CLINICAL TOPOLOGY OF AFFECT: SPACE IN PSYCHOANALYSIS FROM GLIMPSE IN FREUD

Eliane Bryon[1]

Abstract: This study examines the forms of spatiality present in Freud's work and proposes that affect is inscribed from the outset through spatial operations, according to the idea that affect speaks before words emerge. This reading highlights the role of space, scene, and subjective position in the prerepresentational inscription of affect, treating space as a clinical operator that organizes psychic conflict and distributes positions. Drawing on the Project for Scientific Psychology (1985), the metapsychological papers (1915), The Interpretation of Dreams (1900), and Freud's paradigmatic clinical cases, the study argues that the unconscious functions as a topological field of affective operations through which affect must circulate. The cases of Dora, Little Hans, the Rat Man, and the Wolf Man reveal that each conflict is structured by specific spatial configurations that shape subjective experience. Rather the offering a finished theory, this thesis opens a field of inquiry consistent with a Freudian perspective. It advances the hypothesis of a Clinical Topology of Affect as a framework for integrating space and affect in the understanding of psychic suffering.

Keywords: Psychoanalytic Theory; Affect; Spatiality; Clinical Topology; Freud

INTRODUCTION

Based on glimpses during the reading of Freud's work, it is formulated that space in the psychoanalytic clinic is not a mere descriptive resource and is not a scenario, but a structuring element that emerges to explain when language has not yet arrived. This glimpse of spatiality in

1 Specialist in Psychoanalysis from the School of Psychoanalysis of São Paulo

Freud considers space as a clinical operator, as a device that organizes psychic conflict and distributes subjective positions.

At various times, this reading allowed us to perceive a spatiality that permeates his conception of the unconscious and his clinical practice. Since the Project for a Scientific Psychology (1895), Freud describes the psyche as a network of pathways, barriers, paths that offer greater or lesser resistance to the passage of excitement, suggesting that affect is inscribed as a spatialized movement before it is represented (FREUD, 1895).

With the paradigmatic clinical cases, this spatiality becomes even more evident. In Dora, Freud observes that the young woman finds herself in an untenable position between two families, indicating that her subjective position is also a spatial position in the field of the desire for the Other (FREUD, 1905). In Little Hans, fear is distributed in streets, routes, locations and forbidden zones, composing a true affective cartography (FREUD, 1909). In the Rat Man, guilt circulates in compulsive circuits that always return to the same points (FREUD, 1909). With the Wolf Man, the trauma is fixed in a single, external scene, viewed from a window, but which paralyzes the subject under the gaze of the wolves (FREUD, 1918).

Thus, this TCC follows an approach according to which space is lived, experienced, where each suffering is structured with a singular, unique spatial configuration, between positions and scenes.

Thus, from this glimpse of Freud's work, this research is carried out directly articulating space and affect in Freud, understanding that this spatiality works as a clinical operator that organizes subjective positions and unconscious scenes. The proposal is to cover, introductorily, a possible field that emerges as an attempt to collect the spatiality dispersed in Freud's work, organizing it with a twist in the clinical reading of the texts.

To this end, this TCC, placed as a preliminary, works on the presence of spatiality in Freudian thought; develops the concept of space as a clinical operator; analyzes the main clinical cases as spatial configurations of affect; and, finally, by way of conclusion, it presents possible consequences of this

reading, understanding the clinic as a possible reading of this organization of spatial movements, as an expression of the unconscious and its function in the constitution of the subject.

JUSTIFICATION

The choice to investigate the spatial dimension in Freud's work is justified by the perception of the recurrence of topological figurations in his texts and clinical cases. Although Freud did not develop a formal concept of space, or even psychic space, his writing is crossed by images, which function as operators to describe the way in which affect is inscribed and displaces in the unconscious (FREUD, 1900; 1915a).

Freud's paradigmatic clinical cases, on the other hand, show that psychic conflict is organized into subjective positions and condensed scenes, which are not only presented as an illustration of suffering, but also structure it. The study of these cases from the perspective of spatiality allows us to evidence how affect is distributed, fixed, displaced, and defended through specific spatial configurations. This reading opens up a field of investigation that can illuminate fundamental aspects of Freud's clinic while offering a way to understand the unconscious, when it is not yet circumscribed to the representational axis.

On the other hand, even if the hypothesis presented here aims to demonstrate how affect is distinguished before the word – finding support in the texts O Projeto, 1895; The Interpretation of Dreams, 1900; some of the texts of metapsychology, 1915; and Freud's paradigmatic cases – Dora, 1905; Hans, 1909; Man of Rats, 1909, and Man of Wolves, 1918 –, with the first Freudian topic (Ics, Pcs, Cs), it is known that the second topic (Id, Ego, Superego) can be extremely fruitful, as a sequel to a future work.

Thus, the theme of this TCC is justified as a work proposal capable of articulating elements already present in Freud's work, but still little thematized. This is an introductory study that seeks to explore a possible and coherent field, without the intention of theoretical exhaustion, but as a map of

intention that can contribute to the understanding of the spatiality of the unconscious and its function in the clinic, thus opening more studies in this field.

WORKING HYPOTHESIS

The course of this TCC follows its own logic, so that the hypothesis that guides this study is based on the glimpse that space, in Freud, operates clinically. In the technical texts, in the metapsychological writings studied and in the clinical cases mentioned here, Freud describes the psyche through spatial images that function as modes of operation of the unconscious (FREUD, 1985; 1915a).

In this path, the questions that arise are:

- How does space operate clinically in Freud's work?

- Can space be understood as an active form of expression of the organization of psychic conflict in the clinic?

Based on these questions, this study proposes the hypothesis of a Clinical Topology of Affect, understood as a mode of reading that articulates three clinical operators: space, scene and position. This hypothesis, raised here, intends to open a possible field of investigation coherent with the Freudian clinic and with the logic of the unconscious, in order to allow the understanding of space in the clinic, that is, as a function that organizes affect before the word and structures the subjective experience, hence as a clinical operator.

Thus, the hypothesis presented here proposes to collect a dimension already present in Freud's work: the spatiality of the unconscious with the implication of affect, with scene and position as clinical operators. In this TCC: topology – because affect in Freud is inscribed as movement, edge, deviation, circuit, fold, flow; clinical – because this spatiality is not only theoretical, it operates in cases by organizing positions, scenes, symptoms; affect – because what is being mapped is not the unconscious in general, but the first form of inscription of the affect, before the representation.

Thus, spatiality can come to offer a way of thinking about the clinic based on the operations that organize the space before representation, allowing us to understand the subject as an effect of an affective inscription that occurs in the articulation between space, scene and position. The topology of affect, therefore, does not describe a map, but a mode of functioning, indicating that the subject emerges from the way in which affect transits and is inscribed in the lived space, producing positions that precede the word.

OBJECTIVES

General Objective

This final paper aims to question the presence and function of spatiality in Freud's work, proposing the hypothesis of a Clinical Topology of Affect as a way of reading, anchored in paradigmatic clinical cases and in part of Freudian metapsychology (1915), starting from some aspects developed in the Project, 1895, and in the Interpretation of dreams, 1900.

Specific Objective

The specific objectives are:

work on the hypothesis of the Clinical Topology of Affect as a possible field of investigation on the spatiality of affect.

To investigate how affect is spatially inscribed before representation.

To understand the clinical cases of Dora, Little Hans, Mouse Man and Wolf Man from the configurations of positions and scenes brought to the analysis sessions described by Freud.

To understand in order to propose space as a clinical operator, considering the presence and function of spatiality, present in Freud's work, as an affective inscription for the clinic.

SPATIALITY OF THE UNCONSCIOUS IN FREUD

Although the density and scope of the Freudian works listed here are highlighted, the study carried out is crossed by the insistent presence of spatial images that permeate each text, in which they approach and structure their conception of the unconscious, linking them to space and, in this, scenes and positions. This idea is sustained from clinical cases by providing a space that summons speech, in a space of free association, with suspension of judgment, where space operates as displacements and condensations in simple narratives.

It is understood that space is not seen as a physical, non-geographical, non-geometric, non-architectural, non-anatomical place, much less as a setting, but as a topological, symbolic and clinical one – a space that unfolds, folds, twists, crosses, with edges, where inside and outside are confused and appear when the word does not yet arrive.

The topological matrix and the spatial inscription of affect

The Project, 1895, topological matrix that reveals itself

From his first writings, Freud describes psychic functioning through spatial elements that flow, like a "hydraulic flow", create, circumvent barriers and transfer intensities from one place to another or bring together distinct elements at the same point, as he addresses in the Project for a Scientific Psychology, 1895.

With this text, Freud begins to construct a topology of the psychic apparatus that deals with quantities and excitation in which affect would be precisely the subjective expression of this quantity. In this one, space is driven, symbolic, not anatomical and much less geographical or merely descriptive, but rather a field of forces where excitation (affect) circulates spatially.

