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THE PSYCHOANALYTIC SETTING AND ITS POSSIBLE RUPTURES: SOME DISCUSSIONS¹

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Abstract: The psychoanalytic *setting*, in its formal and subjective aspects, is a fundamental element for the practice of psychoanalysis, as it favors the necessary conditions for establishing the essential requirements that enable the analytic pair, analyst and patient, to form themselves. However, sometimes the *setting* suffers pressures and attacks of various kinds that can not only destabilize it, but also lead to its breakdown. Starting from this last condition, our aim is to discuss the psychoanalytic *setting*, outlining some discussions about its possible ruptures. To this end, we present two ways in which the *setting* can be broken: one that refers to circumstances inherent to the relationship of the analytical pair and the other that refers to factors that are external to it. Thus, the two ways in which the *setting* can be broken emphasize how much it needs to be cared for and managed in order to contain or at least reduce the possibilities of the bonds being broken.

Keywords: Psychoanalytic *setting*, analytic field, psychoanalysis.

INTRODUCTION

The psychoanalytic *setting*, in its formal and subjective aspects, is a fundamental element for the practice of psychoanalysis, as it favors the conditions necessary to establish the indispensable requirements that enable the analytic pair, analyst² and patient, to form themselves in the endeavor they set out to achieve. Although its preservation is always recommended, we know that during the analytical process it comes under pressure and attacks aimed at destabilizing it. When these threats are understood and dealt with in the context of the analytical process, they lead to expansion and growth. However, when this doesn't happen, the result is serious impasses that lead to the breakdown of the bond and the *setting*. It was in view of these premises that we developed this work.

2. Professionals who practice psychoanalysis are called psychoanalysts or analysts. That's why we've made it clear that we'll be using both names throughout the text.

Our aim is to talk about the psychoanalytic *setting*, outlining some discussions about its possible ruptures, both due to circumstances that refer to the relationship of the analytic pair and due to contingencies that are external to it. We believe that this study is justified insofar as the psychoanalytic *setting* has been questioned and changed with the advent of technologies, as well as by the historical demarcator that was the Coronavirus pandemic, which meant that clinical practice needed to be rethought.

To think about the possibility of a rupture in the *setting* is to have in mind something that denotes the breaking, the rupture, the separation of the existing bond between psychoanalyst and patient. It can happen in different ways, depending on what comes from the components of the analytical pair, such as when: the bond has not been well established and the transference relationship does not take place; there is some kind of intervention or interpretation made by the analyst that the patient cannot bear; both the patient and the analyst may realize that the progress of the therapy is no longer happening; due to the patient's need to interrupt the process, because he/she pretentiously thinks that he/she has already succeeded in improving on what he/she set out to do with the analysis; a need on the part of the analyst when he/she realizes that he/she cannot listen to the patient, mobilized by his/her countertransference; etc.

In addition to the possibilities listed above, we must also take into account situations external to the analytical pair's relationship that directly impact the bond, depending on how they happen and are experienced (for example, changes of city, state or country, on the part of the patient or the analyst, etc.); as well as catastrophic and adverse situations, which we exemplify here with the Coronavirus pandemic, among other eventualities.

These situations make us realize that there are two sets of possible ruptures: those that concern the psychoanalyst-patient relationship; and those that involve situations external to the bond, but which directly affect it. With this in mind, here are some discussions about these possible ruptures.

THE RUPTURE OF THE SETTING IN THE CONTEXT OF THE ANALYTICAL DUO

The psychoanalytic *setting* is defined as “the sum of all the procedures that organize, standardize and make possible the psychoanalytic process” (Zimerman, 1999, p. 301), in a combination of the rules that surround an analysis session, such as the delimitation of time, the schedule, the amount of fees, absences, vacations and, we would add, the location. The *setting*, according to the author, needs to be preserved by the psychoanalyst, allowing as little outside interference as possible. This non-interference from the outside is important in order to keep the patient in a safe, comfortable and trustworthy space, favoring the establishment and maintenance of the pair’s bond, since it is in this place, as well as in this relationship, that the patient will be able to talk about his or her issues confidentially and without fear of this going beyond the walls of the place to third parties.

