

The Greenian Analytical Framework: A Field of Forces from the Intrapsychic to the Intersubjective

O Enquadre Analítico Greeniano: Um Campo de Forças do Intrapsíquico ao Intersubjetivo

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Le cadre analytique greenien : Un Champ de Forces de l'intrapsychique à l'intersubjectif

 10.5020/23590777.rs.v24i1.e12651

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Abstract

The article proposes to deepen the conception of the analytical framework according to André Green, focusing on the originality of the author's contributions to the topic. We introduce the idea of the analytical framework as a privileged conceptual operator for the articulation of central theoretical formulations of Green's work, such as framing structure, internal framework of the analyst, clinical thinking, double transference, metapsychology of limits, figures of thirdness and objectizing and de-objectizing functions. We seek to demonstrate that the notion of frame inevitably condenses the intrapsychic and intersubjective aspects that are at play in the analytical relationship, contemplating the drive-object dynamic. From the understanding of the fundamental conditions for the installation of the analytical framework and the active matrix, the psychoanalyst can modify the variable elements of the framework and opt for the clinical device most adapted to the patient's psychic functioning. In opposition to objectification, which allows the construction of the frame by the analytical duo, we identify that the action of destructiveness often manifests itself through attacks directed at the frame itself, as in the central phobic position and the psychic desertification syndrome, two characteristic transference frames of the limit states. In this way, we consider clinical theory and metapsychology to be inseparable in understanding the circumstances that favor or harm the good functioning of the analytical framework, concluding that André Green's thought is a relevant reference in this investigation.

Keywords: psychoanalysis, analytical framework, clinical thinking, objectifying function, André Green

Resumo

O artigo propõe aprofundar a concepção de enquadre analítico segundo André Green, apostando na originalidade dos aportes do autor para o tema. Introduzimos a ideia de enquadre analítico como operador conceitual privilegiado para a articulação de formulações teóricas centrais da obra greeniana, tais como: estrutura enquadrante, enquadre interno do analista, pensamento clínico, dupla transferência, metapsicologia dos limites, figuras da terceiraidade e funções objetualizante e desobjetualizante. Buscamos demonstrar que a noção de enquadre inevitavelmente condensa os aspectos intrapsíquicos e intersubjetivos que estão em jogo na relação analítica, contemplando a dinâmica pulsão-objeto. A partir do entendimento das condições fundamentais para a instalação do enquadre analítico e da matriz ativa, o psicanalista pode modificar os elementos variáveis do enquadre e optar pelo dispositivo clínico mais adaptado ao funcionamento psíquico do paciente. Em oposição à objetualização, que permite a construção do enquadre pela dupla analítica, identificamos que a ação da destrutividade muitas vezes se manifesta por meio de ataques dirigidos ao próprio enquadre, como na posição fóbica central e na síndrome da desertificação psíquica, dois quadros transferenciais característicos dos estados limites. Dessa forma, consideramos

teoria clínica e metapsicologia indissociáveis na compreensão das circunstâncias que favorecem ou prejudicam o bom funcionamento do enquadre analítico, concluindo que o pensamento de André Green é uma importante referência nessa investigação.

Palavras-chave: psicanálise, enquadre analítico, pensamento clínico, função objetualizante, André Green

Resumen

El artículo propone profundizar la concepción de encuadre analítico según André Green, apostando en la originalidad de los aportes del autor para el tema. Introducimos la idea del encuadre analítico como operador conceptual privilegiado para la articulación de formulaciones teóricas centrales de la obra greeniana, tales como: estructura de encuadro, encuadre interno del analista, pensamiento clínico, doble transferencia, metapsicología de los límites, figuras de la terceridad y funciones objetualizante y desobjetualizante. Buscamos demostrar que la noción de encuadre inevitablemente condensa los aspectos intrapsíquicos e intersubjetivos que están en juego en la relación analítica, contemplando la dinámica pulsión-objeto. A partir del entendimiento de las condiciones fundamentales para la instalación del encuadre analítico y de la matriz activa, el psicoanalista puede modificar los elementos variables del encuadre y optar por el dispositivo clínico más adaptado al funcionamiento psíquico del paciente. En oposición a la objetualización, que permite la construcción del encuadre por el dúo analítico, identificamos que la acción de la destructividad muchas veces se manifiesta por medio de ataques dirigidos al propio encuadre, como en la posición fóbica central y en el síndrome de la desertificación psíquica, dos cuadros transferenciales característicos de los estados límites. De este modo, consideramos teoría clínica y metapsicología indisolubles en la comprensión de las circunstancias que favorecen o perjudican el buen funcionamiento del encuadre analítico, concluyendo que el pensamiento de André Green es una importante referencia en esta investigación.

