Looking at Freud's Dream Theory Today

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Einstein's general theory of relativity was published in 1916 a century ago. It is a very successful theory that helps us understand a great deal about gravitation and cosmology, verifiable both through observation and experiment--including recent work on the existence of gravitational waves, first detected in 1915. I would propose that Freud's theory of dreams has also stood the test of time after more than a century--116 years--and remains of interest to psychologists, just as Einstein's theory of relativity is still the focus of exploration by physicists. Psychoanalysis is not the same as physics—the mind works in a different way from the physical world—but I would propose that Freud's work is equally foundational for psychology as Einstein's is for physics. We can re-examine the status today of Freud's theory of dreams, just as we continue to consider the status of Einstein's general theory of relativity. As I will discuss later on, observational and experimental studies of the REM dream sleep cycle support some of Freud's intuitive propositions about dreams, particularly the role of drive and wish.

In this contribution I will consider where Freud's dream theory stands at the present time: what should be retired, what should be replaced, and what should be discarded. As predominantly a Freudian myself, I can say that I largely accept Freud's dream theory, with the exception of putting less emphasis on symbols than Freud does.

Is there anything new that can be said about dreams and dreaming, given more than a century of contributions from psychoanalysis and other disciplines? My answer, in my opinion, is yes.

The Interpretation of Dreams is the canonical text for psychoanalysis. The extent of its influence beyond psychology and the mental health professions is such that it may be considered one of the canonical texts of twentieth century culture. In that book, Freud, wrote that dreams are "the royal road to a knowledge of the unconscious." This knowledge of the unconscious has both theoretical and clinical meaning. Theoretically, it has to do with how the mind works. Clinically, it is related to the place of the interpretation of dreams in the clinical process.

The Interpretation of Dreams was an instructional manual for psychoanalysis, with Freud using the interpretation of his own dreams to show how a person could carry out a psychoanalysis. Changes and notes in successive editions of the book reflected the dialogue between Freud and the readers of his text concerning issues of technique and theory. Viewed in the light of these dialogues, the book becomes a collective product and not just a book with Freud as its sole author. The readers of the book formed a psychoanalytic community even before the Wednesday study group began in 1902. The elaboration of individual concepts as central as the oedipus complex came about in disputes with readers that have had a lasting effect on discussions in psychoanalysis right up to the present day.

As we see in the history of *The Interpretation of Dreams*, the development of psychoanalysis is a social process in which cultural, historical, and personal factors take on an important role. Just as psychoanalysis as a treatment is a conversation between the analyst and analysand, psychoanalysis as a discipline develops out of conversations between authors and readers. Freud must have been very much aware of the importance

of conversations. How else can we understand his remarkable epistolary output of more than 30,000 letters in his lifetime?

. Steckel, one of the targets of Freud's 1914 paper on the history of the psychoanalytic movement, was a sexologist with a keen interest in dreams, particularly dream symbolism. He reviewed the dream book in 1902 and popularized dream symbolism as the method for dream interpretation and for psychoanalytic technique. Steckel fell from grace because of his technical prescriptions for dream interpretation. These included insisting that all of his patients write down their dreams, especially their first dreams, and give them to the analyst to preserve them for his later symbolic interpretations in as undisturbed a form as possible. For Freud, symbol interpretation was the interpretation of last resort, for Steckel it was the starting line

Freud also, I believe, recognized the limitations of writing down dreams because he knew that the censor/resistance was not easily vanquished. I recall a patient of mine who wrote down a dream in the middle of the night to help him remember it. When he woke up he found that his handwriting was illegible. I recall one of my teachers, Otto Isakower, telling us in class "Shrieben is Verboten," writing is forbidden. His stance was that a dream is presented in a visual mode and it is best for analyst and analysand to stay in that visual mode when they attempt to get at the latent meaning behind the manifest content of the dream. He would tell us never to ask patients to tell us their dreams. He suggested that we say instead to the patient, "Let's have a look at it."

It has been observed that we have moved recently from a topographic view of dreams—the expression of an unconscious wish—to a structural view: as a compromise of wish and defense. This includes the view of each dream as an expression of the

dreamer's current self-state, or an attempt to preserve a more organized cohesive state. Further, every dream is an expression of the unformulated, rather than the repressed, in the patient's mind.

I would submit that it is hard to find a dream represented as self-state in either Freud's dream book or in the writing of his successors. The concept comes from Kohut, whose view of psychoanalysis—tragic man and guilty man—is disjunctive from Freud's. On the other hand, the place of dreams in the clinical material (what is known as the communicative function of the dream and how it relates to the relationship between the dreamer and the analyst) is not disjunctive to Freud's view. Rather, it is a matter that Freud simply did not address *per se*, although if we consider dreams from the point of view of transference and countertransference, we owe both concepts to Freud.

