

Countertransference Enactment Aspects Of Institutional Treatment That Support Primitive Internalized Object Relations

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Often well camouflaged within the framework of traditional, time-tested techniques this aspect of countertransference may attach itself to our way of listening and thinking about patients, to our efforts at interpretation, to the process of working through, or to the complex issue of termination.

On Countertransference Enactments - Theodore J. Jacobs, 1986

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Countertransference Enactment Aspects Of Institutional ...

In relational psychoanalysis, the term enactment is used to describe the non-reflecting playing out of a mental scenario, rather than verbally describing the associated thoughts and feelings. The term enactment was first introduced by Theodore Jacobs (1986) to describe the re-actualization of unsymbolized and unconscious emotional experiences involved in the relationship between the patient ...

Enactment (psychology) - Wikipedia

It is generally accepted that the countertransference enactment may have valuable aspects that can be discussed between patient and therapist. In the Menninger Treatment Intervention Project 5 , audiotaped transcripts of psychotherapy with patients who had borderline personality disorder were studied by a team of researchers, revealing numerous examples of these enactments.

The role of countertransference in contemporary ...

Abstract. In his seminal paper on acting out, Freud (1914) wrote: "We render the compulsion [to repeat] harmless, and indeed useful, by giving it the right to assert itself in a definite field. We admit it into the transference as a playground in which it is allowed to expand in almost complete freedom and in which it is expected to display to us everything in the way of pathogenic instincts that is hidden in the patients mind" (p. 154).

Useful Aspects of Acting Out: Repetition, Enactment, and ...

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Embodied countertransference - Michael Soth 2004
It is a very remarkable thing that the Ucs. [unconscious] of one human being can react upon that of another, without passing through the Cs...

Opening a Pandora's box, Richard Shur shows how countertransference enactments embedded in the structures and practices of hospitals support injurious forms of treatment. Contemporary psychodynamic thinking makes it impossible to regard these institutional procedures simply as isolated errors. These countertransference reactions, which disguise, ward off, or discharge tensions within the staff, play a crucial role in an institution's psychological equilibrium, undermining therapeutic change. Effective hospital treatment of severely regressed patients demands that staff members contain and psychologically process the highly disturbing emotions, impulses, and anxieties that emerge in this work. Maladaptive responses to primitive tensions can be seen as unfortunate but potentially useful complications of the treatment process. The understanding and skills to be gained in learning to cope with these complications are applicable to a wide range of clinical problems encountered in institutions. Not only can unconscious tensions infiltrate any hospital procedure and transform it into a channel for enactment, but the same is true for any therapy session as well. As Peter Giovacchini describes in his chapter, countertransference enactments also powerfully mold individual treatment.

In this innovative text, Carol Holmes provides students and professional psychotherapists with an historical account leading to the most up-to-date information on the core psychoanalytic concept of counter-transference and the subsequent changes that have occurred in its clinical application. This book uniquely examines the fundamental principles and practice that underpin some of the major schools of psychotherapy including psychoanalysis, existential, humanistic, integrative, systemic and communicative therapy. The author compares the philosophies that underline these diverse schools and explores their precepts in relation to the notion of counter-transference. In contrast to traditional psychoanalytic texts, the counter-transference theme of the book is examined in relation to the biased and contradictory aspect of the concept, and highlights some of the more radical and interpersonal ideas that endorse the relational and complementary qualities between therapist and client. The text offers concise and engaging introductions to the main schools of psychotherapy, and includes interviews and case study analyses from notable practitioners and trainers from these competing approaches. This book will be invaluable for those interested in understanding the importance of the hidden messages that are concealed in our communications.

Throughout the United States and indeed the world, organizations have become places of darkness, where emotional savagery and brutality are now commonplace and where psychological forms of violence—intimidation, degradation, dehumanization—are the norm. Stein succeeds in countering official pronouncements that "all is well" simply because unemployment is low and productivity high. Through the use of symbol and metaphor he gives us access to the interior experience of organizational life today. He employs a form of disciplined subjectivity, based on Freud's concept of counter-transference, and other methods to help us comprehend what such dominating notions as "managed social change" really mean.