Palabras clave: psicoanálisis, encuadre analítico, pensamiento clínico, función objetualizante, André Green

Resumé

L'article propose d'approfondir la conception de cadre analytique selon André Green, en pariant sur l'originalité des contributions de l'auteur au thème. Nous introduisons l'idée de cadre analytique comme opérateur conceptuel privilégié pour l'articulation des formulations théoriques centrales de l'œuvre greenienne, telles que : structure encadrante, cadre interne de l'analyste, pensée clinique, double transfert, métapsychologie des limites, figures de la tiercéité et fonctions objectalisante et désobjectalisante. Nous cherchons à démontrer que la notion de cadre condense inévitablement les aspects intrapsychiques et intersubjectifs qui sont en jeu dans la relation analytique, en contemplant la dynamique pulsion-objet. À partir de la compréhension des conditions fondamentales pour l'installation du cadre analytique et de la matrice active, le psychanalyste peut modifier les éléments variables du cadre et opter pour le dispositif clinique le plus adapté au fonctionnement psychique du patient. En opposition à l'objectalisation, qui permet la construction du cadre par le duo analytique, nous avons identifié que l'action de la destructivité se manifeste souvent par des attaques dirigées contre le cadre lui-même, comme dans la position phobique centrale et le syndrome de désertification psychique, deux configurations transférentielles caractéristiques des états limites. Ainsi, nous considérons la théorie clinique et la métapsychologie inséparables dans la compréhension des circonstances qui favorisent ou nuisent au bon fonctionnement du cadre analytique, concluant que la pensée d'André Green est une référence importante dans cette enquête.

Mots-clés : psychanalyse, cadre analytique, pensée clinique, fonction objectalisante, André Green

André Green's extensive work is of great interest to the Brazilian psychoanalytic community. Since his death in 2012, new translations of his books have been published (Green, 2017, 2023; Green & Urribarri, 2019), in addition to special editions of scientific journals dedicated to him: *Alter Journal* (v. 30, n. 2, 2012), *Percurso Journal* (n. 49/50, 2013) and *Journal of the Psychoanalytic Society of Porto Alegre* (v. 20, n. 1, 2013). This interest seems to reside in two aspects of his rich production: the seductive complexity of the original concepts he proposed, as well as his refusal to adhere religiously to a single, fundamental theoretical reference.

Part of the originality of the theoretical edifice that Green left as a legacy lies in the historicization of the psychoanalytic movement and the assimilation of the contributions of his contemporaries, not remaining restricted to the knowledge produced in France. The starting point for any of his reflections is, without a doubt, the in-depth examination of Freud's work, a characteristic that, over the last seven decades, has permeated the entire French psychoanalytic movement, regardless of institutional segmentation.

However, Green's unique career is marked by his attempt to articulate Freud's main concepts with those developed by post-Freudian authors. His experience in Jacques Lacan's seminar (between 1961 and 1967) and his exchanges with Wilfred Bion and Donald Winnicott, (which were) facilitated by his travels abroad and his knowledge of the English language, served as a basis. While keeping up to date with international conferences and publications, Green was part of a unique moment in the history of French psychoanalysis, establishing a fruitful dialogue with members of various psychoanalytic institutions (such as the *Paris Psychoanalytic Society*, of which he was a member, the *French Psychoanalytic Association*, and the *Fourth Group*) and with psychoanalytically inspired mental health institutions (the *Pierry Marty Institute of Psychosomatics*, the *Association for Mental Health* of the 13th arrondissement of Paris, and the *Jean Favreau Consultation Center* of the SPP). Among the illustrious interlocutors with whom he established intense ties of collaboration, friendship or rivalry are Jean Laplanche, J.-B. Pontalis, Didier Anzieu, Pierre Marty, Guy Rosolato, Jean-Luc Donnet and Jean-Claude Rolland¹.

Some analysts refer to the endeavor Green is part of as *transmatrix* psychoanalysis. (Figueiredo & Coelho, 2018), Psychoanalysis of the post-Lacan generation (Urribarri, 2017), or even, as stated in the title of books written by or about Green, "contemporary psychoanalysis" (Green, 2005, 2012; Urribarri & Green, 2013). Green (1994) prioritizes some key concepts in structuring his authorial production: the drive in Freud, the signifier in Lacan, thought and the alpha function in Bion and transitionality in Winnicott.

However, one should not confuse the plurality of references that make up the background of Green's reflections with unbridled eclecticism. He remains firmly Freudian, seeking to avoid slipping into the idolatry of the canon. His idea would not be to return to Freud, especially because the articulation between the intrapsychic and the intersubjective, which seems to him to be a priority, is not sufficiently addressed by Freud and requires comparison with other, post-Freudian thinkers (Green, 2002)². A term used by Green (2000) is to recontextualize Freud in light of issues that perhaps he had not addressed. In other words, Freud would be "a retrospective reference" (Green, 1994, p. 183) that would help analysts to situate themselves in the present.