Under these conditions, for Zimerman (2004), the *setting* functions as a therapeutic factor, enabling the creation of a new and unique space, where, in the relationship with the analyst, the patient gains the possibility of reliving their “(...) old and painful affective experiences that were poorly resolved in their remote past” (p. 66). 66), through the “transferential bond” (Zimerman, 2001, p. 382), which would be that established between patient and analyst, where the former, by bringing his or her infantile aspects, has the help of the adult part offered by the latter, favoring the elaboration of the experiences raised.

The *setting* often comes under pressure from some patients and sometimes modifications may be necessary, but even so, its preservation is aimed at specific functions, namely: 1. It helps in the understanding of external reality with its frustrations and deprivations; 2. It helps in the predominance of the reality principle over the pleasure principle; 3. It promotes the delimitation between the self and the other; 4. It helps, in cases of regressed patients, in the capacity for differentiation, separation and individuation; and, 5. Definition of boundaries and limitations (Zimerman, 2001).

It’s worth pointing out that the psychoanalyst must be able to survive the patient’s attacks, since in the transference, the child appears in the session, and the psychoanalyst has to endure the effects this has on the *setting*. Also because these effects, depending on how they are dealt with, can promote elaborations, with the creation of new meanings and healthier identifications in the patient’s life (Zimerman, 2004).

It is worth pointing out that, when established in the psychoanalyst-patient relationship, the *setting*, according to Zimerman (2004), develops as a proposition, in a two-way construction in the dialectic established in the relationship between the two. Thus, the *setting* is not constructed passively, but actively, and is the setting for analytical work. However, it can also be disrupted, depending on the situations that arise.

Continuing with our discussions, we bring up the concept of the analytic field, according to Baranger and Baranger (1961), who define it as a situation established in the relationship that begins to develop between patient and psychoanalyst and, being constant, allows a stable working space to be created, which generates acceptance and trust. Thus, the field is constituted from an agreement between psychoanalyst and patient, which involves formal aspects (timetables, fees, absences, etc.) and the commitment that is established between

the pair with words. This commitment involves the patient's free association, saying everything that comes to mind, and the psychoanalyst's listening, making interpretations and elaborations of latent conflicts possible (Baranger & Baranger, 1961; Freud, 1912/2010).

According to Baranger and Baranger (1961), the analytical field does not just have a double dimension, analyst and patient, but multiple ones, involving many situations that overlap and merge during the analysis, which makes the analytical field always be in movement due to the ambiguity that the field provides, by functioning from an "as if" perspective (Baranger & Baranger, 1961, p. 06). In this way, "it is essential for the analytical procedure that every thing or every event in the field is at the same time something else" (Baranger & Baranger, 1961, p. 06).

This ambiguity is so essential that if it doesn't occur, the analytical work may not exist. An example cited by Baranger and Baranger (1961) is when the analytical field ends up being invaded by persecutors, starting with the transference. In this condition, the patient expects something from the analyst, and the analyst needs to maintain his/her analytical place, without losing sight of this, because he/she could be placed in the position of persecutor, which would activate many of the patient's fantasies and be disastrous for the field.

Although fantasies in the field, based on the transference, can happen independently of the psychoanalyst, the case cited exemplifies a precaution that the analyst needs to take. This is when the ambiguity of the experiences between patient and analyst cannot be interpreted and what is part of the patient's fantasy takes the place of the facts of reality in the session, which can lead to resistance to the *setting* and the treatment.

Another point discussed by Baranger and Baranger (1961) is the temporal aspect of the analytical field, since an analysis session pro-

poses experiences that mix what comes from the past, what happens in the present and future possibilities. By becoming aware of their history, the patient can modify possible future repetitions. In addition, the author discusses when the patient allows their body to relive repressed experiences, feeling them together with the psychoanalyst and, at the end of the session, can recover their "real body" (p. 08) to continue their life. Patients develop a large number of bodily sensations that can be very rich for analysis when communicated. And if they are listened to by the analyst, one of the dimensions that surrounds the analytical process is not lost, that is, this real body that ends up being surrounded by symptoms and reveals something unconscious about the subject.

