Creative Clinical Cases in Current Literature: Contemporary Freudian Positions

*Note: The course will vary from year to year depending on what’s published in journals at the time (within two years) of the course.*

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In today’s context of thinking about intersubjective processes, reverie, fields and primitive mental states, how are creative contemporary Freudian analysts really working? What actually defines the contemporary Freudian clinical stance? Which core ways of thinking most central to our Freudian roots have endured, how have they evolved, and which remain the subjects of our current, actively engaged theoretical and clinical conversations? This course will examine the ongoing fleshing out of contemporary Freudian-rooted clinical work, by delving into challenging and creative cases presented in our most recent journal literature. The aim is to understand the continuities and creativities that characterize analysts who view their work as rooted in a synthetic Freudian stance. How do these analysts work? How are our theoretical concepts and current debates actually utilized in today’s clinical thinking? We will consider clinically-focused papers published in current issues of psychoanalytic journals, and study how the analytic work presented in these papers reflects both new and enduring approaches to themes that are core to psychoanalysis, such as:

* Intrapsychic and intersubjective dimensions of clinical process
* The transference-countertransference matrix
* Enduring features of early development
* Internalization and the object relational world
* Technique and the analytic process: interpretation, neutrality, disclosure, etc.
* Psychosexuality and the body throughout life

For each week, additional readings may be recommended, in order to provide an added context for the paper under consideration, and in order to allow students to pursue the topic further on their own.

**Weeks 1 and 2: The Analyst’s motivations and discomforts, and treatment failures**


An analyst discusses her motivation for doing analytic work, her countertransference difficulties, and her doubts in examining a case she considers to have been a failure. The patient is conceptualized as a person for whom being in a relationship experienced as helpful is intolerable, and the analyst discusses the
considerable challenges this raised in the analysis and in extensive post-analytic contact. The following articles respond to Chused’s paper, addressing the analyst’s use of aggression (Abbasi,) desire, trust, and disappointment (Wilson,) enactments within the transference-countertransference matrix (Zimmer,) and identification. There is a collective exploration of (and not unanimous agreement with) Chused’s depiction of her case as a failed one, thus raising for discussion therapeutic goals, anxiety, seduction, trauma, and the self-analytic function.

Abbasi, A. (2016.) Comments on Judith Fingert Chused’s “An Analyst’s Uncertainty and Fear”

Wilson, M. (2016.) The Desire for Therapeutic Gain: Commentary on Chused’s “An Analyst’s Uncertainty and Fear”

Zimmer, R. (2016.) Commentary on Judith Fingert Chused’s “An Analyst’s Uncertainty and Fear”


Week 3: Analytic creativity – eroticism and reverie


This paper suggests that the analyst’s being in a creative mode is an unacknowledged mutative aspect of analysis. The analyst’s creative vitality is conceptualized as a necessary form of analytic eroticism, which is linked to maternal eroticism and to aesthetic engagement. These ideas are vividly presented through the discussion of the analytic treatment of a patient who was in a sense not libidinally alive and who at one point told the analyst: “you seem depressed.” The analyst’s evolving reverie, and the images she offers the patient, present a vitalizing force/process.

Recommended further reading:


**Week 4: Elaboration and working through in the face of the unrepresentable, excess, early trauma**


This paper discusses two clinical cases involving the experience of unrepresentable excess and flooding/withdrawal. The analyses involve bringing together affect, representation, sensorial experiences, dreams and enactments. The paper emphasizes linking the here and now with the then and there, and links work by the Botellas, Green, and Levine about failure and absence of representational capacities to Freudian ideas about the creation of triadic space.

**Recommended further readings:**


**Week 5: Countertransference, intersubjectivity, the work of the negative**


This paper discusses the analysis of a challenging patient who aroused countertransferring disgust in her current and previous analysts. The analyst discusses the unique inter-relation between herself and the patient, which created a specific transference-countertransference spiral involving the analyst’s own painful traumatic traces and unanalyzable unconscious elements. Also covered by this Lebanese author is the intrusion and effect of the presence of the political context, war trauma, and après coup.

**Week 6: Working in the transference with the unrepressed unconscious**


Despite its abstract-sounding title, this paper offers a vivid and painfully moving presentation of a very challenging analysis of a severely obsessional man whose deadening obsessionality is viewed in relation to autistic and primitive states related to early loss. This (Israeli) analyst discusses the ‘unrepressed unconscious’ and the need to work in the here and now of the transference to work at nonsymbolic levels of mental functioning. The use of the analyst’s self, and the analysand’s capacity to make use of the analyst are discussed, as well as painful
countertransference related to the analyst's own experience of parental loss and to deadness in the clinical process.

Recommended further reading:


Week 7: Free association, dreams and a focal symptom


This paper discusses free association, use of dream analysis, conflict, and the specific symptom of premature ejaculation to illustrate the complex, integrative analytic process that, at each and every moment, entails a consideration of the transference-countertransference even while focusing on the content of dream/fantasy. Thus, the paper addresses classical Freudian ideas in the context of a treatment conceptualized in intersubjective terms, illustrating a way of working that is both/and, rather than either/or. It allows for consideration of how work with specific symptoms and the fantasies from which they arise does not exist outside of the transference-countertransference, and the complex intertwining of symptoms, dreams, affects, fantasies, and character traits in an analytic process, in this case, with an analysand returning to analysis years after successful termination.

Recommended further reading:


Week 8: Transgenerational transmission of trauma and the countertransference


This paper presents extensive verbatim material from a second analysis of a child of Holocaust survivors dealing with paternal death, a break in paternalized representation, and identification with the father’s disavowed aggressive aspects. The analyst discusses countertransferential difficulties related to her own traumatic past, and works to understand her emotional reactions to the analysand in relation to their similar traumatic past as well as through unpacking and analyzing a striking moment of enactment.