With the Project, 1895, affect is thought of as a quantity that moves spatially, while drawing the psychic apparatus as:

a network of systems, each with its specific functions that are the space of perception (receives external stimuli); the space of memory (retains mnemic traces); and the space of consciousness. These systems would be layers of energetic inscription, where space is defined by the circulation of quantity, excitement and facilitation. Therefore, the psychic space would be the place of excitement and not of consciousness, allowing us to think of affect as a spatial movement before any representational elaboration.

And as a space of inscription and resistance, in which Freud proposes that memory is formed by the inscription of traces, not by memories.

Thus, in general, Freud does not deal with space, but describes the psyche as passageways, contact barriers, discharges, detours, accumulations, facilitation. At this moment, it is as if Freud authorized, from a glimpse during the reading of the Project, 1895, a cartography of the psyche and affect, therefore, as the quantity that circulates, encounters obstacles, returns and diverts.

The Dreams, 1900, walking in the topological matrix

Freud analyzes dreams as the "royal way" that leads to the knowledge of the unconscious in psychic life. His analysis, with The Interpretation of Dreams, 1900, reveals that the dream is a psychic act, which works with the thing-representations, pre-verbal and spatial, operating through images, scenes and displacement of affect before the word, while the affect displaces, condenses, fixes and returns. In chapter VI of the aforementioned text, from 1900, Freud shows that the unconscious works through four fundamental operations, which are:

Condensation – when the latent contents are taking up less space, as a function of several representations in a single image. So that the affect accumulates at one point in the dream scene.

Displacement – considered as an undeniable factor by Freud, is when the affect is detached from one representation and linked to another – attention is displaced, without hesitation, from what is really intended for an association, the one that escapes the censorship imposed by resistance. Thus,

affection does not depend on the word, it moves as a force, tracing paths.

Figuration – thought is transformed into an image, showing that the unconscious works with representation-thing, as a transformation of ideas on stage – confirming the pre-representational and spatial inscription.

Secondary elaboration – it is when the conscious seeks to give narrative coherence to the dream, that is, the language arrives later, secondarily not in importance, but trying to organize in some way what has already been affectively inscribed, organizing scenes and positions.

Freud, therefore, describes the psychic apparatus as a spatial field, with systems that communicate through pathways, barriers and returns. On the other hand, he defines the dream as the fulfillment of a wish, in a spatial operation with pre-representational movement, since it moves, condenses, fixes itself in points and returns, all this before the word occurs.

The dream, then, organizes positions, places, paths. While the subject emerges in this scene, the dream reveals that the unconscious desire is structured by daytime remains, infantile scenes, fantasies and repressed conflicts, and the affection that circulates. With this study, Freud says that the subject is born from the way affect is inscribed, a space it occupies in the psychic apparatus, thus opening up to a topology of affect called here.

Metapsychology as psychic cartography

Psychic cartography is thought of here from a perception of one's own according to the idea already present in Freud that the psyche is not a collection of contents, but a space in movement, a composite territory in which affect transits, moves along paths (danger zones, fixation points and repetitive circuits). Thus, although Freud does not use the term 'cartography', he presents the psyche as a map from the beginning, in 1895, with the Project, previously discussed.

In metapsychological texts[1], Freud deepens this spatiality by organizing the psychic apparatus

1 Christian Dunker, Speaking of It, 105, YouTube (https://www.youtube.com/watch?-

into systems: Ucs, Unconscious; Pcs, Preconscious; Cs, Conscious, with borders, regions, layers and surfaces, also showing that affect circulates as a spatial force, in a circuit.

For this TCC, the following were also selected: Chapter VII, of the Interpretation of Dreams, 1900, which works on the idea of the first topic – Ics, Pcs, Cs –, showing how the psychic apparatus is spatial with a primary organization, involving displacement and condensation; and The Unconscious, 1915a – in which Freud describes the unconscious as a system (Ucs) with its own contents and specific laws, separated from the preconscious (Pcs) by a barrier that prevents direct access to consciousness (Cs). In chapter VII, still of the Interpretation of Dreams, 1900, Freud works on the idea developed with the first topic, the idea of regression, desire and psychic apparatus. It shows how the psychic apparatus is spatial and affect is inscribed in paths, while the subject emerges from this primary organization.

In this chapter, Freud presents the psychic apparatus as a topology, described as a space with separate systems – Ucs, Pcs, Cs – approaching them with the first topic, in which the passage from one system to another occurs through barriers and pathways. He adds regression (FREUD, 1915c), when thought returns to more primitive forms of inscription, in a return to the pre-representational level, one could say. Desire is placed as the engine of the dream and that the dream fulfills an unconscious desire, according to an economic force. And the scene is when the dream organizes positions, places, distances, so that the subject appears in a subjective position.

In this first Freudian time, the subject appears as an effect of an affective position inscribed in the body and in the situation lived, before the word. Freud speaks of the constitution of the subject

v=A2nYKHHB1qU&t=156s), in: What is Freudian Metapsychology? He lists as fundamental texts of Freudian metapsychology: Project for a Scientific Psychology, 1895, because it is considered as the basis from which metapsychology arises, because it introduces the studies of the psychic apparatus as a system; chapter VII of the Interpretation of Dreams, 1900; The Drives and Their Destinies, 1915; O Recalcamento, 1915; The Unconscious, 1915; Metapsychological Complement to the Theory of Dreams, 1915; Mourning and Melancholy, 1915 and Beyond the Pleasure Principle, 1920, which introduces the death drive and the revision of Freudian metapsychology. Dunker draws attention to the fact that this classification is of a more classical order – insofar as it is mainly limited to the first Freudian topic (Ucs, Pcs, Cs) – and that, for others, it may come to present a different order.

as primary inscriptions, where the economy of affection, experience of pleasure, displeasure and the way in which these forces are distributed in the psychic apparatus operates. Thus, the subject, in Freud, as an effect of an affective position, is prior to the word, prior to symbolization, prior to entering the field of the Other.

And so, Freud describes the unconscious, at this moment, as a field with its own laws: timelessness, absence of opposite, mobility of affect – as laws of movement, not of signification – which he elaborates with the aforementioned text The Unconscious, 1915a.

With The Unconscious, 1915a, we obtain the description of the psychic apparatus as spatial movements, psychic movements in which the affect transits, is fixed, erupts on stage, where it is repeated and positions it occupies. Repression, in turn, is defined as a distancing that keeps certain representations "at a distance", preventing them from crossing the boundary between systems. These representations can be repressed, but affect cannot – the 'quota' of affect, which makes it escape, move, convert, is understood as a demonstration that affect operates before the representational inscription. It is, therefore, a displacement of something that has undergone censorship, out of a region, keeping it excluded from the field of conscious space.

Thus, we have the unconscious with its functioning based on three aspects: dynamic, topological and economic. And these aspects are understood as:

Dynamic aspect – Freud describes it as a force that seeks alternative paths. It treats it as a field of forces and conflicts, constituted by repressed representations, which operate as a force that pushes certain representations out of the conscious field, while the return of the repressed shows that the unconscious insists, presses, persists. In other words, it follows an affective dynamic, where affection is this force that insists.

> "Mental processes differ due to their dynamic content" (FREUD, 1915a, p.199), so that "affect always assumes the nature of anxiety, for which all repressed affects are exchanged". "Often, however, the instinctual impulse has to wait until it finds a substitute idea in the Cs system." "(...) in repression there is a rupture between the affect and the idea to which it belongs, and that each of them goes through isolated vicissitudes" (FREUD, 1915a, p. 206).

Topological aspect – Freud presents it as a movement that traces paths, fixation points and returns, reaffirming the first topic – Ics, Pcs, Cs. He deepens that the unconscious is a system with its own laws, separated by barriers and censorships. In this aspect, the unconscious is a psychic place, with content inaccessible to consciousness, while censorship functions as a boundary between systems and the passage between these systems requires facilitation, connection to the word, to the extent that it organizes the psychic apparatus as places. In these, each one has its own modes of operation.

> "In this psychic topography, at the moment, it has nothing to do with anatomy; it refers not to anatomical locality, but to regions of the mental mechanism, wherever they are located in the body" (FREUD, 1915a, p. 201). Thus, "on a superficial consideration this would seem to reveal that conscious and unconscious ideas constitute distinct, topographically separated registers" (FREUD, 1915a, p. 202).

Economic aspect – Freud emphasizes an amount of affect that makes it circulate, starting to distinguish representation from share of affect. The representation can be repressed, but the affect cannot, and it can be unloaded or made a connection depending on the quantity – referring to the amount of affect in circulation. Freud thinks of affect as quantity, as energy that moves, condenses, accumulates, discharges. This aspect of the functioning of the unconscious provides the support that the subject is born in the inscription of affect - affect would therefore be pre-representational, since it operates before the word.

> "This is reinforced by taking the vicissitudes of quantities of excitation to the consequences and arriving at least at a relative estimate of their magnitude" (FREUD, 1915a, p. 208). To which he goes on to say that "(...) another process that, in the first case, maintains repression (i.e., the case of subsequent pressure) and, in the second (i.e., that of the first repression) ensures its establishment and continuity" (FREUD, 1915a, p. 208).