In the face of a vast and robust project such as that undertaken by Green, it is necessary to choose some points to guide the approach to his texts, selecting the magnifying glass from which these numerous writings will be read. Our assumption is that many of his most relevant original concepts seem to orbit around how the author conceives the analytical framework. We also suspect that this conceptual operator makes some of Green's ideas, which may seem complicated or very specific, more intelligible, since we realize how closely they remain close to clinical issues, preserving their operability and relevance.

We believe in a work that dissociates Green's epistemic figure from an author to be read exclusively as a reference for the so-called *difficult* cases, or what he prefers to call limit cases and states or non-neurotic structures. In this article, we intend to refer to the analyst's daily practice, seeking to locate the intrapsychic, intersubjective, theoretical and technical conditions for the construction and installation of the analytical framework. Without this perspective, it would not be possible to understand why the analytical framework eventually falters with certain patients.

In the French tradition, the term *enquadre, cadre*, is preferred to the English word *setting*, described as the set of conditions that make the practice of psychoanalysis possible (Green, 2005). This is a word widely present in current French vocabulary, meaning context, scope or environment, and is also used to designate the frame of a painting, an executive position or the structure of a bicycle or a bed. In all these definitions, what appears in common is the idea of something delimited by lines and demarcations, whether concrete or subjective, visible or metaphorical. These elements are equally present in the psychoanalytic conception of *enquadre*.

The analytical framework is, above all, the site of transference (Green, 2007). Green (2013) locates the invention of analysis precisely in the invention of the analytical framework. According to him (Green, 2007), there would be a double origin of the conceptualization of the framework as such, which belongs to the field of post-Freudian formulations: Winnicott's setting and Bleger's framework.

We will focus on a brief exposition of some of Bleger's (1966) contributions, which drew attention to the need for a constant and consistent framework to enable the understanding of the process that develops within it. Combined, then, the analytical framework and the process constitute the analytical situation. For the Argentine author, the framework "would correspond to the invariables of a phenomenon, a method or a technique" (Bleger, 1966, p. 103), and includes the analyst, the spatial, temporal, technical and methodological factors. The framework, in his words, functions as a "non-process" (Bleger, 1966, p. 103), the frame within which the process is contained, this being translated by the set of variables analyzed and interpreted by the psychoanalyst. Reading Green, we also identify another possible influence of Bleger (1966, p. 104): the "problem of the 'rupture' or 'attacks' on the frame", or of the frame as a repository of what cannot be expressed in the analytical process. In these cases, the question of the frame overlaps with that of the process, and the frame itself will be analyzed.

¹ Both Green's influences and the dialogues established with his contemporaries are studied by Green (2013), Pirlot (2015), and, in Brazil, Candi (2010) and Canelas (2013).

² Green, A. (2000). Conference held at the Brazilian Society of Psychoanalysis of São Paulo, recorded on video. Personal collection.

Additionally, we argue that the interest in using the word framing is justified by the relationship it establishes with the intrapsychic processes of the analytical pair, linked to two other concepts coined by Green: framing structure and the analyst's internal framing. The point of intersection between the intrapsychic and intersubjective will also be studied in the second topic, in which we will discuss the role of the analytical pair's drive investment in the creation and maintenance of the framing. Next, we will mention some of the figures of thirdness contained in the idea of analytical framing. Finally, we will highlight the situations in which the deobjectifying function and disinvestment put the framing in check.

The Analytical Framework and Its Matrices

With texts such as the famous conference given in 1974 entitled "The Analyst, Symbolization and Absence in the Analytic Framework" (Green, 1990), the author outlines a type of theoretical activity based on the recontextualization of classical concepts and the creation of new ideas, aiming at the attempt to sustain a clinical practice full of impasses. In this text, in addition to presenting his conception of limit states in a very schematic way, Green relates it directly to the limits of establishing the classical analytical framework in clinical practice with certain patients.

For Green, the main function of the analytical framework would be to "receive and create significant investments" (Green, 1995, p. 246). This function is only exercised, under certain conditions and parameters, when there is constant maintenance of an invisible framework³. We see this adjustable framework as capable of being calibrated by the psychoanalyst in charge of it. While there is a certain malleability in the handling of the framework by the analyst, some of the elements that compose it are non-negotiable. In what way do Green's teachings allow us to embrace the necessary modifications of the framework in our respective professional insertions, without having to neglect the fundamental pillars of psychoanalytic practice?

Firstly, we point out that the author considers that the analytical framework would be founded by its active matrix (Green, 2005), composed of the dialogic duo of free association of the patient/floating attention and benevolent neutrality of the analyst. The active matrix is related to the pact that, for Freud (1940/2014, p. 89), sustains the analytical situation: "total sincerity [of the patient], in exchange for absolute discretion" on the part of the analyst, together with his technical knowledge, which enables him to interpret the material contained in the patient's discourse.

