



2 To what extent do you privilege dream interpretation in relation to other forms of mental representations?

Response by **Harold P. Blum**

Although there is no longer any 'royal road' to psychoanalytic interpretation, dreams have a valued if not necessarily privileged position in diverse 21st century psychoanalytic thought and practice. I am very pleased to reconsider dreams since the 1975 IPA Congress, London (Blum, 1976).

Theories of the functions of dreams have been controversial; it may be useful to differentiate general functions from applications in clinical work. In terms of their general function, dreams usually represent hallucinatory fulfillment of an unconscious infantile wish (Freud, 1900). In my opinion, dreams do not have a validated protective function as a safety valve or as the guardian of sleep. Dreams could only protect dreaming sleep, approximately 25 per cent of adult sleep.

Dreams have a communicative function (Bergmann, 1966; Ferenczi, 1913; Kanzer, 1955) both in general and in clinical contexts. The dream can be regarded as a private communication, perhaps ambivalently forgotten. In analysis there is a specific motivation to tell the dream to the analyst since the analysand knows that dreams are valued by the analyst as a source of analytic insight. The communicative function of the dream in psychoanalysis is influenced by the particular analyst's attitude toward and interest in dreams, an interpersonal dimension of the analytic process. As a regressive revival, reporting a dream is analogous to a child's telling a dream to a parent. The verbalization of the dream can be regarded as an extension of the secondary elaboration of the dream. The sensory, mostly visual and affective contents of dreams are inevitably modified in their verbalization so that the dream experience cannot be exactly reproduced. Despite narcissistic regression the dream contains representations of infantile object relations, revived in transference. Deep regression in dreams may provide access to pre-oedipal and possibly preverbal mental life (e.g. attachment, separation-individuation, implicit memory). The dreamer tries to evoke a countertransference response to the reported dream, whether told to the analyst or to another transference object. Recent countertransference responses may appear as disguised elements of the day residue of the analysand's dream. Analysts may recognize countertransference in dreams about their analysand, as in Freud's (1900) specimen dream about his patient, Irma.

We are now more aware of the attitude of the dreamer toward the dream, e.g. as a gift to the analyst, a magical message, or a disowned foreign body, etc. The dream itself may represent any object, part object, the body, self, or self-state. That a particular dream among many is recalled and reported attests to the significance of the fantasies and memory fragments that emerge.

The manifest content of the dream is no longer regarded as simply the envelope for the hidden latent content. Meaning may usually be gleaned from the surface downwards; unconscious fantasies may escape censorship

and surface in the manifest content of dreams. First, dreams of overt incest, murder, suicide, cannibalism, the undisguised analyst, etc. have all been studied for possible special implications regarding prognosis, diagnosis and clinical course. All aspects of the dream are significant for the understanding of the dreamer and dream, including the sequence of associations before as well as after the dream report, a dream sequence, profuse dreams, a dream's affects or mood, the patient's history and phase of analysis. Patients vary in their capacity to recall, associate to, and analyze dreams. Dreams of patients with ego deficits or developmental arrest, or confusion of dream and reality, may inform the analyst without being presently useful to the patient.

Dreams have often been particularly illuminating in my analytic work, including analyzing resistance to dreams and dreams as resistance. "Even the unintelligible dream must be a valid psychical act ... which we can use in analysis" (Freud, 1933, p. 9). Two vignettes follow, illustrating the clinical utility of dreams.

The interplay of fantasy and reality in analysis can be observed in dreams in which unconscious fantasy has been evoked by experience inside or outside the analytic situation. A female adult patient dreamt her father was fondling her breasts; she awakened startled and scared. Assuring herself that it was her husband sleeping beside her, she had the insistent thought that she must tell this dream to her analyst. Her analyst was the transference father figure who was both the object of and protection against incestuous fantasy. The patient thought that her bust might have brushed against her father's chest as they danced at a recent wedding. She recalled imagining, as a little girl, that she would marry her daddy and be a better wife than her mother. The dream was evoked by contact with the original object as well as unconscious erotic transference-countertransference fantasy. The interpretation of the overtly incestuous dream promoted a much greater sense of conviction about the patient's conflicts over incest than had analytic work with other data. (One picture is worth a thousand words.)

The traumatic dream, the nightmare, incorporates a more or less disguised or partial repetition of past trauma. Nightmares may attempt reparative mastery of trauma for both patient and non-patient. Severe, horrifying nightmares can miscarry in their repair function, almost incurring re-traumatization. Paradoxically, the nightmare may spur ego mastery and sublimation when the overwhelming anxiety subsides, particularly through interpretation in therapy.

After no reported dreams in two years of treatment and protracted silent resistance, a young adult patient recalled a terrifying, bloody nightmare in which his cat was beheaded. The nightmare crucially recapitulated cumulative childhood trauma. His bipolar mother had recurrent bouts of psychotic depression, with mute, moaning withdrawal. His mother had 'lost her head', and in transference he shifted between himself or me representing the silent, crazy, castrated mother. While blaming himself for her depressive collapse, and his failure to repair her, he was frightened of his maternal transference rage and hate. This first dream could not have been analyzed without prior analytic work and knowledge of his borderline

character and history. Working through his nightmare's unconscious fantasy system included retrieval of painful memories and reconstruction of a tormented childhood.

Multiple dream functions and meanings have been proposed since Freud's formulations (Fiss, 2000). Neuroscience holds promise, but the psychology of the dream is in a different domain of discourse. Intriguing propositions such as implicit memories in dreams facilitating matching of recent and past memories, new learning, or solving problems and providing creative solutions, or dreaming sleep correlating with developmental plasticity, etc. are all subjects of ongoing dream research. The functions of dreams and dreaming await further clarification and confirmation.

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The Unconscious

What is your theory of unconscious processes? What are other theories that you would contrast with your conceptualization?

Response by **Giuseppe Civitarese**

The two pillars of my conception of the unconscious are Bion's notion of waking dream thought and his radically social vision of the birth of the subject. We dream not only at night but also during the day. A set of mental operations that are unknown to us, which Bion called the α -function, constantly alphabetize the crude sensory and emotional stimuli (or β -elements) received from the environment in which we are immersed, and transform them mainly into visual images (α -elements). These absolutely idiosyncratic pictograms are in a form that can be readily memorized and are used for dreaming and thinking. In order for the subject to be awake and conscious, as well as to learn from experience, a whole series of stimuli must previously have been conscious and, after processing by the α -function, have been "unconscious" (Bion, 1992, p. 353). If the α -function is deficient, undigested accumulations of β -elements may give rise to pathologies of various kinds.

A child is born with a rudimentary *consciousness* (α -function). It feels stimuli but is unaware of itself. It perceives without understanding. This "rudimentary consciousness" (Bion, 1967, p. 117), Bion notes, "is not associated with an unconscious. All impressions of the self are of equal value; all are conscious. The mother's capacity for reverie is the receptor organ for the infant's harvest of self-sensation gained by its conscious" (*ibid.*, p. 116). This