This book brings together the histories of a number of psychoanalytically-informed hospitals, and provides a synthesis of the theoretical underpinnings in the institutional practice of each. Of particular interest is how psychoanalysts and psychoanalytically-trained staff working in institutions apply their theoretical understanding, and in what ways the psychoanalytic technique has been modified or adapted to the treatment of individual patients with psychosis and to the workings of an institution in general. Here the institution is the subject of the case study. Institutions that are theoretically orientated to psychoanalysis were chosen and examined, taking into account their various approaches to the treatment. A number of institutional models that are informed by psychoanalysis offer a guide to the treatment and present a version of institutional practice that is different from the prevailing models in psychiatry. This has implications for health services in the current climate of mental health reform.

Booknews: Streaan (emeritus, Rutgers U. School of Social Work) explores countertransference reactions in psychotherapeutic work and allows colleagues to comment on his ideas in separate 'discussion' sections. He argues that therapists need to confront, acknowledge, and analyze countertransference reactions. Contrary to traditional conceptions of countertransference, he contends that it can be useful to communicate countertransference reactions to patients, viewing the patient and the therapist as equals in dialogue. Annotation c. Book News, Inc., Portland, OR (booknews.com)

Clinical Counselling in Primary Care examines the complexities and variety of uses of clinical counselling employed in a medical setting. With an estimated 2 in 3 GP surgeries now employing a counsellor or referring patients on a regular basis, this book tackles key debates head-on. It discusses a range of important clinical issues such as:
* therapeutic framework
* clinical work as part of the greater whole
* the need to develop suitable therapeutic models.
Clinical Counselling in Primary Care looks at possible developments in the future and argues for the improvement of the standing of counselling in relation to other primary care professions.

Suitable for mental health practitioners in a variety of disciplines, this work reflects the theory and clinical practice. It offers chapters, on attachment, relational, and intersubjective theories, respectively, as well as on trauma.

This book shows how contemporary psychoanalytic thinking can be applied in the everyday practice of medicine to enhance the practice of family medicine and all clinical specialties. Dr. Steinberg analyzes his writings over the past 35 years—on psychiatry and family medicine, liaison psychiatry, and mentoring—based on developments in psychoanalytic thinking. Divided into sections based on different venues of medical practice, including family medicine clinics, inpatient medical and surgical units, and psychiatric inpatient units and outpatient programs, chapters illustrate how various concepts in psychoanalysis can enhance physicians' understanding and management of their patients. A concluding section contains applications of psychoanalytic thought in non-clinical areas pertinent to medicine, including preventing suicide among physicians, residents, and medical students, sexual abuse of patients by physicians, and oral examination anxiety in physicians. Readers will learn to apply psychoanalytic concepts with a rational approach that enhances their understanding and management of their patients and practice of medicine generally.

This book explores the life and theories of Michael Balint, who kept alive Ferenczi's analytic traditions in Budapest and brought them to London, where they became a vital part of the Independent Group's theory and practice. Balint's theoretical understanding of regression, 'new beginnings', 'basic fault', as well as his profound impact on medicine, are all described. The work in the Balint groups by general practitioners, psychiatrists, and physicians are explored. Whole person and psychosomatic medicine, championed by Balint, is contrasted with today's more compartmentalised approach to medicine, including the increasing separation of the GP from the family. In the second part of the book Dr Sklar reflects on the complex tasks involved in psychodynamic assessment. Vignettes illustrate the importance of understanding the forces in family dynamics, the value of an early memory and a dream, and the sexual life of the patient. The author argues that Balint's ideas are of particular significance to us today, in our world of quick fixes and the overspecialisation of medicine.

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