Freud, in this study, also presents characteristics of the unconscious system (ICS), according

to the functioning according to the three aspects, mentioned above, as follows:

- The nucleus of the Ucs "consists of impulses charged with desires" (FREUD, 1915a, p. 213).

- "There is no place in this system for denial, doubt or any degree of uncertainty: all this is only introduced by the work of censorship between the Ucs and the Pcs. Negation is a substitute in a higher degree for repression" (FREUD, 1915a, p. 213).

- "The cathexis intensities (in the Ucs) are much more mobile. By the process of displacement, one idea can yield to another its entire share of cathexis; by the process of condensation it can appropriate the entire cathexis of various ideas" (FREUD, 1915a, p. 213).

- "The processes of the Ics system are timeless; that is, they are not ordered temporarily, they do not change with the passage of time; has absolutely no reference to time" (FREUD, 1915a, p. 214).

- The Ics processes "pay little attention to reality. They are subject to the pleasure principle; its destiny depends only on the degree and its strength and on the fulfillment of the demands of the pleasure-displeasure regulation" (FREUD, 1915a, p. 214).

- "Unconscious processes become knowable by us under the conditions of dream and neurosis." "By themselves they are not perceived; in reality, they are even incapable of conducting their existence" (FREUD, 1915a, p. 215).

Thus, we find a topological movement (where each thing is in the mind), a passage that depends on open paths, possible paths; economic process (how psychic energy circulates), affect needs to find a way to circulate, and a dynamic process (what happens when conflict arises), with forces that push and forces that stop.

A topology of psychic functioning

After theorizing the spatialization of the unconscious (FREUD, 1915a), seen as a territory structured in three elements (Ics, Pcs, Cs), Freud opens space to think of affect as movement. This space would be composed in which affect transits between these three elements, pulsates, moves

along paths (encounters barriers, deviates, returns), fixes or connects (FREUD, 1915b). Freud thus expands the idea, initially developed in the Project (1985), passing through the Unconscious (1915a), in which the first topic describes the places in the psychic apparatus, arriving at The Institutes and Their Vicissitudes, in 1915b (better known as The Drives and Their Destinies, although it is translated by the Imago edition, with the title used here, as a reference), in which this spatiality gains movement when describing the paths.

In this study, Freud defines the drive as a borderline concept between the somatic and the psychic, a constant force that has its own topology, which starts from the body and requires psychic work in the search for discharge and connection. He adds that: "The drive can never become an object of consciousness – only the idea that represents the drive can. Even in the unconscious (...)" (FREUD, 1915b, p.130). He also explains that "the representative in question persists unchanged and the drive remains linked to him" (FREUD, 1915c, p.171), this as a result of repression (repression) which, in essence, "consists simply in moving a certain thing away from the conscious, keeping it at a distance" (FREUD, 1915c, p.170), but still subject to the destinies of the drive.

In this context, the drive is presented with four elements, which are:

source – bodily zone, somatic process that occurs in an organ, or part of the body, whose stimulus is represented in mental life by a drive;

purpose (goal) – satisfaction, such as tension reduction;

pressure – intensity, work requirement, engine, force point, and

object – that which allows the goal to be achieved, marking this displacement.

While the destinies of the drive, pointed out by Freud, are operations, where each one of them is a topological transformation.

In the 1915b text, in The Drives and Their Destinies, the title of the most commonly known study, Freud describes four possible destinies for the drive, which can be understood as operations that reorganize the psychic space, they are:

reverse reversal – introduces a polarity in the drive space, establishing pairs such as activity/passivity or love/hate, that is, an inversion of the goal occurs, when the goal changes from one pole to another (e.g., going from aggression to being attacked). This operation creates a line of opposition that organizes the conflict and defines possible positions for the subject.

Return to one's own self, or against one's own person – produces a change in the direction of the drive's path, what was directed to the object turns to the subject, creating an internal fold that alters the distribution of affection and inaugurates new forms of suffering and defense. Movement does not disappear, it redirects itself, creating a topology of interiorization.

Repression – it establishes a border, the representation is barred, and in doing so it creates zones of exclusion and return, delimiting regions of the internal space that remain active, although inaccessible to consciousness, that structure the unconscious scene – the affect moves, transforms or returns as a symptom.

Sublimation – opens alternative paths, diverting the sexual goal to socially and culturally valued ends, the drive energy finds another field of inscription, expanding the space and allowing new forms of circulation of affection.

Freud works the drive from different angles, the physiological, as a reflex, a reaction to an action from outside; and another that originates in the body going to the psychic (inner to outer world), as discharge. Thus, he arrives at the essential nature of drives, considering their main characteristics – "their origin in sources of stimulation within the organism and their appearance as a constant force" (FREUD, 1915b, p.139). From this, he deduces the principle of finality, understood as the function of the nervous system to get rid of the stimuli that reach it – reducing them to the lowest possible level – concluding that the drives constitute the true driving forces that drive the nervous system, with its unlimited capacity. Thus, the drive is understood as being spatial in which the affect circulates, finds a scene – where the drive is inscribed, organizes position, where the subject is affected, and is inscribed in space, which allows or prevents the connection.

Thus, affect is spatialized because the drive – posited as a path, vector – when moving, produces space and moves, transforms, fixes, discharges, and is linked to a representation – understood as an idea, while affect is understood as quantity, intensity. Topology, in this case, is the very logic of the drive in motion, in operation.

While, in this process, the affect needs to be tied, to have a connection, so that it does not become traumatic, as Freud says. This connection is a form, an organization, it is what is inscribed in the scene, position and space in the clinic, where map (first topic) and movement (The Drives and Their Destinies, 1915b) meet.

Thus, the drive with its destinies shows its spatiality, in which each destinies is the topological transformation of the drive path, shown by Freud. It shows, therefore, that it is a force in constant movement, which circulates, encounters barriers, deviates and transforms itself, expressing a topology of psychic functioning, which comes to organize the economy of affect and the position of the subject, also describing the field in which the movement occurs. Thus, affect circulates, demands form, requires field, demands scene, demands position, and demands space.

In the text The Regression, 1915c (better known as The Repression), Freud describes regression (repression) as a specific form of defense, as an operation by which the psyche keeps certain representations at bay, keeping them in the unconscious, while the affect linked to it returns in transformed forms, as a response to a conflict – an act of fronty, a force that pushes, it bars, displaces, returns, a barrier that is formed and a return that insists.

Repression is, therefore, a spatial and dynamic operation, although the repressed is the representation; affect has another destiny (FREUD, 1915c). In other words, defense is always a maneuver on affect – displacing, transforming, converting, fixing or expelling by intensity, but not repressed it returns as a symptom, anguish, phobia, obsession. Thus, Freudian defenses are spatial operations on affect, some of them as being:

- affect drives away representation;
- the displacement moves from point to point, transferring to another representation;
- conversion displaces incompatible affect to the body;
- condensation agglomerates at a point, a single representation;
- isolation separates the representation from its affect;
- annulment erases, tries to magically undo an act or thought;
- the regression returns to an earlier more primitive point of functioning;
- Compulsion creates repetitive circuits.

With the texts of Freudian metapsychology, especially those worked here, from 1915, Freud does not address topology, but this is already in his work, although not named.

Thus, Freud provides:

inaugural model of spatialization of the psychic.

Drive destinies as modes of twisting affect – clinical operators who transform the affective space.

Repression as the first great "topological manager" of metapsychology, insofar as it creates a border, a zone of exclusion, a point of return, a constant pressure, that is, repression offers an affective architecture.

The articulation between drive and repression as producers of a "map" of the apparatus.

These texts show that the psyche is, since Freud, a space of forces, which seeks to shape and name the internal movement of Freudian metapsychology – Freud draws the space, with the Project, 1985; The Interpretation of Dreams, 1900 and The Unconscious, 1915a, then he sets this space in motion, with The Instincts and Their Vicissitudes (The Drives and Their Destinies), 1915b, and The Regression (The Repression), 1915c.

Space, affective inscription and social production

Freud first creates the space of affection; then he describes the movement of affect in this space where:

- Space – it is where affection is inscribed.
- Scene – is the way in which this space is organized on the surface of appearance.
- Position – is the effect of the drive movements and repression on the subject.

Thus, affect is not subsequent to space, it is spatial from the beginning, while the drive movement does not occur in a vacuum, it occurs in an already structured space, producing positions and scenes in the clinical field, and repression is not only a mechanism, it is an architectural manager, a frontier operation, of the edge, describing the trajectories, twists and deviations of affection. In this way, Freud arrives at the spatialization of the psychic apparatus, and the introduction of the movement of affect in this previously constructed space.

Affect, in this perspective, is not only something that is "felt", but something that moves, fixes, deviates, returns, insists, as previously said. It produces subjective positions (effects of drive destinies), organizes scenes (where the repressed appear) and constitutes clinical spaces (fields of forces where tensions, barriers and trajectories are distributed). Thus, the reading of Freud's work of 1915 allows us to affirm that affect operates topologically – it creates and transforms the psychic space at the same time that it moves within it. It is a double operation: spatialization and dynamics, leaving the Clinical Topology of Affect as a reading path that can evidence the spatiality of the unconscious, reorganizing the clinical field.