Along with many of his French colleagues⁴, Green (1995, 2010) places great emphasis on the fundamental rule, a rule he considers paradoxical, given that it is already known in advance that it will necessarily be transgressed by the patient. "Say whatever comes to mind," because for an analysis to occur, it is enough that such guidance be "sufficiently" (Green, 2010) followed. In any case, "all analysis rests on the analyst's ability to apply the fundamental rule" (Green, 2010, p. 56) to some extent. In the session, under the action of the active matrix of the framework, the psychoanalyst's freely floating analytic listening complements the free association resulting from the patient's internalization of the fundamental rule, transforming an "ordinary conversation into metaphorical discourse" (Green, 2010, p. 60).

We understand that the maintenance of this active matrix is independent of the context in which the analysis occurs or the type of patient treated, since it is mainly based on the internal framework of the analyst (a concept that we will explain later) and on how his/her analytic listening is associated with his/her clinical thinking, regardless of the mode of associativity (Roussillon, 2009) predominantly presented by the patient. In other words, the active matrix allows the analyst to *remain an analyst* even in contexts different from those in which Freud supported his teachings. Green believes that it is perhaps the marker that brings psychoanalysts closer together in their clinical practices, regardless of institutional affiliations or theoretical preferences (Urribarri & Green, 2013). The framework is also characterized by the contract according to which its variable elements are defined (Green, 2005)⁵ or its variable fraction (Green, 2002), which correspond to the frequency of sessions, their duration, the choice of device (face-to-face, couch-chair, analysis of children, therapeutic monitoring, group analysis, psychoanalytic psychodrama), the payment method, etc. This is the most material and literal aspect of the "pact" established between patient and analyst (Freud, 1940/2014). Ideally, the regulation and consistency of these variable elements would provide a favorable terrain for the good functioning of the active matrix. In this context, we see that there is a greater possibility of adapting the framework according to the specificities of the patient's psychic functioning and the sociocultural context in which he or she is inserted (practice in the office or work in an institution, for example). The precision of the regulation of the variable elements of the framework is based, as we will see in the next topic, on the internal framework of the analyst and his or her clinical thinking.

Even though Freud left many of the more specific questions regarding psychoanalytic practice relatively open (Chervet, 2017), when we revisit part of what he proposed more explicitly (Freud, 1913/2017), we notice a mismatch with the psychoanalyst's work in 2023. We can imagine that the analysts were called upon to create new frameworks so that their

³ We borrow the word framework from Bleger (1966).

⁴ We cite as an example the collective publication organized by Chervet and Donnet (2014).

⁵ The term variable used by Green should not be confused with what Bleger (1966) develops about the invariables of the framework, without which it is not possible to investigate the process variables. Here, Green speaks of elements that are variables when taking the classical psychoanalytic model as a basis.

respective clinical practices could be contemplated. These changes appear both in terms of the variable elements and in the understanding of the functioning of the active matrix: Ferenczi and traumatized patients; Klein and the analysis of children; Winnicott and therapeutic consultations; Bion and psychotic patients; Anzieu and Kaës in their work with groups; Lacan and logical time; Marty and psychosomatics; Green and borderline states.

We believe that the installation of the frame is a process that occurs, at the same time, explicitly and silently, on the conscious, preconscious and unconscious levels, for both the analyst and the analysand. The frame circumscribes a scene in which the transference can occur, inaugurating a new way of using language in its different modes of expression. In this way, it encompasses the analytical method, allows its operability, regulates it and makes the transference analyzable.

Framing Structure, Analyst's Internal Frame and Clinical Thinking

Framing structure has been revisited several times over the years (Green, 1983, 1995, 2005, 2012; Urribarri & Green, 2013), directly linking to other important Greenian concepts. We will present a summarized version of what we consider essential in this collection of texts and how this relates to clinical practice. In general terms, the framing structure composes the matrix of singularity and primary narcissism, is circumscribed by the internalization of the negative hallucination of the primary object⁶ and provides support for any and all subsequent objectification (Green, 2005; Urribarri & Green, 2013). In the unfolding process of separation between the baby and the adult who acts as caregiver⁷, the “normal” negative hallucination allows the primary object to be erased without it disappearing completely. It constitutes a first representation of the absence of representation, from which the framing structure can be configured as a container of the representative space (Green, 1983). At this early stage, while the face and smile of the primary object are likely to disappear, what counts “are the traces of the framing that represented contact with its body” (Urribarri & Green, 2013, p. 52). In the genesis of this process, Green (Urribarri & Green, 2013) identifies the traces left by contact with the body of the primary object as those responsible for the installation of a setting (*cadre*). We recover the understanding of the word *cadre* in the sense of frame, since the aspect of support is important, as in handling and in the Winnicottian holding.

Negative hallucination and the construction of the framing structure give way to the potential for resorting to the hallucinatory fulfillment of desire (a “positive” hallucination), through which the baby reinvests the trail left by the traces of satisfaction, strongly marked by corporality. This structure, whose edges are drawn from the framing provided by the primary object, begins to function as an empty space, where representations can be born. Hence the formula: “the psyche would be the effect of the relationship between two bodies, in which one of them is absent” (Green, 1995, p. 70).

