to evaluate the treatment process. The correlation with the analytic prototype, which measures the level of analytic

process in the two settings, was not statistically significant, suggesting that the setting (couch or chair) did not impact the overall analytic process. However, item-level differences emerged. For the patient on the couch, discussions were more likely to involve sexual feelings, relationships, feelings of inferiority, and more evident therapist self-disclosure. For the patient on the chair, the focus was more on relationships, with the therapist being more supportive, the patient exhibiting more resistance to analyzing their problems, and the discussion involving the body and past experiences, along with expressions of anger. The differences highlighted by the PQS were specific to the two patients, and in general, Lable et al. (2010) did not find that the couch as a setting element elevated the psychoanalytic process to a higher level.

Another relevant study on the differences between lying down and sitting up was conducted by Graver (2020). This study focused on the interactions between the therapist and the patient, particularly when the patient moved from a face-to-face setting using a chair to a couch setting. The method used was video microanalysis of the last two sessions on the chair, the first two sessions on the couch, some sessions six weeks later, and others recorded months after. This approach allowed the author to observe nonverbal interactions with the patient. The analysis covered three phases: one before the patient started lying on the couch, another six weeks later, and the last one four months later. During the first phase, communication between the analyst and the analysand was efficient and calm, with turn-taking being respected. In the second phase, interactions became less fluid, with both the analysand and the analyst not respecting speaking turns, disregarding the other interlocutor. The final phase, after the analyst had supervision with an expert, showed a return to relaxed communication. This example of microanalysis in psychoanalytic research is useful for observing nonverbal interactions on the couch and for understanding relational patterns.

3.4 Facilitating Free Association

Kroth (1970) observed the phenomenon of free association in subjects who were randomly selected to sit on a chair or lie down on a couch. As hypothesized, the supine position led to a greater capacity for free association. In another study conducted by Kroth and Forrest (1969), the difference between lying down and sitting up was examined, particularly regarding how subjects with low and high anxiety levels engaged in free association. The main interest was in the first group, where it was found that those with low anxiety associated more freely in a recumbent position compared to sitting up. The authors interpreted this finding by suggesting that individuals with low anxiety typically use repression and denial as defense mechanisms, and being in a supine position on the couch elicits a relaxed state, reducing repression and increasing free association. In other words, lying on the couch may be helpful for people with low anxiety to engage in free association. Conversely, subjects with high anxiety levels did not show significant differences between supine and sitting positions.

3.5 Influence on Therapeutic Technique

Henkel et al. (2020) conducted a study using the results from a Naturalistic Longitudinal German Study (Beneckeet al., 2011). They investigated whether the therapist's treatment approach, such as analytic psychotherapy in a couch setting (APC), face-to-face Analytic Psychotherapy (APF), Psychodynamic Psychotherapy (PP), and short-term psychotherapy (STP), along with the patients' psychopathology, were good predictors of the techniques used by the analyst. Therapists completed a Psychoanalytic Technique Questionnaire (PTQ; Henkel et al., 2018) to investigate the use of specific techniques (classic, clarifying, supportive). The authors observed that a classical psychoanalytic approach in a couch setting (APC) was a predictor of a higher use of classic techniques, such

as facilitating regression, working on and in transference, working on resistance, and interpretation.

3.6 Who is the couch use with?

Henkel et al. (2020) used data from a Naturalistic Longitudinal German Study (Benecke et al., 2011) to investigate patient psychopathology. A combination of self-report measures, including the Symptom Checklist-90-Revised (SCL-90-R; Franke, 2002), Inventory of Interpersonal Problems–64 (IIP-64; Horowitz, Strauß, & Kordy, 2000), Inventory of Personality Organization–16 (IPO-16; Zimmermann et al., 2013), and the Structured Clinical Interviews for DSM-IV (SCID I; First, Spitzer, Gibbon, & Williams, 2002) were used. The main finding was that supportive techniques, which are most commonly used in face-to-face therapies along with clarifying techniques, are preferred with individuals who have more severe psychopathology, especially when the patients are women.

