

**The Multimodal Enrichment of the Psychoanalytic  
Space:  
A Proposal for Unsaturated Music**

**by David Goldman**

A thesis submitted in fulfilment  
of the requirements for the degree  
of  
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# Certificate of Original Authorship

*I, David Goldman, declare that this thesis is submitted in fulfilment of the requirements for the award of Doctor of Philosophy in the Faculty of Arts and Social Sciences at the University of Technology Sydney.*

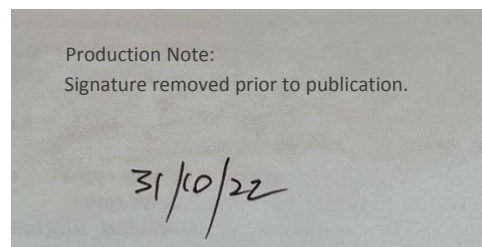
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*This document has not been submitted for qualifications at any other academic institution.*

*This research is supported by the Australian Government Research Scholarship (RTPS).*

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There are pros and cons of embarking on such a substantial project later in one’s life. On the upside, one has gathered the experience and confidence that develops over a 30+ year career. On the downside... well there was a pandemic and the deaths last year of two close friends, in addition to mentor Neville Symington. I am sure all of these highs and lows have contributed to what is contained in these pages.

I am deeply grateful to all.

# Statement indicating format of thesis

This thesis comprises four components:

1. The written thesis:

A document of approximately 80,000 words, using the UTS Harvard system for referencing. Also in the text are URLs (web addresses) relating to websites referred to in the research.

2. The website:

[www.musicandpsychoanalysis.com](http://www.musicandpsychoanalysis.com)

which offers a 'bird's eye' view of the thesis, along with extra written content, illustrations and photographs.

3. The office renovation:

Included in the text and appendix are photographs documenting this process, including links to the website above.

4. The music album:

“Unsaturated Music (*Uμ*) -- Music for Reverie”

The music album playlist will be accessible via the following YouTube link:

<https://youtube.com/playlist?list=PLyrcb8gCeOIZscy-E4pIqeSEQbsMmNsiG>

and via the following Spotify link:

<https://open.spotify.com/album/0Fgyjzkcj4PkQSZblxO05?si=o-D6zJPESCq59BCYYBksKw>

Note: the music delivery will be in digital format only. No physical CD will be included unless specifically requested.

## Preface - The Story of this Project

The ideas contained in this project have taken shape over many years.

Psychoanalysis and music have been my passions for more than four decades. Gradually, they merged around a conjecture that a certain form of ambient music and the mood, or ambience, of psychoanalysis share important features. My clinical work as a psychotherapist, and my musical writing and performing, led me to undertake research which encompassed musicology, philosophy, aesthetics, psychoanalysis, cultural studies and semiotics.

This enquiry is focused on music and its hypothesised role within the psychoanalytic space. It was important to undertake, in parallel, a broader exploration of the physical and 'sensory' properties of the space in which psychoanalysis is conducted.

The *psychoanalytic frame*, or *setting*, has itself been exhaustively interpreted, defined and analysed. It has *philosophical/metaphorical*, *practical* and other properties. Gabbard (2016) suggests that the frame philosophically stands for

relative restraint; an avoidance of excessive self-disclosure; regularity and predictability of sessions; a devotion to understanding the patient; a generally non-judgemental attitude; an acknowledgment of complexity in motives, wishes and needs; a sense of courtesy and respect for the patient; and a willingness to put one's desires and needs aside in the service of a greater understanding of the patient (p. 14).

The 'frame' also refers to fundamental practical arrangements around fees, holidays, start and finish times, and so on. The *physical* frame (i.e. the setting) in which psychoanalysis occurs is not included here but will be explored in detail later in the thesis. Related concepts such as the analytic role, the analytic contract, the analytic attitude, the rule of abstinence, the architectural space and analytic boundaries will also be discussed in later chapters.

In mid-2018, I embarked on an informal implementation of new ideas I had been using over the years in the treatment of some of my patients. Both psychoanalysis and certain types of ambient music value reflectiveness, subtlety, interiority, austerity, sensoriality, careful listening and quiet dreaming. They facilitate

powerful mental states, significantly *reverie*. In keeping with this shared aesthetic, I decided to introduce a ‘minimalist’ style of ambient music into the psychoanalytic setting. It seemed the closest match for a background ‘soundtrack’ to accompany the patient’s transition from the outside world into the therapeutic environment.