Thus, we observe that the empty space contained by the framing structure is closely linked to the origins of symbolization. Representation arises from the absence of perception, since the first representations do not arise without the object, which was once present being able to be absent. The possibility of replacing the investment in a lost or absent object, redirecting it to other objects or creating new objects, also depends on the framing structure (Green, 1995). For the object of the drive not to be stagnant, there must be a multiplicity of potential investments, configuring a work of permanent renewal.

The analyst's internal framework, in turn, is internalized by him throughout his own analysis and clinical practice with his patients. This internal framework helps him to keep the psychoanalytic practice operational even outside the classic couch-armchair device, preserving his clinical thinking in contexts other than that of classical analysis (Green, 2002).

When we speak of clinical thinking⁸, we refer to a particular way of thinking and rationality of the psychoanalyst. An example of the manifestation of clinical thinking concerns the moments in which the reading of theoretical writings awaken, in the analyst, associations and ideas referring to his/her patients, even when there is no explicit mention of the clinic. However, clinical thinking “can be optimally apprehended in the space-time defined by the analytical framework” (Green, 2002, p. 27). This dynamic and heterogeneous thinking would not only be responsible for listening to psychopathological structures, but for observing their “transformations, positive or negative, spontaneously or as a result of the treatment” (Urribarri & Green, 2013, p. 60).

Framing structure and internal framing intersect in the encounter between the intrapsychic and the intersubjective, says Green (Urribarri & Green, 2013). After all, the framing structure will be “rediscovered” in the analytical framing and thanks to it (Pirlot, 2015). While the framing structure guarantees singularity and differentiation concerning the other, the internal framing of the analyst allows him to be open precisely “to the singularity of the other” (Urribarri & Green, 2013, p. 73, our emphasis), that is, to the different modes of associativity presented by the patients. He may then be compelled to propose a rearrangement of the variable elements of the framework, leading to frameworks that are probably different from the one he experienced in his analysis.

⁶ We prefer to use primary object rather than the word mother, present in Green's original text (2005). The term primary object is also widely used by the author in the same text.

⁷ Green (1983, p. 275) speaks specifically of the “maternal object”.

⁸ Minerbo (2016) dedicates a chapter of his book *Dialogues on Psychoanalytic Clinics* to the concept of clinical thinking, not remaining restricted to Green's definition.

As we understand it, the analyst's internal framework supports clinical thinking and allows it to adapt to different devices. It allows the analyst to maintain his or her personal analysis experience as a possible, but not exclusive, reference. We understand that the analyst's internal framework will be, for example, responsible for managing technical aspects such as modulating the analyst's silence and his or her interpretative activity, maintaining permanent communication with clinical thinking (Franco & Kupermann, 2020).

These three concepts, in which variations of the word framing are present, reinforce that, in Green's theory, the process that unfolds in analysis is strongly linked to what happens on the intrapsychic plane. Analytical framing depends on the analyst's internal framing and a minimum of operationality of the framing structure in the patient, so that the latter can objectify the analytical framing. We will continue the theme of drive investments and the intrapsychic/intersubjective overlap below.

The Analytical Object Created and Traversed by Drives

Green (2002, 2012) does not fail to emphasize the implications of the somatic anchoring of the psyche, which produces a force initially dissociated from meaning. Before being psychically represented, the drive consists of somatic excitation, and requires psychic work to establish itself as such. While the force that comes from the drives can attribute movement to the dynamic processes that make up an analysis (transference, repetition, repetition compulsion), it needs to find an object through which it can follow its paths of expression. Passing through the object is the indispensable condition so that there is a transformation of the quantitative (pressure of instinctual movements) into qualitative (production of meaning and work of representation).

For Green (1995), drive is not only a boundary concept between the somatic and the psychic; it also exists on the border between subject and object. Intersubjectivity, in Green's logic, is present at the heart of drive activity, since, paradoxically, somatic excitation cannot be transformed into drive without the object, and the object cannot be created without drive investment. In Green's view (2002), we could identify such a relationship in the primordial bond between baby and primary object: the psyche of the primary object (therefore its intrapsychic) is called upon (intersubjectively) to appease the tension caused by the baby's helplessness (intrapsychic).

The double limit model itself (Green, 1990, 2002) intersects these two dimensions. Two lines intersect: one, horizontal, separates the inside and the outside, while the other, vertical, divides the conscious and the unconscious. The intrapsychic is inside, the intersubjective is between the inside and the outside. The object is in the internal space between the conscious and the unconscious and, in parallel, on the outside, under the guise of the other subject.