Furthermore, Henkel et al. (2019) focused on how patients' characteristics influence the type of psychodynamic treatment chosen. Sociodemographic data suggested that patients with higher levels of education are more likely to engage in couch setting psychoanalysis. The authors proposed two possible reasons for this: first, psychotherapists might consider individuals with lower levels of education less capable of introspection; second, these patients may refuse to begin lengthy psychoanalysis on the couch. According to the SCID I (First, Spitzer, Gibbon, & Williams, 2002) and SCID II (First, Gibbon, Spitzer, Williams, & Benjamin, 1997) and German psychotherapy guidelines, the face-to-face setting (APF) was more often implemented with patients whose personality functions were more compromised, and these patients also showed a higher comorbidity with personality disorders. By contrast, the self-report questionnaires (SCL-90-R, Derogatis, 1994; German version: Franke, 2002; IIP-64, Horowitz, Strauß, & Kordy, 2000; IPO-16; Zimmermann, Benecke, Hörz-Sagstetter,

& Dammann, 2015; Personality Disorders ADP-IV Questionnaire; Schotte & DeDoncker, 1996; German version, Doering et al., 2007) did not show significant differences. Regarding the severity of symptoms, there were no relevant findings.

3.7 Therapists' Attitudes on Couch Use

Gordon et al. (2021) collected data about the differences in therapists' attitudes between in-person and remote therapy through an international survey for specialists. They gathered information on a range of variables, including the characteristics of the analyst (such as empathy and warmth) and the setting. Specifically, they were interested in the variable "Use of the couch during sessions." They did not find significant evidence on the importance of the couch as a setting element in psychoanalytic therapy. In particular, the results suggest that this element is less significant (M=5.11) than therapists and patients' factors.

4. Discussion

The purpose of this review was to map the research studies examining the role of the couch as a setting element. The included articles represent the current state of what have been done in psychoanalytic on this topic. Each included study focused on different variables related to the couch in psychoanalysis.

One of the main aspects to consider when analysing what differs between the couch and the chair settings is the communication between the patient and the therapist. There were no significant differences in the discourse between chair and couch sessions, except that therapist tended to speak less during couch sessions (DiNardo et al., 2005). DiNardo et al. (2005) noted that this finding do not provide additional insights into the therapeutic implications of the couch as a setting element.

Regarding the content of communication during analysis, no statistically differences were found (Lable et al., 2010). However, some variations emerged at the micro item-level of the PQS. In one case, the therapist self-disclosed more when the patient was lying down compared to when the patient was sitting. Lable et al. (2010) suggest that this increased level of self-disclosure might be because the therapist is not visible when the patient is lying down (Jung, 1935; Lichtenberg, 1995), making the therapist more inclined to talk about themselves. In another case, patients on the couch tended to discuss their relationships, reactions to problems, feelings, and bodily conditions more, which aligns with Freud's (1976) emphasis on self-observation. However, the specific items highlighted by the Psychotherapy Process Q-Set differed between the two patients, leading the authors to hypothesize that the effects of the couch in psychoanalysis may be closely tied to the individual analyst-analysand dyad.

Graver (2020) conducted an empirical case study using microanalysis to observe communication between himself and his patient. The study involved two conditions: one with the patient sitting in a chair and the other with the patient lying on the couch. Relational difficulties in the patient's life, particularly fears of intimate relationships, emerged during these exchanges. The transition from chair to couch was challenging for the patient, as it symbolized an intimate relationship that they were not ready to engage in. Microanalysis revealed that after initial difficulties, the analyst-analysand dyad re-established a strong connection, which helped the patient overcome their fears. While these reflections are specific to the case studied, they underscore the potential of microanalysis to effectively explore the interactions within the therapeutic room. This case also highlights the significance of the relationship between therapist and patient, contributing to the creation of the analytic third (Ogden, 1996). As Celenza (2005) suggested, the shift between a supine and a sitting position can evoke unique analytic information.