But in addition to the patient's body, the psychoanalyst's body can also be the scene of unconscious communications. Baranger and Baranger (1961) call this phenomenon "bodily projective counter-identification" (p. 09), the characteristic of which is that the analyst also manifests bodily reactions in response to the invasions of what comes from the patient. According to this author, these bodily reactions in the psychoanalyst cease to appear when, in session, he/she manages to formulate an interpretation and, with this, encourages the patient to "(...) reacquire the parts of his/her *self* projected onto the analyst" (p. 09).

However, when the analyst is unable to separate what is his or her own and what is the patient's, there is another point that can cause a rupture in the *setting*, because what emerges can be so intense that it shakes the psychoanalyst, favoring collusion in the analytical pair and preventing him or her from handling the situation, taking the symptoms upon themselves. In these cases, analysis tends to be compromised as the barrier between the analyst and the patient's symptoms is broken, and this may make the process of analysis unfeasible or very painful for both.

In the analytical field, “overlapping structures” still arise (Baranger & Baranger, 1961, p. 10), referring to the fact that, in an analysis session, there is a “(...) basic therapeutic bipersonal structure” (p. 10), with an overlapping of contents and experiences that involve patient and psychoanalyst; in other words, there are multiple structures overlapping in the analytical process through layers and, in some cases, they cover up contents that should be worked on and are not immediately perceived.

In this context, the author comments on a meeting point of contents, the “point of convergence of situations” (Baranger & Baranger, 1961, p. 11, our translation), as an important configuration for the analytical process, as it is a meeting point between what comes from the patient and the analyst. 11, our translation), as an important configuration for the analytical process, as it is a meeting place between what comes from the patient and the analyst, through which the possibility of constructing interpretations in the analytical field is opened up as a result of opening up to a deeper type of communication between the two, the “communication of the unconscious” (Baranger & Baranger, 1961, p. 12, our translation). Such communication emphasizes the bipersonal field that exists in analysis and the analytic double, but the psychoanalyst, due to his/her position, must take care not to lose “(...) his/her integrity and his/her function of controlling the basic contract” (Baranger & Baranger, 1961, p. 12).

The aforementioned author also talks about the existence of moments when the psychoanalyst arrives at the session with problems and concerns in their personal life, which can interfere in the *setting* and even generate reactions in the patient. In this sense, care on the part of the analyst is important, as not being aware of this involves the risk of a rupture in the *setting*.

In this way of thinking about the *setting* and the analytic relationship, Greenson (1981) highlights the concept of the working alliance as “(...) the relatively rational and non-neurotic relationship between patient and analyst that allows the patient to work resolutely in the analytic situation” (p. 50). In addition, this author conceptualizes the *setting* as the “analytic scenario” (p. 50) which, together with the patient and the analyst, form the so-called working alliance.

This alliance happens when: the psychoanalyst listens, understands and interprets resistance with an empathetic and non-judgmental attitude; the patient, noticing this openness, feels comfortable and works on their analysis. Also contributing to this is the *setting*, which “(...) facilitates the development of the working alliance through the frequency of sessions, the long duration of treatment, the use of a couch, silence, etc.” (Greenson, 1981, p. 50). Therefore, this alliance is constituted by the implication of these three elements, favoring the creation of an analytical situation that fosters the transference experience and the consequent analytical process.

Following on from what we have said about the *setting*, we believe that the relationship between patient and psychoanalyst in the working alliance can also be discussed from the point of view of the analytical situation, understood by Etchegoyen (1987) as the relationship that exists between analyst and patient, in which both would be willing to undertake the task of exploring each other's unconscious, with the technical participation of the other.

Therefore, it is configured “(...) as the set of transactions that occur between the analyzed and the analyst as a function of the task that brings them together [and this] implies that there are rules that must order this relationship” (Etchegoyen, 1987, p. 288). An analysis takes place in a specific place, the

consulting room, with a time limit for the sessions and frequency, as well as other formal aspects, but with something else that reveals the specificity of the analytic relationship (Etchegoyen, 1987).

