

# A New Freudian Synthesis

Clinical Process in the Next Generation



Edited by  
Andrew B. Druck, Carolyn Ellman,  
Norbert Freedman, and Aaron Thaler

CIPS  
SERIES ON THE  
BOUNDARIES OF PSYCHOANALYSIS

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# A NEW FREUDIAN SYNTHESIS

**CIPS Series on The Boundaries of Psychoanalysis**

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*We dedicate this work to our loved ones: our parents, who live on in our memories; our spouses, whose love and support we count on every day; and our beloved children and grandchildren, who provide us with optimism about the future.*



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## INTRODUCTION

*Andrew B. Druck, Carolyn Ellman,  
Norbert Freedman, and Aaron Thaler*

In every analysis, we arrive at critical moments, turning points that often occur far along into the work. These moments, which often replay significant traumatic biographical events, define the course of the analysis. They make it real, they actualize the verbal content, and the way in which they are navigated strongly influences the depth and success of the analytic endeavour. In this volume, we see how contemporary Freudian analysts have integrated different currents in Freudian theory and technique to deal with the challenges of these moments. Further, we see how, and why, the fabric of an analysis, the analytic frame within which these critical moments arise, the context that allows for these moments to emerge, is shaped first by the analyst and then by the analyst-patient dyad.

The work presented here demonstrates how modern analysts have translated and retranslated the contributions of analysts on whose shoulders we stand, including Freud, Winnicott, Loewald, Kohut, and others. The editors asked each contributor to show how they, in their unique way, have taken the work of first and second generation theorists and made it their own, specific to the kind of psychoanalytic work that is most often practised today. We see how our authors have deconstructed and then reinterpreted the work

of our predecessors. These authors (representing three generations of analysts) are an out-growth of a series called *Controversial Discussions* at the Institute for Psychoanalytic Training and Research (IPTAR) in New York City. None of our authors had any knowledge of the other contributors' chapters. Thus, we, as editors, were curious to see what contemporary Freudian theory and practice would look like through the lens of these contemporary Freudians.

\* \* \*

The opening chapters provide a theoretical overview, demonstrating the evolution of Freudian theory and the ways in which different founding analysts' work can be integrated. The later chapters, forming the bulk of this volume, translate that frame into clinical process and demonstrate different emphases in contemporary psychoanalytic work. We found that the papers demonstrate how analysts confronted with clinical dilemmas—for example, patients who cannot, for various reasons, use interpretations productively—find ways to address these dilemmas while deepening the analytic process. In this effort, we will see how central elements of psychoanalysis, such as interpretation and the nature of the patient-analyst relationship, have also been deconstructed and redefined as we enter a new century.

As you will notice, perhaps the greatest commonality between the various clinical papers is an intense focus on the subtleties of clinical process. We can see this in different ways. First, there is the discussion of the phenomenology of the patient's conscious experience and shifts in his or her affective state. Many of the analysts write of the mutative effect that results when the analyst enters the patient's conscious, as well as unconscious world, in one way or another. Further, we can understand some of our authors' focus if we take the common statement "I interpreted to the patient that ...". Previous analysts focused on the content of what was interpreted; our authors look at the context of such statements. For example, to whom was the analyst interpreting? Is there a patient capable of appreciating the analyst's perspective, different from that of the patient? What kind of interpersonal action is an interpretation? What is the "meta-communication" in an interpretation? To what extent does it deepen an experiential process, or disrupt it? Why does the analyst choose to interpret at a given moment? From where does the interpretation

come—to what extent is the analyst following the patient’s clinical process and to what extent is the analyst following his or her theory? How much does an interpretation reflect joint discovery by the patient and analyst, and how much does it reflect the analyst finding what he or she believed must be there unconsciously?

Interpretation historically has been viewed as the major mutative factor in psychoanalysis, although its nature and role have been reworked over time by generations of analysts. In this volume, one finds further examination and reinterpretation of the concept and its mutative role. Many authors stress how the analyst offers interpretive space, that is, psychic space within which interpretations can be considered, played with, and taken in, perhaps in a transformed way, by the patient. At one point in time, the analyst offered an interpretation. Now interpretation is seen as something discovered by the patient. It may be an affirmation of the patient’s newly-discovered voice, a statement reflecting the patient’s, as well as the analyst’s, creativity.

As the reader goes through the papers, he or she will see that many of the authors discuss patients with great difficulties in the sense of self, unintegrated self and object states, senses of self that feel false and inauthentic, annihilation fears, and struggles with humiliation and shame. The analysts describe working in an analytic regression that provides the context for emotional connection between analyst and patient, one that is, in a major way, mutative. One quickly sees that certain “classical” elements of psychoanalytic work are understated or missing, such as reliance on drive, defence, resistance, and interpretation. These traditional elements of Freudian theory and technique are not highlighted because, for most of our authors, they are assumed and taken for granted. They are seen here through the prism of a larger context of personal integration. It is this larger context that is highlighted, and traditional elements are subsumed or re-interpreted within it.

What is stressed is a developmental focus: how a sense of authentic self, a developed “mind”, comes into being through the patient-analyst relationship. The analyst is often mostly a “subjective” object whose function is to reflect, affirm, bolster, and participate in some fundamental way in the needs of his or her patient’s psychic structure. It is believed that a more developed mind and authentic sense of self comes into being through a complex and subtle interplay of