Freud, although without naming it, brings space as not neutral, but as something in which the social and the affective are intertwined – a space produced by relations at the same time that it produces subjective scenes and positions. Thus, space allows for the condensation of desires, the distribution of tensions, the organization of paths, the production of places of exposure and protection,

and the inscription of affection before the word.

Thus, touching on Freud, from the glimpses in the works highlighted here, with Lefebvre (1991) and Roudinesco (1998), the formulation of space as a field of forces becomes even more evident, bringing issues related to social production and articulating it with affective inscription.

Therefore, in addition to Freud's ideas, listed above, this TCC is based on Lefebvre's triad, developed and expanded with The Production of Space, 1991. In this publication, Lefebvre understands space as a social product, but also as a producer of social relations. For him, space is an active element, it shapes and is shaped by social practices added to the experience of each subject.

Thus, understanding space not as a neutral scenario or support or simple location means thinking of it as a field, a field of forces produced, experienced, perceived and spoken, in which it is something that acts, operates and produces effects, even because there would be no subject without space (LEFEBVRE, 1991).

For Lefebvre, space is produced by means of three articulated dimensions, which interpenetrate, condense, mutually transform each other, according to the current economic and cultural model:

Perceived space – when referring to the physical and material space (streets, buildings, landscapes), the constructed space experienced by the subject – is close to the concrete places and paths that emerge in the clinical reports, where the body moves, exposes itself and defends itself.

Conceived space – as the planned, thought space (architects, urban planners, authorities), insofar as they reflect the dominant ideology – where affect is organized – corresponds to metapsychological constructions (topics, systems, barriers, facilitation paths) that formalize psychic functioning as a field of circulation and transformation of energy – functions that organize psychic space.

Lived space – as a space as it is subjectively experienced, including everyday practices, human relations and their affective implications for the subject – where affect is inscribed – is articulated with the scenes and fantasies described by Freud, in which the subject is placed in an

affective position before any representational elaboration.

Lefebvre does not mention Freud, he does not mention him, but the creation of his triad – perceived, conceived and lived space – seems to have been influenced by some Freudian concepts, especially that of the unconscious, which he transforms into a key to thinking of space as being crossed by desires, repressions and invisible forces. For this author, space has a latent dimension in which the lived and the conceived are tensioned, allied to repression and repression, when he thinks about his criticism of everyday life. The space for Lefebvre, therefore, would be a field/place of forces, relations, desire and resistance.

Thus, the Lefebvrian triad can be thought of in a relationship with the subjective and the mode of human interactions, which manifest themselves in space. Lefebvre argues that space is socially produced, shaped by social, economic, and cultural practices, reflecting ideology, culture, and the specific interests of the subject himself, so that:

The space (urban or rural) would be the place where trauma and desire are inscribed.

In this way, as Lefebvre points out, it is necessary to question the place, the space in which one inhabits, to interrogate the space in which one sustains oneself, as a historical, symbolic, political, cultural product and its implications in and for the subject.

Lefebvre does not deal directly with the spatiality glimpsed here in Freud, but his critique of abstract spatialization and his proposal of space as social production opens a way to think about space in Freud's work – both think of space as a field of inscription, a structure of conflict, a territory of desire.

On the other hand, Roudinesco, in his publication Dicionário de Psicanálise (Dictionary of Psychoanalysis, 1998), addresses some entries, not always explicitly in relation to this theme, even so he stands out:

'space' is presented as a symbolic dimension, clinical scene, listening, transference, and historical field. It also thinks of space as a field of inscription of the subject, not as a physical place.

In the case of 'topical', it says that Freud used the term to define the psychic apparatus

distributed in space. Freud, in his theoretical elaboration, founds the first and second topics, presented as spatial models of the psyche, and in the first topic, 1900/1920 – where he distinguishes three places unconscious, pre-conscious and conscious; in the second topic, 1920/1939 – it addresses three instances id, ego and superego (id, ego and superego), spatial representations of the drive dynamics of the subject's structure.

The 'scene', she says, organizes desire before language, which is a mythical and phantasmatic space where the subject is constituted. And the 'clinical scene' approaches it as the structural analytic encounter. As scenes it addresses the dream, the symptom and the fantasy, these as psychic scenes where desire is dramatized. In these, the dream space is theatrical, metaphorical, not Euclidean – which for this work shares with the idea of lived space, only conceptually, since there is no mention about it.

Before becoming a word if it is: affection, body, gesture, proximity, distance, retraction.

As a subject, he emerges on the scene, in a pre-representational affective position.

Finally, it identifies the 'clinical space' as that which is transformed into a political and ethical field. This clinical space, also treated as an analytical setting, remains as a place for speaking and listening, creating a space of subjectivation – a symbolic space for listening, structured by fundamental rules and by the analyst's position.

Roudinesco also briefly addresses the 'position of the subject' as that linked to the place he occupies in the discourse, the place he occupies in the phantasmatic scene, that is, the place he occupies in the desire of the Other. This, understood as what organizes the field of forces, positioning the subject where he places himself to be seen, loved, recognized; creates scene, how it appears, shows itself; and produces affective space. Or even, it is everything that existed before us and that gives us a place (language, culture, family, law and the symbolic field, where we were born). The position of the subject would be, therefore, where the first affective inscriptions are organized.

SPACE AS A CLINICAL OPERATOR

In this chapter, based on the theoretical basis used here, the pre-representational inscription of affect in Freud is addressed. This, as being a primary level of psychic functioning in which what exists are not ideas, but movements, quantities, paths, edges, tensions and discharges. The idea is that affect is organized before the word, outside of language, and before there are stable psychic images. Thus, in Freud, images function as conceptual operators that reveal the spatial logic of affect.

For this TCC, it is precisely here that affect appears as spatiality – as the first form of inscription – because before appearing as meaning it escapes, moves, converts, condenses, returns to the same point. Thus, it operates before the representational inscription, insisting on pure economy, evidencing the repetitive spatiality of affect.

Clinical operators: space, scene and subjective position

As seen so far, Freud distinguishes between representation and affect – representation is repressed, affect is displaced, converted, transformed, moves – thus implying a spatial dynamic in which affect "goes elsewhere", but this energy needs to be linked to something: a representation, a symptom, an object, a scene. Thus, affection seeks a place of inscription.

It is in this spatial field that articulation is considered, as a triple operator – space, scene and subjective position – which constitutes the core of this TCC. In the latter, space is the field that sustains this configuration, distributing intensities, delimiting zones of exposure and withdrawal, and organizing the relationship between inside and outside, near, distant. The scene is the minimum configuration of the affective inscription: an arrangement of forces, tensions and presences that gives shape to what is experienced, considering the perceived and conceived space, before any narrative. The subjective position emerges as an effect of this articulation: the affective place that the subject occupies in the scene and in the space, before being able to represent it.

These three operators do not describe contents, but operations that structure the clinical space. Space gives field, position gives way and the scene gives shape. Together, they show that affect operates topologically, organizing experience through spatial relations that precede symbolization. Before symbolizing, affection circulates; before narrating, he distributes himself; before becoming a word, it occupies places in the psychic apparatus. Although, later, it is language that cuts and organizes the initial affective experience.

Space as a clinical operator

Freud does not use the term spatialization, but as a result of the perception that one has of the works consulted, the logic is there. Space, therefore, is where affect organizes symptoms, marks points of conflict, presents itself as a spatial marker of the psychic economy.

The concept of clinical operator designates the force that organizes the affective field before representation, as previously stated. He does not interpret, he does not translate and he does not symbolize: he configures. Therefore, the clinical operator is an operation that has bodies producing arrangements that make it possible to inscribe affection. It acts in the way the subject is placed – or places himself – in a lived spatial configuration, determining the conditions of emergence of the scene and the subjective position.

Consequently, the clinical operator is not an element of the theory, but a function that structures the field. It organizes the lived in terms of proximity and remoteness, openness and closure, exposure and protection. It is this organizing force that allows us to understand affect as something that operates before the word, structuring the clinical field in a silent way.

The space here is the field where this arrangement becomes possible. It is where affect is organized, it organizes paths, produces zones of exposure and withdrawal, in addition to conditioning the subject's possible positions. Space plays an essential role in the constitution of the subject, it is not only a scenario where life happens, but a structuring element of subjectivity.

In Freud's work, space organizes unconscious processes. In it, the topic already introduces a spatial dimension of the psyche – systems, borders, passages, barriers, connecting pathways. The psychic apparatus is thought of as a set of places and paths, and not just as a repertoire of content. In the same way, in the fragments of Freud's clinical cases, the lived space – the house, the office, the street, the room – is never neutral. He participates in the way affection is inscribed. In Dora, the secluded lake, the shop, the interior of the K.'s house; in Hans, the open street, the horse on the public road and the closure inside the house; or even the paths of the Rat Man show that fear is redistributed as space contracts or expands, or even repeats itself compulsively; or a window, in the Wolf Man, where the vision of the wolves stops him, mark different modes of exposure, retraction and positioning. It, space, guides the circulation of energy: there are places where something can happen and places where something cannot; There are spaces that call for approximation and others that impose distances, that is, the space actively participates in the constitution of the experience, when it is modified, it changes the way the subject can or cannot position himself.

