

1. Record Nr.	UNINA9910457409503321
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Titolo	Moments of Uncertainty in Therapeutic Practice : Interpreting Within the Matrix of Projective Identification, Countertransference, and Enactment // Robert Waska
Pubbl/distr/stampa	New York, NY : , : Columbia University Press, , [2011] ©2011
ISBN	1-281-96102-7 9786613793218 0-231-52523-0
Descrizione fisica	1 online resource (266 p.)
Disciplina	616.89/14
Soggetti	Countertransference (Psychology) Acting out (Psychology) Projection (Psychology) Psychoanalysis PSYCHOLOGY Movements / Psychoanalysis
Lingua di pubblicazione	Inglese
Formato	Materiale a stampa
Livello bibliografico	Monografia
Nota di bibliografia	Includes bibliographical references (pages 233-238) and index.
Nota di contenuto	Frontmatter -- Contents -- Preface -- Acknowledgments -- Introduction -- SECTION 1. INTERPRETIVE ACTING OUT -- 1. Containing, Translating, and Interpretive Acting Out. The Quest for Therapeutic Balance -- 2. Slippery When Wet. The Imperfect Art of Interpretation -- 3. Interpretive Acting Out. Unavoidable and Sometimes Useful -- 4. Enactments, Interactions, and Interpretations -- SECTION 2. DIFFICULT AND JAGGED. IMPERFECT CLINICAL SITUATIONS -- 5. Kleinian Couple's Treatment. A Complicated Case -- 6. Failures, Successes, and Question Marks -- SECTION 3. THE EMOTIONAL FOXHOLE -- 7. Different Ways of Controlling the Object -- 8. Taming, Restoring, and Rebuilding, or Sealing Off, Burying, and Eliminating the Object. Two Ways of Controlling the Other -- 9. Two Varieties of Psychic Retreat. The Struggle with Combined Paranoid and Depressive Conflicts -- 10. Trapped in an Emotional Foxhole. Coping

Sommario/riassunto

One of therapy's greatest challenges is the moment of transference, when a patient unconsciously transfers emotion or desire to a new and present object in some cases the therapist. During the course of treatment, a patient's projections and the analyst's struggle to divert them can stress, distort, or contaminate the therapeutic relationship. It may lead to various forms of enactment, in which the therapist unconsciously colludes with the client in interpretation and treatment, or it can lead to projective identification, in which the client imposes negative feelings and behaviors onto the therapist, further interfering with analysis and intervention. Drawing on decades of clinical case experience, Robert Waska leads practitioners through the steps of phantasy and transference mechanisms and their ability to increase, oppose, embrace, or neutralize analytic contact. Operating from a psychoanalytic perspective, he explains how to cope professionally with moments of transference and maintain an objective interpretive stance within the ongoing matrix of projective identification, countertransference, and enactment. Each chapter discusses a wide spectrum of cases and clinical situations, describing in detail the processes that invite a playing out of the patient's phantasies and the work required to reestablish balance. Refreshingly candid, Waska recognizes the imperfections of analysis yet reaffirms its potential for greater psychological integration and stability for the patient. He acknowledges the limits and frequent roadblocks of working with difficult patients, such as those who suffer from psychic retreat, paranoid phantasies, and depressive anxieties, yet he indicates an effective path for resetting the clinical moment and redirecting the course for treatment.