How might the presence of carefully selected sound benefit patients? It was decided that the music should be audible in the *waiting room* only. No potentially distracting music should be audible in the consulting room, where ‘silence’ is viewed as an essential aspect of therapy.

Waiting-room music was played three metres over seating level by a surround sound system of small, high-quality loudspeakers, at a volume just discernible above ambient environmental sound.

I did not mention the introduction of the music to patients, in keeping with another aspect of the psychoanalytic frame, whose function is to maintain a ‘neutral’, therapeutic space.

Many patients made no comment, possibly because the music was of low volume and might have been perceived as ‘blending in’ with environmental sounds. Others might have noticed but made no comment. Some did comment, often calling the music ‘relaxing’ or ‘soothing’.

Some remarked favorably, along the lines of the music’s ‘enhancing the mood’ and assisting them in ‘resetting their thoughts’.

There were no negative comments, although one patient found the choice of one musical work ‘dark and depressing’ and another found a different piece ‘too Zen’, reminding her of a recent spa treatment. I was guided by each instance of feedback, which helped ‘fine tune’ my musical choices.

I felt excited about the ideas generated by informal patient feedback. From there, I began to conceptualise a theoretical framework which could integrate music, clinical psychoanalysis and the physical environment which houses the psychoanalytic encounter.

This meant that the research component of the project would be theoretical and conceptual – not ‘experimental’. With respect to any potential empirical investigation, the project would be a necessary *preparatory* treatise. Down the line,

others might wish to experimentally investigate possible research questions which might emerge from the theoretical framework I had developed.

The theoretical research included not just the shared features of music and psychoanalysis but also the relationship between psychoanalytic therapy and the physical space in which it occurs. Metaphorical accounts of the psychoanalytical space are well-documented, mainly in the realm of *analytic field theory* (Civitarese, 2019b; Ogden, 1994, 2004; Baranger & Baranger, 2008), to be further discussed in Chapters 1 and 2. However, a theoretical approach which could bring together the metaphorical and concrete aspects of the space is what was called for, because decisions regarding the setting – including office design and other modalities such as sound, smell and visual attributes – are thought to all contribute to patients’ and analysts’ experience of the treatment as a whole.

Two creative tasks were undertaken to complement the theoretical/conceptual research. The first was curating and composing music that, on the basis of my research, I felt to be compatible with psychoanalysis. The second was reimagining and reconstructing the physical office space, guided by psychoanalytic and semiotic thinking.

Medical and mental health centres often utilise commercially provided music programs in their waiting rooms. Psychoanalytic therapists, on the other hand, would tend to eschew music, or other adjuvant agents. They do not wish to add unnecessary complexity or to ‘muddy the waters’ when it comes to upholding the frame. Having said that, there is debate about what constitutes the ‘ideal’ setting for psychoanalysis.

To illustrate this point and describe an experience that contributed to the genesis of this project, I met with a well-known analyst for supervision during a 2019 trip to New York. He had long abandoned the 50-minute hour and chose to see patients back-to-back, without the usual ten-minute break. He explained that he felt there was an ‘understanding’ between patients that they avert their gaze when they encounter someone else in the waiting room. There was a noisy air-conditioner above the patients’ seating area.

While waiting, I had found this over-loud, grinding sound so aversive that I thought that any quiet reverie before therapy would be all but impossible. I felt brave enough to politely mention this. He told me, with a hint of satisfaction, that

it achieved privacy by masking any conversational sound emanating from the consulting room.

I asked, knowing that he knew the topic of my research, whether or not he had ever considered using music for such masking. He replied, “No, I wouldn’t dream of it, because the sound of the music might seep into the consulting room and that might compromise therapeutic neutrality.”

Three thoughts, which I did not share with him, struck me. The first was, “You could not do *worse* than have that harsh air-conditioning sound anywhere in your psychoanalytic space.” The second was, “Your room is already cluttered with antiquities, tribal spears, books, piles of papers, swords, masks and other decorative paraphernalia – what do we understand about *your* ‘therapeutic neutrality’?”

The third was an unspoken fantasy workaround. “What about having suitable music in the waiting room for your *waiting patients*, or a quiet air-con or white-noise generator in *your* office to mask *outside* sound?”

My prevailing thought on leaving his office was: “Why is music, despite its universal acceptance as an emotional tonic and creative tool, anathema in the psychoanalytic setting? Why is it not, at the very least, an acceptable decorative/aesthetic artifact, if not a possibly therapeutic asset, particularly if its voice is properly framed and subservient to the broader psychoanalytic goal?”