This structure can be thought of as an architecture, a plan of the mind, where different internal spaces determine the circulation of affects and representations – the subject's internal space, not homogeneous, but dynamic and marked by repression, repetition and desires. Connecting Freud to Lefebvre, the lived space becomes this place where the subject experiences his social and subjective relations.

To this end, the following are found as spatial operations: displacement – affect changes place, regardless of the idea, transferring intensity from one point to another; condensation – several affects accumulate, gather in a single place; avoidance prevents passage through certain areas; Repression pushes representations out of a psychic region, while in conversion, affect is inscribed in the body, and in fixation it is attached to a point in the story or scene, implying the position of the subject.

This is because, for Freud, the constitution of the subject begins before representation, before the word, before the stable psychic image. What exists first is: amount of excitement, routes of discharge, affective paths, fixations, danger zones, compulsive returns. The subject is born from

the way in which affect is inscribed in the psychic apparatus, emerges from this primary affective topology and defense is, thus, a geometry of affect, a way of organizing the psychic space to deal with excess. This leads to the understanding that for Freud affect is an energy, while representation is an idea – affect can be separated from representation[2], giving it a double meaning within a chain of representations.

Space as a structure of the unconscious scene

The scene can be understood as one of the most fundamental ways in which affection is inscribed. In Freud both in the Project for Scientific Psychology, 1985, and in The Interpretation of Dreams, 1900, psychic functioning appears structured not only by representations, but by dramatized configurations: situations, arrangements, small theaters where something happens between bodies. The dream scene, the primary scene, the scenes reported in the clinical cases – as events in the form of a scene before any conceptual elaboration.

The scene is, therefore, the device by which energy is organized in a minimal form – an arrangement of positions, a cut out of space, a distribution of affects. In this organization, the scene functions as a clinical operator because it condenses and distributes the energy around a minimal arrangement: who is near, who is far away, who invades, who retreats, who looks, who is looked at. Before there is interpretation, there is willingness; before there is meaning, there is an affective position.

The scene is the first mode of inscription of affect, a pre-representational form that organizes the field where the subject can come. It, the scene, not only describes what happened, but how the affect was fixed and transformed into that event, it concerns the way in which the subject is placed

2 This dissociation is better studied in Freudian theory in the texts Repression and the Drives and their Destinies, both from 1915; and Inhibition Symptom and Anguish, 1926, in these texts the main lines on which the author relies to deal with affect are discussed – however, in this TCC they will not be detailed since it is intended to understand, introductory to the question of spatiality in Freud's work.

or placed there. What matters is not just 'what happens', but how the event is arranged. The scene operates because it fixes, condenses, and redistributes energy around certain possible positions. It is in this sense that, in this work, the scene is taken as a clinical operator of affect – it is the place where the drive force finds a form of pre-representational inscription, before any symbolic elaboration.

Thus, a scene is a spatial condensation of affect (present in the dream, in the concealing memory, in the traumatic scene), it is always spatial, condensing tensions and relationships in an arrangement that precedes any narrative elaboration. It is not the scene itself that is brought to analysis, but what the scene says. This one, it has a story, it talks about what is forgotten. There is a place, a look, a position, a distance. The scene is a montage that recomposes the lived experience and his work can become a spatial reconfiguration: changing the place of the gaze, the angle of vision, displacing the point of view, opening margins, undoing fixations, such as Freud's paradigmatic cases, in which he reads scenes, reconstructs and interprets scenes. The clinic is, it proved to Freud, to a large extent, like a cartography of scenes.

Space as a distributor of subjective positions

If the scene is the arrangement and the space is the field, the subjective position is the most direct effect of the operation of affect. In Freud, what is at stake is the place that the subject occupies in relation to the desire of the other, to the threat, to the loss. Contemporaneously, in Roudinesco, it articulates the way in which the subject is affected by a field of forces that precedes him. Here, the position is, above all, an affective inscription.

The subjective position functions as a clinical operator because it condenses, at one point, the distribution of the energy of the scene and space. To be placed, or to place oneself, as an object, witness, intruder, accomplice, victim or spectator is not only a matter of meaning, but of affect: each position implies a mode of exposure, vulnerability, defense – in all cases the place that the subject occupies in the affective configuration is important. This position is not initially representational: it is

experienced as exposure, threat, privilege, exclusion, intrusion or withdrawal.

In clinical cases, the subjective position appears before the word – Dora does not 'interpret' the kiss or the lake; She is placed in a position that affects her. Hans does not 'think' the horse; He occupies a position of vulnerability before him. The Rat Man shows himself to be in an infinite subordination and debtor, and the Wolf Man occupies a position of extreme passivity. Position is, therefore, an affective inscription, a way of being situated in the scene and in the space that precedes any symbolic elaboration – before there is meaning, there is an affective position.

Thus, the Freudian subject is constituted in positions: inside/outside, near/far, exposed/hidden, active/passive. These positions are not only symbolic, but spatial, organizing their relationship with the body and structuring their affective experience. The subjective position is the affective place that the subject occupies in the scene and in the space before being able to represent it.

The subject emerges in the position he occupies, not because he understands it, but because he is crossed by it and occupies it. And it is from this occupation that the later possibility of representation is born. This positioning is not only symbolic: it is topological, as it implies the way in which the subject occupies the space of the unconscious.

By taking the subjective position as an operator, this work shifts the focus from representation to inscription: before being the subject of the signifier, the subject is the effect of an affective position on the scene in an intersection between space, scene and position that is drawn in the face of the conflict and singularity of each one.

The clinic as a reading of affective paths

If affect is initially inscribed as spatial movement – displacement, circuit, edge, condensation – then the clinic can be understood as a work of reading and reorganizing this lived space, of the scene as a clinical operator, of the subjective position as a pre-verbal inscription, as seen in the items above, and of the setting as a topological field of affect, as follows (item 2.3).

This perspective can illuminate both the understanding of the workings of the unconscious and the role of the analytic setting, which becomes the place where this topology can emerge, be recognized, and transformed. Thus, the clinic follows this movement, and can be understood as a reading of the paths that affection takes. These paths are not linear, but made up of detours, returns, shortcuts and repetitions, and it is possible to follow where the affect moves, is fixed, where it avoids and where it compulsively returns.

In Freud's clinical cases, affect – that intensity, quantity and energy that does not disappear, does not dissolve, but is fixed in a psychic place – always appears linked to space, anchored in specific points that point to psychic tension:

Dora – the affection is condensed in the scenes at the lake, at the K.'s house, in the store.

Hans – the affect of anguish is spatialized in the street, at the exit door and on the horse, as a phobic object, which receives the displaced affection by circumscribing it to the internal space of his home.

Man of the Rats – the affection of guilt and debt is located in the figure of the captain and in the episode of debt, affecting his path, including the barracks and the post office.

Wolf Man – the affection is fixed in a scene, in the primary scene, affecting him in the bedroom, in front of the window and the garden.

These spaces are not neutral, they emerge as a pre-inscription of affect, organize the subject's position, modulate or presuppose the intensity of affect, produce approximations and withdrawals, in an externalization of an internal process, such as a projection (FREUD, 1915).

Setting: clinical space as a field of affective forces

Thinking of the setting as a clinical space implies displacing it from the idea of only a physical environment or technical arrangement to understanding it as an operative structure, a field of forces, in which affect finds conditions of inscription. The setting, therefore, is understood as a

topological matrix where the resulting space is formed by social relations, positions and affections that are inscribed before the word, articulating scene and subjective position.

Freud, Roudinesco and Lefebvre, each in their own way, offer support for this expanded conception – produced space, operative space and space of subjectivation.

Freud: the clinical space as an inscription device and transferential field

Freud does not use the term setting, but 'invents' it as a minimal spatial form. His practice founds a way of organizing the clinical space that goes beyond the materiality of the office – the couch, the position of the analyst, the rhythm of the sessions, the silence, the fundamental rule, the management of transference, all of this comes to constitute a space where:

the affect circulates, the scene is organized, the subjective position is displaced.

And the unconscious finds conditions for inscription.

The Freudian clinical space is, therefore, in this expanded conception, an operator to the extent that it creates conditions for the subject to speak, but also for something to be inscribed in him before the speech. In this space, affect finds a minimal form of inscription where it organizes, where the scene is produced and where the subjective position can be displaced. Then:

The couch is not a piece of furniture, it is a position.

The silent presence of the analyst is not absence, it is structuring, where listening happens.

The rule of free association is not only technical, it is a space of openness.

The Freudian setting creates distances and limits, organizes positions (what speaks and what listens), produces scenes (the body lying down and the analyst out of the field of vision), thus allowing the affect to move, return, fix.