The inseparability of the drive and the object leads Green (2012) to conclude that the framework would be a field of forces. In order for there to be a return to oneself, there must be a deviation through the other (the analyst) (Green, 2002). The analytical framework would not only reproduce already existing object relations but would allow the emergence of new object relations. The analytical object (Green, 1990) emerges as a third object between analyst and analysand, a new object inserted into the potential space of analysis. Now, if the object is, at the same time, it reveals the drives and is created by them, the analytical object that can emerge in the framework also serves as support for the drive movements of connection and disconnection, investment and disinvestment.

In objectalization (Green, 1995) – which, as we have seen previously, depends on the framing structure –, each and every structure is transformed into an object, and can be invested by life drives. Some examples of psychic processes that acquire the status of object (concerning how they are invested) are representational and thought activities, language, dream work and mourning. In analysis, for there to be an analytical object and transference, objectalization must perform its function of investing the analytical frame. Conversely, deobjectalization (Green, 1993) directs death or destruction drives to structures with an objectal character, removing their investments, attacking the very process of objectalizing libidinal investment.

In an attempt to create theoretical-clinical resources that encompass what is at stake in this field of forces, where the intrapsychic and intersubjective planes are permanently tensioned, Green (2005) breaks transference into two aspects: the so-called double transference. One of them is the transference onto the object, governed by primary processes. This is the transference itself, on the intersubjective plane. In the transference onto the word, secondary processes intervene so that psychic events are transformed into discourse, translated into language. While this second type of transference occurs on the intrapsychic plane, the transference onto the word never ceases to have an intersubjective dimension, since it depends on being addressed to an interlocutor. Under the tutelage of the framework, the analytical communication arising from the transference onto language makes it be spoken differently. However, Green (2005) emphasizes that discourse cannot account for everything that happens on the plane of transference onto the object.

From the perspective of the Greenian concepts, we conjecture that it would be possible to break down analytical listening into two dimensions, which occur simultaneously. Analytical listening must include resources to encompass two planes considered by Green (1994): significance and meaning. Significance refers more directly to what can be learned from listening to the signifier, to language itself, a field that we relate to the concept of transference onto the word.

Everything that language does not include would be in the order of meaning, or transference onto the object. When these two dimensions are contemplated, the movement of a session is considered, a musicality dictated by the economy of affects and the expression of double transference⁹.

Thus, when we talk about analytical work, the intrapsychic and intersubjective dimensions always go hand in hand. In his sophisticated metapsychology of the analytical framework, Green links the concepts that map the functioning of the interior of the psychic apparatus to the dynamics of object relations. His reflection elucidates which processes would make an analysis possible or impede its functioning.

Thirdness in the Analytical Framework

Green also proposes to catalogue in detail various figures of thirdness¹⁰ at an intrapsychic level and in analytical work. One of these perspectives corresponds to the idea of the analytical object, already mentioned. It emerges as a third, formed by the intersubjective encounter of the discourses of the analyst and the patient, in the “potential space that exists between the two, delimited by the frame that is broken at each separation and reconstructed at each meeting” (Green, 1990, p. 103). Next, we will mention two more figures of thirdness, aligned with what we have discussed so far.

The idea of double transference has a paradoxical dimension. While movement along the regressive path is necessary to reduce censorship and respect the fundamental rule that would result in free association, the act of freely associating does not cease to represent a form of expression of psychic reality through language, which necessarily implies a redirection along the progressive path. Language itself already has a third function, referring to a set of socially shared codes. But how can we understand the peculiarity of the use of language in analysis, relating it to the phenomenon of double transference?

Tertiary processes (Green, 1995, 2005) are responsible for promoting fluid connections between primary and secondary processes. They correspond to one of Green’s figures of thirdness precisely because they do not exist autonomously but are the result of the process that unfolds thanks to the analytical framework. When we think of the double transference, diffracted between word and object, we refer to a double transference investment that depends on tertiary processes.

Psychoanalytic discourse is only fruitful when primary and secondary processes are switched on, off and on again in a “back and forth” (Green, 2005). We are once again in the field of the session movement, mentioned in the previous topic. Tertiary processes ensure that, in the context of analysis, the patient’s thinking does not slide either towards fragmentation (due to the absence of secondary processes) or towards excessive rational control (due to the absence of primary processes) (Green, 1995, p. 151).

Another matrix of thirdness in the analytical framework is related to the internal framework of the analyst and his/her clinical thinking. While Winnicott seems to advocate the role of the setting in reproducing the care of the primary object, Green also emphasizes the third function exercised by the framework itself. It intervenes between analyst and analysand as a previously established convention to which both are subject (Green, 2000). Ideally, the framework preserves the implementation of the fundamental rule, the prescription of the analyst’s benevolent neutrality and the abandonment of suggestion, fulfilling the function of regulating the “inaccessibility of the object of transference, [the] impossibility or [the] prohibition of using the analyst in order to satisfy one’s own desires or to serve those of the analyst” (Green, 2012, p. 23).