Though I expected that some of my patients, used to my way of conducting therapy, might have mixed feelings about the music, I nevertheless felt that it could enrich the space without compromising the frame. At that point I decided on the appropriateness of a more ‘sensory’ *waiting room* experience. I did agree with the NYC analyst that if the music were audible in the consulting room, it would be ‘a step too far’.

Schinaia (2018) categorises Freud’s consulting rooms – and those of the early Freudian analysts – as “too full”. He contrasts this with the later, mid-twentieth-century room design which he calls “too empty”, a trend based on the architect Ludwig Mies van der Rohe’s maxim “less is more” (p. 190). Without preferring one style over the other, he states:



The analytic setting is not a formless and neutral space. Rather, it is a living and dynamic space supporting all the vicissitudes of transference of the couple engaged in the analytic project. The quality of the analytic relationship and the space in which such a relationship occurs are not constituted only by the cognitive context but also by the immediate and pervasive physical context (p. 180).

That an analyst might decide to design their consulting room at one extreme as ‘too full’, or at the other, as ‘too empty’, is significant, but is often ignored in the literature. I wanted to reconsider the frame without being restricted by rules which might blind a therapist to the possible benefits of adding new modalities to the analytic experience. Hence, it was important to spell out the aesthetic approach to my decision-making in reimagining and reconstructing the psychoanalytic space.

My project was developing into a novel, yet ostensibly simple re-imagining of the heretofore music-free psychoanalytic setting. To maintain the integrity of the frame, I curated musical content and style to closely match my experience of the atmosphere of the psychoanalytic session. I named this “*unsaturated music*” and abbreviated it to *Uμ* (pronounced ‘*You-Mew*’). *Uμ* is a form of *art music* derived from modern classical and ambient electronic music styles. I will explain *Uμ*’s provenance in detail in Chapter 1.

For reasons which I will explain shortly, I intended that the ambience of *Uμ* music could facilitate patients’ reverie as they transition, via the waiting room, from the outside world into the psychoanalytic session.

Patients are told at the commencement of therapy that they are welcome to enter the waiting room up to five minutes before the session. Whether the patient spent no time there, or up to the full five minutes, did not concern me. The music would be unobtrusive and non-directively engaging. I would avoid waiting-room playlists containing over-familiar song covers and sentimental orchestrations. I would choose this unsaturated music to complement the ambience of the psychoanalytic session.

During my 2019 visit to NYC, I also visited museums and art galleries, including the *Whitney*.

Moving around this imposing, austere building, the exhibition of abstract art felt surprisingly atmospheric, even ‘containing’. After about ten minutes, I realised

that there was a faint noise, slightly above the level of the usual environmental ambience. It was a strangely cossetting, wistful, barely audible soundtrack. It provided an atmosphere which seemed to encourage a dreamy serenity, yet allowing a steady focus. I was not surprised to later learn that it was a carefully curated part of the installation, the soundscape composed by a well-known sound designer, Marcus Fischer.

There was no branding or 'frame' around this aural work - it was given no formal acknowledgement. Yet, if the building could be considered a 'frame', the music encouraged the guest to glimpse inside and seek out its contents. It provided a direct, sensual experience with an unassuming, yet pervading, effect on mood and concentration. The sound field had been designed to connect artist and visitor. This complex, immersive web of curated elements led to an aesthetic experience conjointly created by the artist, the technicians, the sound engineers and other invisible players.

The gauze-like, barely audible sound/music created an uncanny feeling, not least because its effect had been initially experienced below the level of conscious experience. The aural sensation was visceral, complementing the visual - it engendered a liminal feeling, holding, binding and immersing the visitors, while drawing them into the experience via visual and acoustic cues. This is compatible with the *raison d'être* of the psychoanalytic space - open and sensorial, aesthetically considered, rich with unconscious emotional and intellectual possibilities, yet still somewhat ordinary.

Parsons (2021) suggests a useful link between psychoanalysis and art that is concerned with listening and responding in altered ways. Making sense of a poem or piece of music parallels the attempt to understand what is occurring with patients in the consulting room. Divining the voice inside a poem or song requires skilled listening as well as prior absorption of relevant theory - indeed, to Parsons, 'psychoanalytic listening', above explanation or interpretation, might be the most important key to understanding the patient.