The clinical space, in Freud, therefore, creates a minimum form for affect to be inscribed. Affection is spatialized, when it does not find words, it is inscribed in scenes – lakes, images, objects. This form is always spatial (scene, distance, limit, position); this spatial being socially constructed in a topological matrix that is simultaneously psychic (pre-representational inscription), spatial (lived configuration) and social (field produced by forces and norms) – while the space described in the

narrative, during the sessions, suggests a subject who arrives at the treatment occupying places he did not choose, such as Dora, for example.

In other words, the glimpse of spatialization in Freud speaks of a place where affect returns when language fails, or has not yet arrived – a place of inscription of affect, of conflict, of the impossible – it is when the repressed presents itself, returns and the defense remains.

Lefebvre: space as a field of affective forces and social production

Lefebvre does not speak of clinics, but his theory is decisive for thinking that all space is socially produced, crossed by social, political and cultural forces, being structured by norms, laws and uses, experienced as a field of power. Therefore, for Lefebvre (1991), space, especially lived space, offers the idea that affect needs a spatial form to be inscribed, allowing us to understand how space operates affectively, at the same time as a social production and a field of forces. Thus, in his conception of space, this is a social product, impregnated with ideology, relations, desires and invisible forces, and the subject as shaped by everyday life.

Lefebvre (1991), in his triad, brings a conception that allows us to understand that every space is simultaneously perceived, conceived and lived, woven by everyday life and antecedents and, therefore, is always impregnated with invisible forces that shape and before which to allow oneself to be molded, reflects culture and socioeconomic and environmental issues. Space is, therefore, social before being geometric is topological, authorizing the idea of:

Conceived space – physical structure (office and internet) –, technical and symbolic;

Perceived space – bodies, distances, rhythms;

Lived space – transference, scene, affection, as one that carries marks of the unconscious.

Lefebvre thus offers a basis for understanding that affect is inscribed in a spatiality that is, at the same time, form, psychic form and social production. He emphasizes that there is no affect without spatiality and that this spatiality is always historical, social and relational – the subject arises from the way in which affect is spatialized in a world already socially produced.

The setting, therefore, is seen as an indirect clinical operator, by organizing the space where

the affect is inscribed and where the subjective position can be displaced, functioning as a socially and affectively produced space, where the scene is organized and the subject finds conditions for inscription. It allows, then, to affirm that the inscription of affection occurs in a space that is already socially structured, which precedes the subject.

Roudinesco: the clinical space as an ethical and political space

The setting is not only a technical device, but a symbolic space that organizes the relationship between analyst and analysand, structured by rules and desires that make the emergence of the subject possible (ROUDINESCO, 2000). This expanded conception is reinforced by defining the setting as a historical and cultural construction crossed by norms, expectations and subjective positions (ROUDINESCO, 1998). Thus, the clinical space, according to Roudinesco, is understood as a space that is based on the relationship as: symbolic, impregnated with desire, historically situated and structured by transference, as well as ethical and political.

Roudinesco shows, in this way, that clinical space is socially produced and subjectively operative, in a dimension that unites Freud and Lefebvre, each according to their own logic, when he states that space in psychoanalysis is always:

historical and institutional – it is not neutral, does not exist outside of an era and is regulated by practices, norms, traditions, devices, policies and forms of authority;

ethical – it is a space of speech that suspends social coercions and allows the emergence of the subject, because it founds a relationship based on words and responsibility;

political – it is a place where the subject can exist without tutelage, but where the subject cannot exist outside of social determinations, because they are symbolic institutions crossed by culture.

For this author, therefore, the setting is a space for speaking, listening, and structuring, but also a space of inequalities, pacts, contracts, and tensions, since it is a space preserved as a form of

freedom and resistance to social forms that tend to reduce the subject to the biological and behavioral.

To touch on Freud, Lefebvre Roudinesco, therefore, means to recognize that affect is inscribed in a spatiality that is, at the same time, psychic, social and clinical, paying attention to where the analysand places himself and how affect is inscribed in space.

Freud shows that affect needs, seeks a spatial form, when speech has not yet arrived – affect is topologically inscribed;

Lefebvre shows that all space is socially produced and the subject cannot remain on the margins of it;

Roudinesco shows that space becomes a clinical field, so that the setting is an ethical and institutional space.

Analyzing these three authors, although each of them offers a distinct dimension of space, creates a point of tangency: the inscription of affect depends on the articulation of the spaces they consider and in the clinic space speaks while the word does not arrive or fails. Getting the space as:

Space as a condenser of social forces – affect is not only inscribed in the body, but in the social field that the body inhabits.

Space as a setting – which functions as a space where the subject is suspended, but not abolished, is reconfigured.

Although none of these authors has worked on the virtual setting, based on what has been exposed here, it can be linked to a new form of spatial production for the clinic. In addition to the face-to-face, the virtual space emerges as another form of spatiality – it is not the absence of space, it is another form of spatiality for the clinic today. It produces:

new distances – canvases as possibility, not barriers;

New scenes – the framed face, the visible environment (domestic, office, car);

New subjective positions – exposure, intimacy, withdrawal and digital/algorithmic surveillance;

New rhythms – dependence on the internet, interruptions, loss of image or sound, inequalities

of access, material conditions.

Therefore, in the online clinic the space is not given, it is built. Framing is a subjective position, not a technicality. The scene is set up by the patient and the analyst works with this montage, while the affect appears as visibility, invisibility, approximation, erasure, absences and the intervention also focuses on the spatial gesture.

The setting is a produced space, and the virtual is a technologically generated space, but also, and equally, a topological matrix, socially constructed, where social and affective forces, in the same way as in face-to-face analysis, are intertwined – the office (the place from which the analyst attends), the body of the analyst and the analysand, fit within these conditions of analysis – all of this participates in the production of the clinical space, allowing the subject to locate himself and the analytical work to begin, functioning as a topological matrix of the inscription of affect.

SPATIAL CONFIGURATIONS IN FREUD'S CLINICAL CASES

While affect appears as something that moves – accumulates, deviates, fixes, condenses in space – it has as a constant presence its expression in paths, places and edges, in a constitutive dimension of the subject, considering that it is born within a scene that precedes it and affect continues to shape this subject before the word.

Space in Freud's paradigmatic clinical cases

In these cases – Dora, 1905; Hans, 1909; Man of the Rats, 1909; Man of the Wolves, 1918 – the spatiality becomes even more evident. With these cases, space appears as the first mode of inscription of affect, as a clinical operator, as a topology of conflict, before any symbolic elaboration – before the word emerges.

As seen so far, space is not neutral – it speaks, marks, inscribes. It is part of the transference,

of the resistance, of the desire. He is a living image. On the other hand, the clinical space is where the subject is located, moves. It is where logical time ends: the before, the after, the time to see. It is where the body is inscribed, even absent, as in the online – where space is canvas, cut, pixel.

Freud reconstructs scenes, identifies subjective positions and analyzes trajectories, so that:

Dora moves and breaks positions – she is the one who moves.

Hans maps streets and forbidden areas – that's what he avoids.

Rat Man circulates in compulsive circuits – this is what he repeats.

Man of the Wolves sets a scene – it's what freezes, paralyzes.

Thus, Freud presents the clinic as a conflict between forces, tension between representations and affects – the conflict is spatial, understanding that it is distributed, moved, concentrated, flow, and is dammed – the clinic as the reconstruction of scenes, montages of positions, and reading of paths. The clinic, therefore, is where the topology of affect becomes visible.

Dora Case, 1905

The Dora case is presented by Freud as an analysis of a case of hysteria of an 18-year-old girl, taken to treatment by her father after presenting symptoms of aphonia, nervous cough, abdominal pain and fainting episodes. The family context is marked by tensions and cross-alliances, given the intimate relationship between Dora's father and Mrs. K, while Mr. K shows sexual interest in the young woman. The latter sees itself in the center of this affective quadrilateral, occupying a place that it does not understand and cannot name.

In Dora, two scenes are listed in the fragment presented by Freud, one that occurs when she was 14 years old – reported by Dora herself when she was already in the process of analysis with Freud –, and another at the age of 18 – when "after more than two years he handed her to me" (FREUD, 1905, p. 27), says Freud referring to Dora's father when he led her to him for analysis.

In the study Fragment of the analysis of a case of hysteria, 1905, Freud reconstructs the story

of Dora, then 18 years old, based on her father's account. In that first scene: there were Dora's family and that of Mr. and Mrs. K on one of the summer vacations in the lakes, in the Alps. On that occasion, Dora was supposed to spend several weeks at the K's house, when her father decided to return days before, which made Dora say, as soon as she knew and adamantly, that she would return with her father, and so she did. Days later, she tells her mother that she was with Mr. K on a walk by the lake and Mr. K had made her a love proposal, getting too close to her. Subsequently, the father comes to know and talks to Mr. K and he immediately casts suspicion on the girl talking about her interest in sexual matters, from where he would have imagined the whole scene described. Given this, the father takes Dora to Freud and asks him to put her on the "right path".