Regarding thirdness, we can theorize the analytical framework as a potential space of creation (analytical object, tertiary processes, symbolization process). At the same time, it is traversed by third elements that triangulate the relationship between analyst and analysand (the other of the object, the analytical method, the very concept of framework with its active matrix and its variable fraction).

The Infiltration of Destructiveness into the Analytical Framework

As a way of concluding our study, we will turn our attention to the aspect of destructiveness that is directed at the analytical framework itself and the deobjectalizing function in this context. If our focus up to this point has been to examine objectification, which allows the creation and maintenance of the analytical framework by the joint action of the analyst and the analysand, in this topic we will refer to that which boycotts it. Since the innovative approach to the action of destructiveness in the analytical framework constitutes one of the flagships of Green’s work, we will focus only on what is close to what we have presented so far. We will not discuss the theoretical-clinical developments regarding white psychosis (Donnet & Green, 1973), the dead mother (Green, 1983) or primary anality (Green, 2002).

Once the framework has been established according to the patient’s psychic functioning, the conditions for the expression, listening and interpretation of the transference dynamics are in place. Green (2012) even refers to the framework

⁹ We found a parallel with the qualitative and quantitative aspects of the analysis indicated by Ferenczi in his conception of *neocatharsis* (Kupermann, 2019).

¹⁰ Delourmel (2005) and Coelho (2015) offer an in-depth review of Green’s concept of thirdness.

as a laboratory, revealing “how intrapsychic and intersubjective relationships become entangled” (Green, 2012, p. 24). In line with the ideas already presented, we can think that this analytical laboratory does not always culminate in successful experiments. After all, the framework can reveal the impasses in the construction of the patient’s framing structure and the toxicity of their object relations. Green vehemently adhered to the principle that there should always be room to discuss the disappointments of the psychoanalytic clinic (Green, 1994, 2006, 2010).

He categorically states that, often, the failure of the classical framework would be a reflection of the patient’s own difficulties in functioning (Urribarri & Green, 2013). The couch-armchair device, whose shape is inspired by the dream-dream report paradigmatic axis, ceases to function as a favorable vehicle for promoting psychic work in the patient, requiring a rearrangement of the variable elements of the framework. Supported by Green (1990), we identify that the regressive path seems to be felt as particularly dangerous in these cases, and the patient ends up taking the elements that make up the active matrix of the framework and its variable fraction as potential enemies. If in classical analyses the framework tends to appear silent, the work with borderline cases revealed the need to consider the framework itself as an object of analysis (Green, 1990). Here, we rediscover much of what had already been highlighted by Bleger (1966).

Although these noisy manifestations and attacks on the framework are not absent in classical analyses, difficult cases would demand intense and permanent psychic work on the part of the analyst, in order to mobilize strategies so that the framework can be protected from the frequent threats that hang over it. We are faced with patients who exert constant pressure against the analytical framework (Green, 1990), pressure that extends, of course, to the analyst. For us, this issue is crucial, given that Green’s ideas about borderline states allude more to clinical experience than to psychopathological or psychiatric classifications (Green, 1998).

The framework “therefore allows the manifestation of the analysand’s private madness” (Green, 2012, p. 24). For Green (1990), only the framework reveals private madness, which occurs at times when it seems to be at risk of “cracking, fissuring, breaking” (p. 375). It would not be possible to address private madness without localizing it within the processes that unfold within the analytical framework, as there is no point in evaluating Greenian transference frameworks without considering the framework in which they are inserted.

The first point of tension is located in the economy of the limits that make up the double limit (Green, 1990). This results in an overwhelming feeling of invasion, whether through the extrapolation of the limits between the psychic instances (of the first and second topics) or between the inside and the outside. The patient is not always able to identify the origin of this invasion. The anxiety of intrusion and the anxiety of abandonment, very pronounced in borderline states (Green, 1998), can have an equally undifferentiated character, revealing the insufficiency of transitionality. The dynamics of the framework make these issues even more evident, resulting in damage to the patient’s associative capacity. Therefore, “these patients cut off their possibility of thought. From the moment something significant emerges, there is a rupture of the associative bond” (Green, 2006, p. 125).

Green’s description of the central phobic position as an example. Green (2002) specifies a type of functioning that leads to acute negative therapeutic reactions, describing it as a basic disposition of the psyche that results in a generalized inhibition of the ego, often observed in borderline states. The analytical function itself seems to be counter-invested, avoided, as if there were a desire to escape the investigative process promoted by it. The reference to phobia is due to the transposition of the phobic functioning into the interior of the discourse, paralyzing the psyche and, consequently, the capacity to associate freely in analysis.