Parsons' layered approach to listening and perception can also apply to how the analyst 'moves between foci' in a therapy session. 'Psychoanalytic listening' may assist both analyst and patient to move more easily between mental and sensory

states, just as a musician or sportsperson learns, over time, to integrate knowledge and intuition for optimal performance. Parsons (2021) said:

The analytic setting lifts the session out of ordinary time. It is a suspended moment where the timelessness of the unconscious can reveal itself...Like listening to a Bach fugue or contemplating a masterful painting, the listener may gradually register that the subject of attention is positioned at the intersection between the timelessness of the suspended moment and its location in a continuing story that has a past and a future... (22' 56")<sup>1</sup>.

There is music to be heard in the shifting pitches and tones of the therapist-patient conversation. In the case of psychoanalysis, the analyst prioritises a special kind of listening over talking.

Psychoanalytic listening contains the word 'analytic' within it, but the word is misleading. It is more like the way in which the conductor listens, the gourmet tastes, the artist sees or the perfumier smells - it is a special form of acuity and knowledge sensitive to slight nuances of inflection or tone.

Psychoanalytic listening first needs to detect and decipher quality, not to 'analyse' or diagnose. This kind of careful and deep listening is akin to the music lover immersed in their favourite sound, but also alive to all manner of detail and precision, their musical ear carefully honed through years of experience and an active 'inner life'. Music connects us, through reveries, to ourselves and others in profound and universal ways.

In my sessions with patients, while attending to their words, I often found myself listening to the melodic contour of their voices or sometimes the faint traffic buzz or the framing of birdsong or distant ambient conversations. Listening is two-way - it involves what is listened to and what is really 'heard'. Listening does not precede advice or demand empathy - be it a reverie or a careful attunement, or a holding or responding in a way which distils what has been heard into a thoughtful but diffuse response. Or else silence.

In the analytic session, I certainly listen, but might not respond in words at all. The quality of listening is often proven by lack of an immediate response.

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<sup>1</sup> Parsons, M. (2021) Psychoanalysis and Art podcast, International Psychoanalytic Association

Many patients have told me over the years that they have felt truly and uniquely ‘seen’ when they have felt fully listened to. It takes a while for them to appreciate that the analyst’s true task is to listen to them in a way which leads to an experience that is beyond a cognitive form of understanding.

Analyst and musician Roger Kennedy (2021) speaks of being “immersed by the listening ear” – an ability to listen for something ‘new’. A concert piece does not necessarily end when the last note is finished – in that sense the work, like the analytic session, is co-created by both performer and listener, as patient and analyst, or as actor and audience.

In the clinical setting, the presence of unsaturated music (*Uμ*) could be experienced as mirroring the patient’s emotional state, acting as a kind of support or ‘container’ (Bion, 1962) for the patient’s thoughts and feelings. Such music would have its own ‘inner life’, creating a sense of calm or peacefulness, without necessarily serving any obvious purpose or performing a specific emotional function. Barthes (2007) writes:

Music is always silent. It doesn’t clutter me with any last word; it doesn’t want to replace anything in my malaise (which is the best reason for exploring it further), it suspends it. It is an epoché (suspension of judgement), like the zero degree of all systems of meaning, which, instead, indiscreetly act to suppress in me the only freedom that matters to me today: to be delusional (‘lost in love...’). Soothed, busy with a refrain, the lover is similar to an autistic baby, able to repeat the music tunes and spend hours listening to the same aria: maybe because both of them make sure nothing changes (quoted in Civitarese, 2019b, p. 71).

My view of *some* music (unsaturated, ambient music) would coincide with what Barthes says here of *all* music. Some unsaturated music can give the impression of possessing an ‘unconscious’, of demonstrating an uncanny ability to ‘observe itself’ while at the same time revealing itself. This music does not have a ‘force of identity’ or ‘ego’ driving its creation.

‘*Absolute Music*’ has been described as possessing some of the above qualities <sup>2</sup>. Such music might be composed with the explicit goal of advancing the listener’s

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<sup>2</sup> Such notions have been written about since the 18<sup>th</sup> century in the field of musical aesthetics. *Absolute Music* is not explicitly ‘about’ anything; contrary to ‘program music’, it is non-representational and also doesn’t require words, drama or dance to make sense of it (Horowitz, 2005). This conception of music suggests an

state of self-awareness or deep relaxation. Similar to a psychotherapist with an examined 'inner life', the quality of the music itself could make the patient feel 'listened to' through its 'innerness' and containing function.