When already in analysis with Freud, Dora speaks of the amorous proposal and the consequent affront of this lake scene, but communicates to him a previous experience, also with Mr. K, which was the kiss scene. In this one, Dora was 14 years old, but although chronologically it happened before the lake scene, it only appears later to Freud through Dora's narrative. At the time, Dora was in a public space, in Mr. K's store, from where his wife had left to accompany Dora's father on a certain outing and Mr. K warns her that he is going to close the main door, but at some point, unexpectedly, she is surprised by Mr. K who takes her in a hug and kisses her. This kiss takes place in a space where the body is cornered. Once again it is placed in a space as an object, at the disposal of where the other places it. Affection is not said, but localized.

From Dora's position, in the scenes reported, she speaks of these surprises as invasion, provoking disgust, repulsion, indignation and displeasure and repugnance, in addition to the fear of male figures that comes to predominate. Even placed in these positions, it has a conception that was imposed as "having been given to Mr. K as a reward for his tolerance of the relations between his wife and Dora's father" (FREUD, 1905, p.40) – which behind this could be sensed all the fury for being used in this way, Freud adds.

In the lake scene, what is at stake is the position in which Dora is placed, away from the others, isolated with a much older man, summoned to occupy the place of the love object, surprised

once again by an approach that she did not choose – there is a spatial configuration and affective position. With the invasion of Dora's space, one observes ruptures of the limit, the edges fall.

In the kiss scene, his body is surprised, hugged, kissed without his consent. Once again the (bodily) position is invaded, grabbed with imposition, remaining as a pre-representational inscription. When Dora does not answer, does not symbolize, does not elaborate, she feels and thus founds this subjective position of staying in the place that the other puts her, sometimes making her sick.

In these scenes she organizes affect, before any symbolization, as a clinical operator before language. The scenes are brought to Freud in the analysis – the kiss scene inscribes an inaugural affective position, the second, that of the lake, reupdates, re-inscribing it in a position not chosen in the scene. When she abandons analysis, she does not argue, does not argue, does not show displeasure, she leaves – finally she flees from a space that seems not to be appropriate for her. It leaves that space and the affect finds a form of action, it is the space of the act, of the cut, of the rupture – it, in the transference, cuts Freud.

During the analysis process, in the office, her story repeats itself according to a spatial choreography, observable when Freud brings Dora arriving and leaving, changing places, avoiding the gaze, in a spatialization that spoke of the transference, not perceived – the body doing what she has not yet been able to say.

Dora appears in the way the body is placed, not in what is said. Thus, it remains as the subject of the scene, in Freud, in an affective position, before the representation, there is the topological inscription of affect. Language arrives later to cut, reorganize, re-inscribe, but the subject was already there, in the affection, in the body and in the position he occupies in the lived space – the space can be inscribed before the word, condensing itself in places, scenes and positions that the young woman cannot symbolize.

The highlight for these scenes in Dora is a case in which affection is not represented, it is not narrated, it is not symbolized, but it is spatialized. Thus, the space emerges as a clinical operator, allowing us to see the refusal, the indignation, the disgust, the distrust in the positions attributed to it

and the escape, the escape, always leaving the space in which it was confined, compressed. Dora does not speak affection, she stages it in space, fixates on scenes, while imposing positions – Dora responds with her body, for the space that closes, for the scene that returns, for the position that refuses.

In Dora, even without specifically theorizing, Freud describes space while thinking about affect. In this clinical topology, in this spatialization, affect organizes the symptom and even the transference in its analysis – a cartography of places, of the spaces attributed to it, transpires.

Dora, do not formulate the conflict in words. It does not say "I am distressed", "I am afraid", "I am disgusted", "am I loved?", "Who loves me?" It does not deny every place that is placed in it or the space that is assigned to it – it occupies and unoccupies places, in which to see itself placed, in a spatial condensation, with overlapping layers. Affection in Dora presents itself in spatial movement: it enters, leaves, dodges, retreats, escapes, breaks, cuts, abandons, even Freud – in the face of the place he attributes to her, abandoning analysis never to return. The body goes out spatially drawing that which could not yet be symbolized.

Little Hans, 1909

The case of Little Hans, 1909, is reported by Freud as a phobia in childhood. This case revolves around a five-year-old boy who starts to avoid leaving the house for fear that the horse will bite him or fall on him, extending this anguish in the face of everyday situations involving animals or horse-drawn vehicles, aggravated after he witnesses the fall of a horse, that is, a concrete image that comes to reinforce their fear. This situation arises during a period of intense childhood curiosity about sex, anatomical differences, baby births accompanying them with questions about the body.

Freud conducts the treatment through a conversation with Hans' father, who reports detailed accounts of the boy's speeches, comments, jokes and his son's fears. Their fear is understood as a solution to deal with desires and fears that they cannot directly symbolize.

During the treatment, it is revealed how fear is organized, distributed in danger zones,

forbidden zones, and how affection moves to another external object (streets, paths, horses) and how the child seeks to respond to the maternal enigma. In this case, fear is organized as a true affective cartography, as a structured space, organized by demarcations and limits, whose function is to act as signs of anguish – the danger in the inner space is then transformed into danger, locating it in the outer space.

Hans avoids streets, creates specific places, routes and avoids others, creating forbidden zones that delimit his circulation space. The horse, a phobic object, although it functions as a point of condensation of affection, concentrating tensions that cannot be symbolized directly, is sometimes decentered due to space, in a displacement. That is, an object is not only an object that maintains the limit function in a given space, but it is a series, one inducing the other, as if they were following a chain. Thus, the space is circumscribed by avoidances, with defined limits, so that it could escape anguish.

Freud shows with Hans a way of spatializing affect – this space is organized as a private topography, in which the avoidances follow one another in a chain always associated with this space. This leads him to seclusion and the difficulty of maintaining it. In this way, Hans puts into play the limits of space and the body, so that fear is displaced to an external object, which starts to occupy a precise place in the space lived by him. Spatiality, in this case, reveals that affect, when it cannot be symbolized, is distributed in space as a map of forbidden zones.

Thus, there are three scenes highlighted: the street, the horse and the closure inside the house. These scenes form a topological circuit of affect – street: affect emerges when in contact with the external world; horse: the affection is condensed into a figure, and the house: the affection retracts and fixes itself in a spatial defense, by seeking the internal space and avoiding the external.

So the closure inside the home is a refuge, an avoidance of the fear that is moving. The gaze is thus confined, unable to see beyond the limits set by it, imagining that the danger is to be found outside, where it cannot control. Hans, then, founds a space of delimitation and removal from danger. Fear makes him withdraw, withdraw, in a space of pre-representational defense, where the body

seeks protection before symbolizing. He does not elaborate this fear, he closes himself in space as protection, since in open space danger can arise from everywhere.

Affection, in this way, creates bodily and perceptive paths, before talking about something for which he has no words – desire for his mother and rivalry with his father – Hans avoids streets, asks to change paths, retreats when he sees carts, observes horses with fascination and fear of falling, creates alternative routes and, when it doesn't work, seeks internal space, known interior of his house. Phobia, in this way, is not just fear – it is an affective topology that speaks when the word fails. The case shows that affect is organized first in space, then in the scene and, finally, in the subjective position that the subject is forced to occupy.

Rat Man, 1909

The case of the Rat Man, 1909, considered by Freud as a case of obsessive neurosis, portrays a young Viennese tormented by (obsessive) ideas and rituals that were intensifying. His suffering revolved around a distressing fantasy: the fear of torture with rats that, in the same way told by the colonel, could be inflicted on the father or woman he loved.

This type of torture was described by an officer during his military service – the idea pursued him in an intrusive way, accompanied by a feeling of responsibility for preventing such a misfortune from occurring. This situation is aggravated as a result of an episode that involved the debt of a pair of glasses lost by a colleague and the development of an obligation to have to pay this amount and the guilt for not having made the payment. This feeling of guilt and debt is amplified to the point of compromising their daily lives, in almost delirious proportions. From then on, he starts to carry out long repetitive journeys, checks and mental rituals in order to ensure that nothing could happen to his loved ones.

This case shows how affect is distributed and organized in specific psychic places. It shows ideas of punishment and compulsive rituals linked to the fantasy of the torture of rats – in a space

saturated with threat and submission. And the long spatial paths that it repeats – going back and forth, verifying, correcting –, adding isolated thoughts, annulments and return, while the affect circulates in closed circuits, revealing the spatialization of guilt and debt that is drawn in the body that travels circuits. Guilt is organized, therefore, in a spatial geography – it repeats mental paths, returns to the same points, circulates between symbolic debts and imaginary obligations.

The scene of the torture with the rats is a condensed scene, an image that organizes his fear with everything revolving around this image. He always occupies the same subjective position, debtor, guilty, subordinate, responsible for avoiding an imaginary tragedy. He puts himself in the position of someone who must repair something he has never done, pay a debt that is not his and never ends, prevent something that does not depend on him, all as an absolute requirement. Thus, it can be observed that in obsession, in this case, the affect takes a spatial form, fixates on scenes and imposes a position, capturing the subject in positions that precede the symbolization.

Freud describes how the patient's affect is fixed at a point – where the rats enter the victim's anus, defining paths that always lead him to the same starting point, seeming to create a space in a closed circuit, keeping the affect imprisoned there. Thus, in this geography of guilt and debt, affection is fixed, preventing its circulation, returning to it whenever it moves away.

