

Three analysts thinking about a session

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Summary:

The clinical material is about a child that permanently challenges the analyst, making him feel upset and uncomfortable. The way the patient expresses the analyst his dramatic situation is through violent and uncontrolled behavior. The analyst tries to understand and content a patient that can not, at that moment, think.

Descriptors:

Aggression, containment, thinking, childhood.

Summary:

The panelist discusses the clinical material by taking two concepts as starting points: the concept of "field" (of Baranger) and the concept of "enactment ". Wondering how it manifests in the transference (from the clinical material) that two-person unconscious fantasy, that involves the concept of field. She says that can be detected in the "brave" behavior of the analyst, an unconscious motivation as desire to heal and relieve the patient of a deep narcissistic depression and isolation. The analyst does it through an enactment, assuming behaviorally fragile aspects of the patient, specifically their feelings of exclusion. The limits depend on the personal limit of tolerance of each analyst. The patient has a tendency to go to more primitive levels of communication, linked more to action than symbolization, denying his feelings of exclusion, by possessiveness behaviors that erase the distance and differentiation of the other. The field is then, one of sadomasochistic type, because of the patient's tendency to possess and torture the other.

Descriptors:

Concept of field -Enactment- Narcissistic Depression- Primitive level of communication
- Enactment as game- Personal limit of the analyst.

Abstract:

From the reading of a clinical material presented, develops succinctly some concepts that they do to the particularity, such of the infantile analysis as: transference device, to play and to play in transference. Singularity of the clinical case allowed to approach topics as the aggressiveness, the distress, the break of the representation scene, beyond the modesty, the game of voice and the look, between others

Key words:

Game, transference, aggressiveness, super ego, symptom

Summary:

Dr. says the clinical material conjured up the idea of supervision, and in that case he would recommend the analyst to continue doing as he has been doing with the patient. The way in which the analyst allows the patient to use his body, it is beneficial for the patient, because he is acting (acting out, not playing) certain basic needs that could not achieve very well in his early development : the attack - force -excitation expressed towards the mother's body have not been accepted. What allows this process is that the analyst does not respond with retaliativas behaviors. According to Dr. is not possibly the patient expresses it symbolically before it occurs specifically with the body. There is no way to prevent the patient to act, is not possible to force him to bring this material into symbolic form, it must first be acted. The analyst should, quite firmly, defend the limits of the frame, because within those limits will appear, quietly, symbolic life and will decrease the prevalence of acting.

Descriptors:

Use of the analyst's body - Acting- out- Frame defense - Symbolic life - Negative attachment link - Negative conception limit.