Still on the subject of the *setting*, Ferro (2019) divides it into four conceptual quadrants. The first refers to the formal rules surrounding an analytic session, "(...) the arrangement of the room, the modalities of the meeting, the regularity of the sessions, their duration, etc." (p. 242); the second is "the mental condition of the analyst" (p. 243), which undergoes "(...) oscillations of its own that derive from the play of its phantasmatizations and the oscillations of its mind" (p. 243). The third and fourth concern the violations and disturbances in the *setting* caused either by the patient or the psychoanalyst, which can be understood and managed in the process or lead to a rupture in the analytic field. Still on the analyst's mental condition, Ferro (2019) points out that it will be "(...) continually disturbed and continually re-established" (p. 244), to the extent that the analyst has the availability and possible conditions to listen to what comes from the patient.

To aid our discussion of how the *setting* can be affected by external circumstances, but which involve the lives of both members of the analytic pair, we have recalled the concept of "overlapping worlds", by Puget and Wender (1982), referring to those moments in which the analytic pair can "(...) share a milieu and a problematic about which they both have information and news of common interest and transcendence" (p. 504).) share a milieu and a problematic about which they both have information and news of common interest and transcendence" (p. 504), forming "(...) a common zone of the patient and the psychoanalyst" (p. 506), with consequent problems which, when not well heard and handled, are capable of breaking the *setting*. According to

Puget and Wender (1982), to deal with this zone is to operate with technical and ethical problems, which have a solution built in the duo, in the uniqueness of each encounter, with no transmissible rules, where the resolution of problems that may occur is linked to the intuition of the moment.

In situations where these overlapping worlds or common areas are present, there are two possibilities, according to Puget and Wender (1982). On the one hand, this overlapping of contents brings an effect of rapprochement, since both members of the pair have a common point of encounter and this becomes part of the process itself, with positive repercussions on the analytical relationship. On the other hand, occasionally it has negative effects, with traumatic and/or paralyzing potential, because "(...) it abruptly and surprisingly disrupts analytic communication" (p. 508), causing the psychoanalyst to lose his or her place of listening.

Also according to Puget and Wender (1982), as a result of these difficulties in the psychoanalyst's listening, other problems can arise in the analytical session, such as when the psychoanalyst, on noticing the changes arising from the manifestation of the overlapping worlds, in order to protect the *setting* from the entry of more content, ends up stiffening the relationship between the pair. This is sometimes expressed through the use of rationalizations and the difficulties he/she begins to have with the interpretations of the patient's situations, in such a way as to bias "(...) a piece of information that affects the analyst for reasons that are illegitimate to the process" (Puget & Wender, 1982, p. 509). Regardless of the patient's connivance and/or agreement with this positioning, it is a condition which, when not overcome, favors the rupture of the *setting*.

Puget and Wender (1982) also mention the various scenarios that can arise and disrupt the *setting*, by shaking up the session, the bond, the patient and the psychoanalyst: a) the idea of “news data” (p. 511), a situation in which the analyst replaces the figure of the patient with that of the patient, with a greater interest in how it impacts on the patient’s life. 511), a situation in which the analyst replaces the figure of the patient with that of the news told by the patient, with a greater interest in the fact itself than in how it impacts the patient’s life. b) “traumatic data” (p. 511), when the psychoanalyst comes into contact with an occurrence reported by the patient and this produces “painful or negative affections” in him or her (p. c) the “materials of traumatic effect by sum or repetition” (p. 511), which refer to situations reported by more than one patient, where this recurrence of content over days or months results in an “emotional saturation by repetition” (p. 511) in the analyst. d) the “broken wall syndrome” (p. 513) refers to when something personal about the psychoanalyst is given space in the analytical session. Although it can have important consequences for the analytical process, depending on how the pair deals with it, this condition can be disastrous and cause a break.

Considering the aspect of when the superimposed world produces a rupture in the session or *setting*, Puget and Wender (1982, p. 519) conceive of it as “(...) the Achilles heel of the psychoanalyst and [patient], since the problem is inscribed in a dilemma that results from external reality and psychoanalysis. The overlapping world is a moment of psychoanalytic eclipse”.