Regarding psychoanalytic methods, the use of a couch setting was found to be a predictor of a higher use of classical techniques (Henkel et al., 2020). Additionally, patients with more severe psychopathology were predictors of a higher use of supportive techniques (Henkel et al., 2020), while better-educated patients were more likely to undergo psychoanalysis on a couch (Henkel et al., 2019).

As previously mentioned by Connolly (2015) and Freud (1913), free association may be facilitated when the patient is lying down. Indeed, the couch as a setting element appears to encourage more spontaneous free association (Kroth, 1970), particularly in individuals with low anxiety levels (Kroth & Forrest, 1969). However, further research is needed to better understand the factors underlying this pattern.

Another important consideration is how the couch is perceived by therapists. It was found that the couch was not among the most relevant variables, with greater importance placed on the attitudes and characteristics of both the analysand and the analyst rather than the setting itself (Gordon et al., 2021). There is a parallel between the use of the couch and remote therapy, as both involve a lack of physical cues. However, the finding that the couch as a setting element was not significant for therapy outcomes suggests that these physical cues may not be crucial for the therapeutic process.

Overall, as Lingiardi and De Bei (2011) pointed out, it is worth considering how the presence or absence of an element traditionally deemed essential in psychoanalysis should be part of a renewed debate, where clinical practice, and even other disciplines such as neuroscience, take center stage, potentially redefining its iconic status.

5. Limitations and Future suggestions

This scoping review included a small number of studies, with varying study designs and most involving small sample sizes, making it difficult to generalize the findings. Further

empirical research is needed to quantify the effects of the couch on the relationship between the analysand and the analyst (Henkel et al., 2019; Lable et al., 2010). To achieve a comprehensive understanding of the differences between lying down and sitting up, larger sample sizes are necessary (Lable et al., 2010).

Future research should focus on patients' symptomatic improvements and the factors influencing their treatment outcomes, particularly whether the use of the couch has specific implications for the therapeutic process and outcomes (Henkel et al., 2020). Additionally, patient characteristics, such as symptom severity and demographic factors like education level, should be examined to determine their impact on the outcomes of psychoanalytic treatment in a couch setting (Henkel et al., 2019).

6. Conclusions

This scoping review provides an overview of the available psychoanalytic research on the use of the couch. The topic is clearly complex and multifaceted, and the literature can be confusing due to the abundance of reflections, opinions, and clinical experiences that do not always align. No empirical evidence has been found regarding the outcomes of psychoanalysis conducted on the couch. However, it has been confirmed that classical techniques are predominantly used in couch-based psychoanalysis (Henkel et al., 2020) and that free association is indeed facilitated when patients lie on the couch (Kroth, 1970; Kroth & Forrest, 1969). Interestingly, a notable finding suggests that patients with higher education levels are more inclined to engage in therapy on the couch (Henkel et al., 2019).

For the future of psychoanalysis and therapeutic processes, it is essential to conduct a deeper analysis of what occurs in the analytic room, bringing the couch into the spotlight. As Lingiardi and De Bei (2011) emphasized, it is crucial that disciplines such as neuroscience and infant research contribute to the psychoanalytic discussion.

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Supplementary Materials

S1. (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Title page
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Abstract
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Y
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Y
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Y
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	Y
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Y
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary Materials
Selection of sources of	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the	Y

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
evidence†		scoping review.	
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Y
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Y
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	Not applicable
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Y
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Y
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Y; Table 1
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	Not applicable
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Y
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Y
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Y
Limitations	20	Discuss the limitations of the scoping review process.	Y
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as	Y

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
		well as potential implications and/or next steps.	
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Y

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.
* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.
† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).
‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.
§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

S2. Protocol amendements

Search Strategy: Pepweb was initially listed as a database to be searched but was ultimately not included in the review process.