Fonagy (2020) describes *mentalising* as a powerful therapeutic skill whereby the patient learns to see themselves from the 'outside' – as others see them – while at the same time knowing themselves from the 'inside'. Unsaturated music suggests that inner, 'mentalised' quality – a sense of both understanding its makeup and the ability to observe itself – which could serve as a *model* for the listener/patient to simultaneously know themselves and observe themselves.

By late 2019, the project was gaining momentum and, unexpectedly, it was having an additional effect – on me, personally. I found that the positive feedback from patients and my extensive reading on and around the topic had resulted in increased energy and passion for my daily psychoanalytic work. The music now in the waiting space, despite, or because of its liminal and incidental nature, was having a beneficial effect on my mood and my ability to connect and engage creatively with my patients. I realised that the time was right to pause and consider, with new eyes (and ears), how my physical and psychological environments were affecting me.

I had long been considering an office refurbishment. My rooms, static with the same colour scheme for more than 20 years, were looking tired and cluttered. The rooms were in need of refreshing, and more importantly, re-thinking.

Designers, colour consultants, acoustic engineers, an architect, carpet layers, a mural artist, photo printers, carpenters, joiners, painters, electricians and sound technicians were coordinated. In collaboration with these experts, the long-anticipated, bespoke psychoanalytic space had been realised. The work environment had been transformed. A purpose-built space had been completed, based on my theoretically inspired vision as to what a 'psychoanalytic' space could entail.

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infinite reach and ineffability, while simultaneously probing deep inner states. Music could be understood as 'absolute' in two senses, both from its purity and absolute separateness from reality, and through its capacity to connect us to ideas about infinity and absoluteness. I consider 'unsaturated music' to be a *type* of absolute music – neither driven by strong emotional themes or narratives, nor obsessed with *Wagnerian* 'high art' or spiritual transcendence. Like all music and sound, it would not resist semiotic analysis or, as writers such as Susan McClary suggest (in Horowitz, 2005), deny acknowledgment of implicit 'programs' which reflect the tastes, aesthetics and cultural attitudes of the composer and his or her socio-political circumstances.

All renovation decisions had been carefully considered. Research, planning and review preceded implementation. The role of the senses in the psychoanalytic encounter was given increased priority: *smell* (the ambience of vaporised essential oils); *texture* (of stone, wood, carpet and plaster paint properties); *visual* (shaping of natural and introduced lighting, colour schemes, paint finishes and wall decorations); *sound* (aural fidelity and soundscape placement of the waiting-room audio systems; consulting room acoustical engineering to ensure soundproofing), etc.

In parallel, the writing up of the theoretical/conceptual component as a semiotic analysis of a '*multimodal*<sup>3</sup> project was on its way.

The 'creative' part of the project involved the renovation of the office space and the composition of appropriate music to fill it. It was through the vision of my supervisor, a semiotician and jazz musician, not a psychoanalyst, that it became clear to me that social semiotics could provide a 'grammar' to translate this creative work into appropriate academic language. Semiotics provided a powerful theoretical and conceptual framework for the categorisation and explication of the modalities relevant to the project.

In February 2020, as the renovation work was being finalised, the 'Coronavirus' had arrived in Australia. By March, full lockdown had been implemented in Sydney. People had been ordered to work from home. Commuting was banned for all but essential services.

I was grateful that, as owner of my consulting suite with a waiting area, not only had I been able to make decisions independently about the renovation but could temporarily cease renting out the spare consulting room. I could now control the 'experimental area'.

Mid-lockdown, I had felt myself unexpectedly isolated. I was in a 'post-apocalyptic' atmosphere - barely a car on the road, nor any other business owners present in my commercial building.

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<sup>3</sup> Kress (1996, 2006) defines a *mode* as a socially and culturally determined resource for meaning-making. The psychoanalytic office is *multimodal* – it has features (modes) such as furniture, lighting, sound, etc. (as well as unconscious and sensory aspects) that all contribute to its cultural meaning. These semiotic modes are themselves influenced by the particular characteristics and meaning-making potential of their cultural, historical and social context. 'Social' semioticians such as van Leeuwen (2005) would extend 'multimodality' to include psychological and metaphorical considerations.

There was an uncanniness about the silence – an unnerving contrast to the welcoming ambient buzz to which I had long been accustomed. This was a pervasive ‘radio silence’ – a dead pause, state-imposed and universally observed.

The government had restricted patient contact to essential services only. Medicare health insurance had yet to introduce newly-named COVID-19 ‘telehealth’ item numbers for reimbursement. Patients and therapists were in limbo. I decided to cease face-to-face contact and consult via telehealth only. Social isolation had confined patient contact to the radically compressed bandwidth of Zoom and Skype. I had never properly seen a therapy patient on a screen. The psychoanalytic *frame* was, for me, from that point forever changed.