In an attempt to mitigate the internal (and external) threats we have spoken, this functioning serves the purpose of preventing the traumatic reliving in which the linking of these representations by free association would result. The relationship between traumatic constellations is felt as a distressing invasion by uncontrollable forces, in which the awakening of any of these traumas would enter into an amplifying resonance with another, whose composite image would be unthinkable, because this would trigger unprecedented violence, directed against the patient’s self. (Green, 2002, p. 153)

Mechanisms of this nature had already been studied at other times, such as in the case of the blank of thought (Donnet & Green, 1973) and white mourning (Green, 1983). At the end of his work, this discussion is resumed with the definition of the syndrome of psychic desertification, with emphasis on its relationship with the framework. We have chosen to include a long quote:

[In cases where] we try to establish the analytical framework with patients who are, in fact, incapable of supporting it, we witness functional psychic paralysis caused by the traumatic effect exerted on the psyche when it must allow itself to be carried away by free association. The patient then feels a state of psychic emptiness, a libidinal desert, with the feeling that what we ask of him can only lead him to his emptiness, to an anguish linked to helplessness, in the face of a great danger of disorganization. (Green, 2010, pp. 103-104)

If it is in the framework that private madness expresses itself, we ask about how it would be able to make it less distressing and threatening for the patient. From Green’s perspective (1990, pp. 344-345):

The framework does not only determine the conditions of a workspace; it modifies the economy of boundaries. The closure establishes tensions boundaries between the analysand and the analyst. It forces the analysand to restructure his identity, which is threatened by the intensity of the exchanges, and to constantly monitor the boundaries of his psyche against internal invasion (by drives) or external invasion (by the object) (...).

Under these conditions, the analyst's role would be to ensure that the analytic framework survives. Green (1990) begins to focus on the containment provided by the analytic framework, and not just by the person of the analyst. In his view, it is only through the constancy of this framework that the analytic situation can be isolated, making it impossible for the drive force to discharge itself and ensuring the patient that "these crazy thoughts will not go beyond the limits of the analytic office, that the language he uses to convey them remains metaphorical, that the session will have an end and that another will follow (...)" (Green, 1990, p. 100).

The quotations we selected span from the 1970s to 2010, highlighting the prominent place that the concept of analytical framing occupies in Green's thinking until the end of his work. We argue that the analytical listening of attacks on the framing would be equivalent to the privileged field of investigation for the study of destructiveness in its various forms. The deobjectifying function in a session emerges in a given context, which, in turn, can only exist when the analyst proposes to properly introduce and sustain the analytical framing.

Final Considerations

As a result of our work, we believe we have demonstrated that Green's contributions are not restricted to the discussion of work with so-called severe patients, borderline cases, difficult cases or non-neurotic structures. In order to understand what causes impasses in work with the patients to whom Green frequently refers, it is essential that we first understand the preconditions for psychoanalytic work. Based on the concepts of active matrix and variable fraction, we have verified that such conditions are not immutable, rigid or necessarily dogmatic, but we have also verified that they are not completely random.

In our view, as analysts, we never completely stop referring to the classical analytical framework. Familiarity with the classical framework is precisely what allows us to transgress it while remaining psychoanalysts. We create and play with the derivations of the framework that seem urgent to us. The classical psychoanalytic model would have a third function, so to speak, a regulatory role and a point of reference.

In our understanding, contributions to the study of the analytical framework make up the central core of Green's work, being a common thread that connects some of his main conceptual developments over the years. We are faced with almost six decades of research on the subject. Thus, the concept of the analytical framework is much broader and more comprehensive when we stop privileging only the intrapsychic or the intersubjective, the drive or the object. Green had the merit of elevating this conception to a prominent place, with concepts such as double transference, tertiary processes and framing structure.

Private madness, the central phobic position and the syndrome of psychic desertification, for example, fall within a certain framework. We believe that, when we maintain the analytical framework as the main reference for the discussion of borderline states, we understand that these cases would be borderline above all due to the relationship they establish with the intrapsychic, intersubjective and technical frameworks: the framing structure, the limits between soma/drive/object, the double limit, the limits or limitations of the classical analytical framework, the borderline situations in the framework, the cases at the limit of the analyzable.

Whether from the perspective of the construction of the analytical framework, its maintenance, its adaptations, or the need to protect it from the attacks it suffers, we deal with a topic that is relevant to the practice of all psychoanalysts, at any stage of their respective trajectories. We also believe that the analysis of the framework can be presented as an alternative or a complement to reflections on the countertransference aspects of analytical work, which, for Green (2012), should not be prioritized to the detriment of listening to the transference.

Green's extensive bibliographical production brings to life the most complex formulations of metapsychology, articulating them directly with clinical practice. Theory and technique thus become inseparable, feeding each other retroactively, without hierarchy.

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How to Cite:

Marky-Sobral, P., & Kupermann, D. (2024). The greenian analytical framework: A field of forces from the intrapsychic to the intersubjective. *Revista Subjetividades*, 24(1), e12651. <https://doi.org/10.5020/23590777.rs.v24i1.e12651>

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Recebido: 02/06/2021
Revisado: 20/04/2023
Aceito: 08/05/2023
Publicado: 19/04/2024