



The Therapy “Setting”, Between Analyst Attitude and Patient Regression

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In any interpersonal and communicative relationship there are some kind of rules and limits that must be respected by both partners in order to maintain a respectful and healthy relationship. Similarly in analytical work its rules and limits must be well understood to maintain a healthy relationship oriented towards the well-being of both the patient and the therapist. These rules and limits are called “the setting”.

It will be clarified later by the proposal of a “contract”, an initial agreement between the two partners in the relationship who undertake to try to respect it. These two aspects of the setting, called respectively “internal setting” (the mental attitude of the analyst) and “external setting” (the rules of practical functioning) are mutually interdependent and interdependent.

Consequently, the setting must be defined as a contract that encompasses the stable conditions necessary to effect the investigation and transformation of psychological phenomena, particularly those concerning the unconscious.

These characteristics have remained practically the same as those described by Freud in “Advice to the Physician on Psychoanalytic Treatment” (Freud S., 1912) and “On the Commencement of Treatment” (Freud S., 1913).

This article will present the constitution of the setting and the importance of this setting in the analytic process in terms of the symbolization of the mother-infant relationship work by Donald Winnicott.

The notion of the analytical Frame or “the setting” as mentioned later by Donald Winnicott, has been introduced from the first beginning of psychoanalysis practice, but this setting has been modified from therapist to another according to their theories that have changed the meaning of this setting in the cure.

According to Freud (1913), the psychological and met psychological meaning of the frame fulfils a main function which consists in favouring the establishment of the transference, that is to say, of repeating and living the relations of the infant past, while preserving an adult part which lives the current relationship with the analyst (Manzano Garrido, J., et al, 2016).

As Freud points out, the important thing is the background; the forms will depend on the style of each analyst and each particular situation. Traditionally, the basic rule of free association should be clearly stated; likewise the use of the couch, the dates, the duration and the frequency of the sessions, the fees and the form of payment.

The psychoanalytic framework is divided into 2 types of conditions; external conditions and internal conditions. The external setting conditions, which encompass the mind-set needed to do the analytic work. The analyst must have an open mind through a floating attention and an abstinent neutral attitude. In the same way the patient also needs this openness of mind to carry out the rule of free associations which is the essential core of the cure.

The internal setting according to Doctor Alizade designates in the context of individual psychoanalysis “a certain number of elements belonging to the internal world of the analyst, of the patient and of the field of action of the analyst” (Charrier, B., Clerc, N., 2012). According to Alizade, this internal setting is built throughout the therapeutic work with the patient. So it is not complete from the start. That is to say, the patient is led to actively participate in the construction of this internal setting (Charrier, B., Clerc, N., 2012)

André Green talks about the dispositions in the patient that must be present for the patient to be an active individual in the analytic work. André Green describes the patient’s dispositions in terms of “welcoming expectation”, “acceptance of the analyst’s passivity”, and “investment of the associative discourse” (Pirlot, G. (2015).

Jose Belger (1967) points out that it is impossible to explore a process without maintaining the same constants (the setting). Belger qualifies the frame as “the ideally normal” in the sense that it would manage to be maintained without flaws or breaks on the part of the protagonists. (le dictionnaire encyclopedique de la psychanalyse,2016)

After having introduced the different forms of this setting, it is necessary to underline the importance of its effects in the evolution of the therapeutic work.

The Setting and the Patient Regression

The necessary constants in the therapeutic accompaniment are based on essential needs according to the development of a new-born. This regressive symbolization will be introduced by the setting. From the first sessions, the professional offers the patient not only his professional competence but also the human and regressive qualities of his relationship to the maternal image. The aim of the therapy is to help the patient to develop, in the analytic situation, a primitive relation corresponding to his compulsive model and to maintain it in all quietude until the moment when he becomes able to discover that other forms of objects are possible.

For Balint (1939), the analyst must avoid certain attitudes so as not to hinder this process:

- Stick to a rigid interpretative attitude.
- Oppose too much resistance to being used by the patient "primary object" (which is different from being manipulated by the patient)
- To hold oneself omnipotent or to appear as such, because such an attitude then fixes the patient to dependence and to malignant forms of regression) (Jean Claude, C., 2102).