Non-verbal communication is essential in a psychoanalytic session. In the absence of close human contact, Zoom consultations create a sense of ‘disembodiment’. Audio and visual data are compressed, causing significant loss of screen and audio fidelity. The patient’s attention cannot wander ‘in space’ as it would in the physical therapy room. The analyst sees a background ‘chosen’ by the patient, and unexpected personal details can intrude. Myriad distractions can limit the patient’s privacy and confound the therapeutic aims. Unimaginable previously, therapy might be conducted ‘at home’, with children or pets, or family photographs, or surrounding chaos, or in cars – even, in the quest for privacy, in cupboards or under staircases!

During lockdown, *silence* changed character in the session. Silence is an accepted, even precious artifact in the context of the usual face-to-face therapy session. The absence of sound in the Zoom space becomes unfriendly and inhospitable. Silences became strangely alienating. Given Zoom’s audio and video unreliability and frequent dropouts, it was a losing battle trying to recreate an analytic setting of any consistency. For example, with neither party talking, the audio conserves bandwidth by automatically defaulting to a ‘vacuum’, obliterating the ambient environmental sounds which would otherwise unconsciously bind the participants.

With everything changing so precipitately in the nature of the psychoanalytic framework itself – music, that universal aid to emotional healing, is now not just ‘asking’ for a guest appearance in the *psychoanalytic* space, or even demanding it – it is revealing that it has *always* been there and that now is its moment, due to the inevitable evolving of minds as to ‘what is’ and ‘what is not’ *psychoanalytic*.

Now is a time to re-evaluate which elements of the psychoanalytic setting are integral to therapy - what needs to be retained and what needs to be reconsidered or re-imagined. This includes both the concept of unsaturated music in the waiting area and the physical attributes of the consulting room.

The whole world has become a kind of waiting room, where pandemic uncertainty and fear is super-imposed on already-existing political, cultural and social malaise and anxiety.

More than ever, in this post-COVID-19 climate, it seems appropriate to accept that there is a new sense of 'symmetry' in the consulting room. We *all* feel in danger; we have moved the consulting room to the familiarity and safety of the home office, but this has profoundly affected the way psychotherapy needs to be thought about and conducted.

Along with the tragic nature of trauma, there are always positives. Changes might be effected in social frameworks that would otherwise take years, or even generations. The inclusion of sound and music in the psychoanalytic framework might seem like an insignificant issue, but in clinical psychoanalysis, it takes a revolution (or a pandemic) to create compelling opportunities for change.



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# ABSTRACT

The aim of this thesis is to critically analyse the concept of the psychoanalytic space as both a metaphorical therapy space and a physical place, and then to offer a case for the multimodal extension of that space in accordance with the goal to be a place to feel safe and supported – to receive, to listen and to think.

Twentieth-century psychoanalysis operated within a formal framework which excluded ‘extraneous’ modalities such as music. I argue that music, as a facilitator of reverie, could enrich the psychoanalytic experience and improve therapeutic benefit.

My re-conceptualisation of the psychoanalytic frame, utilising methodologies of semiotics and multimodality, has resulted in this theoretical revision which can incorporate a specific type of music.

*Unsaturated music (U $\mu$ )* is introduced as this new formulation, inspired by Satie’s *furniture music* and the ambient styles of Eno & Budd. I suggest that, without compromising established theoretical frameworks, the psychoanalytic space can be enriched through *U $\mu$* ’s facilitation of reverie and psychoanalytic ‘free association’.

Appropriate music was curated from various *ambient* playlists on *Spotify* resulting in the shortlisting of 350 pieces, each of less than five minutes’ duration. These pieces were selected as suitable to be heard in the *waiting room*, as patients made their way to and from their sessions. Twenty original pieces were subsequently composed by me as examples of *U $\mu$*  and analysed for their semiotic properties.

To enhance the effectiveness of the psychoanalytic space for music and reverie – drawing on theories of multimodality (with sound, texture and colour its major design features) – a full renovation of the therapy and waiting room spaces was implemented.

Patients’ volunteered responses are discussed at the conclusion of this thesis and hybrid psychoanalytic approaches for the post-Covid-19 era are proposed. Further research could be undertaken into methods for applying multimodal influences to psychoanalytic, medical, aged-care and other public spaces.