In this case, the affection is not tied to a single object – it circulates changing targets, which involves the father, who expresses love, hate and guilt; to the cruel captain, as a figure who embodies the punishment of rats in a sadistic way; the beloved woman, idealizing her and afraid of losing her, in addition to Freud who says he is in an ambivalent transference. While the debt – which the patient believes he owes to the captain – is the point to which the patient always returns, where the affect is condensed, at a point of fixation.

The Rat Man places himself in positions that oscillate between being victim, aggressor and observer, changing space within the scene. Thus, the affect that cannot yet be said, symbolized or elaborated appears in the paths, paths, movements and obsessive circuits created by the patient. Freud describes it as walking from one place to another, repeating paths, going back, retracing paths – both

in everyday life and in thought. Thus, the case shows that, when the word fails, the affect speaks – and speaks through the space, the scene and the position of the subject, obliged to occupy.

Wolf Man, 1918

In the case of the Wolf Man, 1918, considered by Freud as a case of infantile neurosis (written in 1914, but only published in 1918), it is reported that a young and rich Russian seeks out Freud to analyze himself after periods of depression, withdrawal and crises of anguish. She reports that already in childhood she had recurrent diseases and great dependence on her mother. The central element of his story is a dream lived approximately when he was four years old: when he woke up, he saw six or seven white wolves sitting on the branches of a tree, located outside his house, motionless, staring at him, which immobilized him. This dream of the wolves terrified him and marked the beginning of his nocturnal fears and the childish troubles that followed.

In the analysis, Freud works from fragments, associations and fantasies that emerge and enable the reconstruction of what, in principle, he treats as a 'primitive fantasy' – understood, here, as a universal structure, which does not depend on an event experienced, as an original fantasy that belongs to the constitution of the psyche – and a 'primary scene' – in a second moment – taken as a supposed infantile perception of the sexual relationship between parents –, as an event lived, even if fragmented, misunderstood, or even partially perceived.

The dream of wolves thus functions as a bridge between these two situations – it has the force of a primitive fantasy, but also the form of a scene, when it realizes that the dream is a point of condensation: primitive fantasies and perceptual remnants of childhood meet. Until Freud begins to understand the case by stating that the patient saw the primary scene, reconstructed as a lived event, which reorganizes the treatment. Therefore, the dream is not only a dream-content, but a spatial configuration, a condensed scene and a subjective position that make it possible to understand the case before it closes it in the primary scene.

Thus, affect does not appear as movement, in a spatial arrangement – fear is not said, it is localized. The scene of the wolves is described from the inside out, through a window that opens to the outer space, with a view of a tree, six or seven white wolves, motionless and a paralyzed gaze turned towards him, which puts him in a frozen position – it is an image that speaks where the subject cannot speak. In this scene, the boy's subjective position reveals that he was lying down, small, exposed, looked at and captured. What leads to understanding passivity, anguish, the sensation of being observed, while the affect does not move, is frozen in this imprisoned image, with no escape, in a spatial image of the trauma and its imprisonment in it.

As in the other cases, Freud does not theorize the space, the scene or the subjective position of the subject, but uses them by working on the spatialization of affect – the room, the window, the tree – the scene of the white wolves and the position of the boy, as a child, are the path taken by Freud until he arrives at the 'primary scene', revealing that spatiality is a form of spatial inscription of affect. This is condensed into a single and paralyzing scene. Thus, it is this pre-verbal form that makes it possible to understand the case that Freud conducts with the reconstruction of the primary scene and in it the subject's suffering.

The spatiality of affect as a condition for the emergence of the subject

After reading Freud's cases, it is perceived that spatiality includes the arrangement of bodies, the distance between them, the direction of gaze, the opening or closing of circulation zones, the presence/absence of limits, borders and passages. Each of these dimensions participates in affect, producing minimal forms of relationship that precede any symbolic elaboration, present, beyond space, in the scene and in position.

The premise, therefore, is that affect is spatialized because the drive, when operating its destinies, produces space, founds scenes, fixes positions and traces paths. This walk is what makes it possible to recognize spatial configurations of affect, marked by the predominance of an operator –

space, scene, position.

Dora – configures scene and position – the affect is organized primarily as a scene in an arrangement of characters, abrupt repositioning and interruptions. The young woman is moved from one place to another, unable to stabilize her position. The conflict is constantly reconfigured in each scene and the suffering emerges from the impossibility of sustaining a place within it, in a logic of displacement.

Hans – configures space – affect is distributed spatially, delimiting where one can or cannot be. The phobia territorializes the world, transforming it into affectively marked regions. Suffering is organized in space, like an internal cartography projected in the external environment, which structures fear and guides the subject's movement.

Man of the Rats – configures compulsive paths – affection is organized in closed circuits and paths that are repeated with no way out. Debt and the fantasy of torture imprison him in internal paths that are never completed. Suffering is the very form of conflict, with circuits and compulsive returns.

Man of the Wolves – configures fixation – the affection is fixed in a position of the gaze in front of the scene. The image is a point of capture that organizes the psychic space. The subject remains positioned in front of this primordial scene, determining how the subject relates to desire, the body and the other, as condensation.

Each case thus offers a form of space, a logic of position, edges and path structure. Each patient embodies a singular form of spatialization of affect, a way of organizing himself, of occupying positions of repeating paths and sustaining images, in a space produced by himself – thus, affect remains as that which, when circulating, draws clinical space and space as that which gives shape to suffering.

In this way, the spatiality of affect is the condition by which the subject can emerge, when the word is not enough. The subject emerges, emerges, in the affect that is inscribed in a spatial configuration that precedes it, while the subjective position is produced by the articulation between scene and space, and not by a previous identity – the subject is an effect of the way in which the affect

is fixed, circulates and transforms itself in the lived space.

This perspective makes it possible to understand that the clinic expands, involving the reading of the spatial forms that organize affect. And in the clinic, in the setting, spatiality enables the subject to find – or lose – his place. Thus, the idea of a clinical topology of affect, launched here, formalizes this operation – already brought by Freud and followed in the clinic itself – describes how affect is inscribed in a spatiality that precedes the word and how, from this inscription, the subject can emerge as an effect of a configuration that precedes and surpasses it.

BY WAY OF CONCLUSION

The clinic as a space where affection is inscribed when language is not yet possible

The glimpse when reading Freudian texts shows that affect is not initially presented as representation or discourse, but as a spatial form. Before being said, affection is inscribed in places, delimits borders, opens or closes paths. Thus, psychic suffering emerges as a spatial configuration of affect and not as an already constituted symbolic elaboration.

As could be seen above, each of Freud's paradigmatic cases reveals spatial inscriptions that are condensed into scenes, that impose themselves, that are not explained, presenting themselves as figurative nuclei of affect, when language does not yet reach the experienced. Thus, these cases also show that affect is organized as a subjective position, in a minimal form of subjectivation when the word fails – it is the place where the subject is placed by affect before language.

Thus, the analysis carried out for this TCC shows that when the word fails, the affect speaks – and speaks through the lived space – of what is perceived, of what is conceived –, of the condensed scene and of the position that the subject is forced to occupy. It is at this pre-representational level, therefore, that the clinical topology of affect is drawn, a field where suffering is inscribed before it can be symbolized.

While language does not arrive, affect already operates: it has already produced scenes, it has

already organized spaces, it has already placed the subject in positions that he has not chosen. And the clinic's function is to offer a space where these inscriptions can be read, moved and transformed. The topology of affect allows us to understand that the analytic work begins before the word, in the way the subject is located in the lived space and in the way this space affects him. The clinic, therefore, remains a place where the subject can finally find a form for what has not yet found language – and where language, when it comes, can be supported by an inscription that precedes it.

As affect operates topologically, then, clinical space – physical or digital – remains a field of forces where subjective positions are produced – spatiality does not disappear; it reconfigures itself. The canvas, the distance, the framing, the domestic environment, the circulation, movements in this space, and the silences make up the new field of inscription. The topology of affect allows us to understand that, even without physical sharing of space, there is a spatial organization of what is experienced: the subject positions himself, exposes himself, withdraws, moves – there is no suspension of space: the clinic, it reinvents him.

Finally, the clinic is seen as a space that makes it possible to explain when the language has not yet arrived, where something can be inscribed before what is said. Language, therefore, can come about organizing silent affective operations, expressed in the clinic. This is, therefore, the space where the subject finds a form – minimal, provisional, topological – for that which has not yet been symbolized. It is a way of making the clinic not a place, but a space in which the symbolic can flourish: a space that is present for when language has not yet arrived.

And even so, one can ask: space in psychoanalysis? Yes, you could say. It is where the space is made possible for the subject to dive into his own history and that no matter how big the waves that rise in front of him may be, he can have space to spread and, like the mangroves, doing so can deal with their remains, tidal variations and their uniqueness, in a space where desire can come to be articulated, inhabiting – the house gives a meaning, but the word will give meaning to everything else already announced.

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