THE BREAKDOWN OF THE *SETTING* FROM AN EXTERNAL PERSPECTIVE

In this topic we will discuss when, in the rupture of the psychoanalytic *setting*, an external factor is preponderant, using the Coronavirus pandemic as a discursive resource, in view of its impact and its consequences in everyone’s life and, particularly, in the psychoanalytic *setting*, the focus of our interest in this work.

Between 2020 and 2022, the Coronavirus (SARS-CoV-2) pandemic struck, spreading rapidly around the world and causing radical changes in people’s lives.

Living conditions have changed, including the way the virus is fought. In order not to increase transmissibility, at the beginning of the pandemic, it was recommended that people not meet, avoid physical contact and the more they stayed indoors, the less the virus would be able to survive. The protective measures for the population were intended to prevent the spread of the virus, because if everyone caught the disease at the same time, the health system would not be able to cope with the cases.

Among these measures we can list the simplest, but very necessary, such as the use of masks and alcohol gel, as well as the more complex ones, such as curfews, social distancing and *lockdowns*. These measures aimed to reduce the movement of people, to avoid places of agglomeration, of gatherings and, with this, there would be the possibility of less transmission of the virus.

Despite the protective measures, and even when vaccines were developed, the impact of this new condition on people’s lives was immense, since the risk of contamination implied the threat of developing into serious illnesses, including the risk of death. In fact, the daily announcement by the media of the number of deaths, serious cases and overcrowded hospitals became part of everyone’s routine.

In these conditions, fear, insecurity and helplessness were present in the population, which was also suffering from political crises, the collapse of the economy, unemployment and changes in the field of work, such as the *home office*. In this context, Maria Homem (2020) emphasizes that the pandemic has affected everyone, unbalancing social pacts and individual emotions, with insomnia, anxiety, boredom, depression, anguish and loneliness. The psychoanalytic *setting* would certainly not be immune to this.

We believe that the consequences of the pandemic have led to a break in the physical *setting*, since face-to-face care has become questionable in the face of this reality. Mainly because, with the *lockdown*, face-to-face sessions were banned for a while and the practice of *online* sessions became one of the options so that consultations could continue to take place, in addition to telephone calls. It is also necessary to consider that the psychoanalyst and patient were inserted in the impacting objective and subjective conditions mentioned above.

In view of this, psychoanalysts found themselves inundated with important questions for their professional practice, especially those involving how to transition patients who had been seen in person to *online*, since they could no longer attend their offices due to the lockdown. The pandemic called on psychoanalysts to “do things differently”, to “do more” (Rocha, 2020, p. 65), and this involved precisely the ability to be creative in this moment of anguish and fear.

What we want to emphasize is that the pandemic was a situation that generated, in many cases, a rupture in clinical consultations. In other words, there was a rupture in the *setting* not only in its physical aspect, but it also involved implications for its subjective particularities, which led to the termination of analyses and, at the very least, interruptions for an indefinite period of time. We classify

this type of disruption as external because it wasn't caused, in principle, by issues involving the members of the analytical pair, but ended up affecting them in some way, as a secondary effect.

FINAL CONSIDERATIONS

Considering our purpose of discussing the psychoanalytic *setting* and some of the conditions involved in its possible ruptures, we would like to emphasize that the space of analysis is a place where the unconscious meets, where the experiences of both patients and psychoanalysts can meet and give way to a construction aimed at listening to the patient and the consequent development of the analytic process. However, this encounter sometimes leads to critical situations arising from specific conditions of one of the members of the analytical pair which, if not sufficiently understood and managed, cause ruptures in the *setting*.

Another aspect discussed in relation to rupture refers to certain conditions outside the analytic pair that invade the *setting* and affect it. To this end, we used the pandemic with its needs and consequences as an illustrative resource in our discussion, although many other external factors, in addition to the pandemic, can impact the *setting*, bringing risks of rupture.

Even though the *setting* must be maintained without interference, we know how difficult this becomes in some contexts because, regardless of the trigger point, be it the psychoanalyst, the patient or something external to the analytical pair, such as the pandemic, the *setting* can undergo changes and even be broken, with consequences for the analytical work.

In conclusion, the two ways we have discussed of breaking the *setting* make us realize how much it needs to be cared for and managed, in order to contain or at least reduce the possibilities of bonds breaking.

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