Rather, the importance for the analyst is to assume the role of a primary object whose main function is to recognize and be with his patient. The analyst must allow himself to be used by the patient to enable him to identify or relive the first mother-infant relationship, but in a different and more reassuring way than that which has proved to be traumatic. For the success of this stage it is necessary that the analyst responds to the regression in an adequate way by taking into account its countertransference, therefore he must remain discreet and ordinary and accept the "acting out" as a means of valid communication.

In the seminar of "the importance of setting in meeting regression in psychoanalysis" (1964), Donald Winnicott described his personal views in relation to meeting the condition of clinical regression in psychoanalysis. Winnicott reminds his students that he accepts the basic principles of psychoanalysis as laid down by Freud but adds that, in some cases, the psychoanalytic setting and the careful maintenance of that setting (reliability and management) are as important as the way the analyst deals verbally with the material. He suggests that in this kind of work with regressed patients it is as if the patient gradually seduces the analyst into collusion with the infant within the patient, the infant who received inadequate attention at the earliest stages. The patient is not there to work in a productive way with the analyst, except when the analyst provides these necessary conditions "(Edmond, M., 2002).

For Donald Winnicott (1964), the therapeutic setting must be an equivalent of maternal care favouring "holding" (support) and "handling" (care). For him the therapeutic work will help the patient to regress at an early stage in order to restore the primary narcissism which was not established at the time due to maternal failure. When the narcissism is readjusted, psychological growth can resume. The Authentic Self being able to deal with the frustrations of the environment without resorting to personality splitting. This establishment and this process of development are opposed in several stages. It is a question of setting up a reassuring, confident therapeutic situation in which the patient can regress completely. After this stage, the primitive dependency will take place, or the practitioner will take the place of the "good enough mother", and this is where the patient begins to express his anxiety,

without being destroyed and to engage in a process of growth that was stunted due to fixations due to narcissistic wound (Manzano Garrido, J. et al,2016)

The central idea is that the individual (especially in serious pathologies) does not suffer only, or even fundamentally, from "reminiscences", that is to say from the weight of repressed verbal memories resulting from childhood traumas or frustrations of infantile desires. On the contrary, the lack is at a much earlier and preverbal level. This lack can be understood in terms of the insufficiency of the mother (or maternal substitutes) to provide an adequate framework for the development of the child.

The notion of transitional space described by Winnicott (1971) is central here. The baby needs to find, in the intermediate space designated by this notion, a mother capable of adapting to her omnipotence, being ready to make available to the baby exactly what he is looking for when he wants it "look for" It is the experience of the found-created that allows the child to know and subjectively appropriate the surrounding world.

Once the successful repetition of this experience of omnipotence has allowed the baby to establish the bases of his person and his relationship to the world, the mother will be able to gradually disillusion him so that his omnipotence can be modulated. Through contact with reality.

For Winnicott, the problem of a more neurotic nature, linked to desire, which Freud had dealt with a great deal, intervenes at more evolved stages of development. In the earlier stages, which are precisely those which pose a problem in severe psychological disorders, one cannot yet speak of a relationship with the object (which implies a certain notion of its separate existence), but rather of the capacity to use the object (Winnicott, 1968, 1971).

To conclude, the setting is presented to the patient as a "contract", initial agreement between two partners the patient and the analyst that should be respected by both partner in order to maintain a helpful relationship and to lead to a successful cure. The two aspects of the setting, called respectively "internal setting" (the mental attitude of the analyst) and "external setting" (the rules of practical functioning) are mutually interdependent and interdependent. Therefore No Matter what is the form of regression that the patient will present, the analyst should be fully understandable, respect all transference behaviour with a "mother- new born" attitude that's going to fix the first model of relationship. After this presentation there is an important question that should be asked for each therapist as a self-evaluation: To what extend is the therapist prepared to welcome any positive or negative transference behaviour from patients?

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