S3. Search strategy

("Couch") AND ("psychoanalytic setting" OR "analytic setting" OR "psychodynamic psychotherapy" OR "psychoanalysis" OR "psychoanalytic psychotherapy"

S4. Excluded studies at full-text level with reasons

Author	Reason for exclusion at a full text level
(A. S. Hill, 2018)	Not primary study
(Allen, 1956)	Non-empirical
(Artaloytia, 2015)	Non-empirical
(Aruffo, 1995)	Non-empirical
(Balint, 1987)	Full text not available
(Bambrough, 2016)	Not primary study
(Borowitz, 1976)	Full text not available
(Brasil et al., 2022)	Not in English
(Cabaniss et al., 2004)	Non-empirical
(Caligor et al., 2012)	Not including couch
Caston, J. (1993)	Full text not available
(Collins, 2015)	Not primary study
(Craciun, 2019)	Not including couch
(*Discourse in Chair and Couch: Psychoanalytic Sessions - ProQuest*, n.d.)	Not primary study
(Dosuzkov, 1952)	Not including couch
(*Exploratory Investigations of Psychoanalysts' Use of the Couch - ProQuest*, n.d.)	Full text not available
(Felix, 2001)	Not including couch
(Frank, 1995)	Non-empirical
(Gedo, 1995)	Non-empirical
(Geffner, 2004)	Non-empirical
(Goldberger, 1995)	Non-empirical
(GRAF et al., 2010)	Not primary study
(Grotstein, 1995)	Non-empirical

(Hagman, 2021)	Non-empirical
(Henkel et al., 2016)	Not in English
(Hernández-Tubert, 2008)	Non-empirical
(Hill, 2010)	Full text not available
(Hoffmeister, 2017)	Not in English
(Inderbitzin, 1988)	Non-empirical
(Jacobson, 1995)	Non-empirical
(Jones, 2007)	Non-empirical
(Kavaler-Adler, 2005)	Non-empirical
(Kulish, 1996)	Non-empirical
Leuschner, W., Hau, S., & Fischmann, T. (1998)	Full text not available
(Lemma & Patrick, 2010)	Not primary study
(Lichtenberg, 1995)	Non-empirical
(Malo, 2015)	Non-empirical
(Marić & Jašović-Gašić, 2010)	Non-empirical
(McAloon, 1987)	Full text not available
(Mclaughlin, 1987)	Non-empirical
(Mclaughlin, 2010)	Non-empirical
(Meissner, 1998)	Full text not available
(Myers, 1982)	Non-empirical
O'Rourke, J. K. (2002).	Full text not available
(Peichl, 1991)	Not in English
(Reatto et al., 2023)	Not including couch
(Reiser, 1986)	Not empirical
(Rothstein, 1998)	Not in English
(Rothstein, 1999)	Non-empirical
(Rothstein, 2010)	Non-empirical

(Sadow, 1995)	Non-empirical
(Schachter & Kächele, 2010)	Non-empirical
(Schepank, 1969)	Not in English
(Searles, 1984)	Full text not available
(Simon, 1993)	Non-empirical
(Sklar, 2018)	Not primary study
(Spotnitz, 1973)	Not primary study
(Starr-Karlin, 2015)	Not including couch
(*Taking Risks from the Unconscious*, n.d.)	Non-empirical
(*THE FUNCTION OF THE COUCH IN STIMULATING ALTERED STATES OF CONSCIOUSNESS IN HYPNOSIS AND IN PSYCHOANALYSIS - ProQuest*, n.d.)	Not primary study
(Tyminski, 2006)	Non-empirical
(R. M. Waugaman, 1987)	Non-empirical
(R. Waugaman, 1995)	Non-empirical
(Wiener, 2015)	Non-empirical
(Winestine, 1987)	Non-empirical
(Zeligs, 1957)	Non-empirical

Exclusion reasons

- Full text not available
- Non-empirical
- Focus not on the couch
- Not in English
- Not primary study

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