For Freud, the dream is seen as the translation of thoughts from their derivatives to their unconscious source. But now, according to recent thinking, it has more to do with the analyst's and analysand's working "with a dream" or "in a dream." Freud was certainly one of such an analyst couple working with one dream at a time: with Dora, the Wolf Man, and the Rat Man. But Freud never considered that another couple working with a dream would traverse a different road from his. This inflexibility related to the way Freud, who saw himself as the founder of a science, viewed his place in the field and his relationship to those who followed him. His way was the right way, the only way. "Intersubjective" was not a term in his vocabulary; and it remained outside psychoanalysis for the most part until the 1970s. The term was championed by contributors such as Stolorow, Atwood, Orange, and Renik, and then by the relationalists;

although one can make the case that the Interpersonalists and the neo-Freudians were also more comfortable with the idea of different dyads.

It has been proposed that Freud has two conceptions of the dream. The first was dream as wish-fulfillment. The second was dream as "an attempt at a better mastery and settling of traumatic experiences."

However, I would propose that these two purposes may not be mutually exclusive. The representation of the traumatic experience may include the fulfillment of a wish, mitigating the painful experience by the dreamer's recognition that it is only a dream. I would suggest that it is very different to determine with certainty what purpose a dream serves, because our knowledge about how the mind works is limited. However, we can consider how a reported dream drives or retards the therapeutic process in a given analysis, in multiple rather than singular instances. A reported dream may provide evidence for analysis of the operation of the unconscious part of the mind. It could lead to the recovery of childhood memories, as in a case I once reported on self-mutilation and father-daughter incest.

Reportedly, dreams may be used by patients to avoid looking at conflicted issues in their lives or in their relationship to their therapists. This is what I call the "filibuster role" of the dream. Patients are often concerned that they will have nothing to say; but the mind, like the heart, beats all the time, generating thoughts. The fear that they will have nothing to say may be coupled with the fear that unpleasant thoughts will interrupt the silence; and a dream obviates that uncomfortable situation by providing a subject to fill the hour.

We can postulate four phases of dealing with a case: (1) establishing a therapeutic alliance; (2) crisis; (3) working through; and (4) termination. Freud presents two models of dreams: the wish fulfillment model, in which there is dream work; and the traumatic dream model, in which the dream helps the dreamer work through traumatic experiences. It has been proposed that it is possible to work through a patient's traumatic experiences by understanding and interpreting dreams in successive phases of the patient's analysis. This is a very bold assertion. It locates the therapeutic action of analysis in the interpretation of dreams, providing not just the royal road to the understanding of the unconscious, but also the highway to cure.

Multiple memories of the manifest dream allow the analyst, to understand the effect he has had on the analytic process, with emphasis on the "destructive aggressive dynamics" which relate to developmental struggle. I would suggest that going from the disturbing affects which followed to concluding that there was a very traumatic experience in the patient's past is, at best, a speculation, and, at worst, a great leap. It is more on the mark to say that the affective response to the dream reflects the patient's anxieties about the analytic process..

The principle to follow dictates that the dream is first in the patient's present, in his immediate experience, rather than in his earlier trauma. The link between present anxiety and past trauma may exist, but this has to be demonstrated rather than asserted. What is more evident is the operation of the patient's defensive strategies, which may be invoked by starting analytic treatment. The value of looking for the patient's defensive strategies in the dream*, e.g.* turning passive into active, is that these strategies can also be demonstrated as operating in the patient's waking life.

It is Freud's singular formulation that the dream includes an unconscious repressed childhood libidinal and/or aggressive wish. I would propose that the neurophysicality of the dream state comes close to supporting Freud's idea; but more about that later.

In my paper mentioned earlier, "Self-Mutilation and Father/Daughter Incest," I relate a dream in the analysis which leads to the patient's recovery of a memory of sexual encounter with her father; the reconstruction of the circumstances and details of the sexual abuse; and the impact it had on her subsequent life and symptomology.

The narrative then jumps to the sixth year of analysis; but the time of analysis of the previous material is not specified. The sixth year marks the third phase of the analysis, featuring intense transference reactions which impact on the countertransference. Important questions to consider are: (1) is there something special about working with dreams that enables the emergence of transference/ countertransference constellations, which can then help the patient to understand and overcome developmental trauma? (2) Does focusing on dreams in successive stages of the analysis serve a general heuristic purpose or a specific therapeutic purpose

Arlene Kramer Richards, also my wife, calls herself a humanistic classical psychoanalyst, but I believe "eclectic Modern Freudian" would be more apt. Arlene Kramer Richards's eclectic approach emphasizes staying with the patient's affect, following her own belief that "feeling is first," with responses that facilitate her patient's maximum autonomy. She looks for an organizing childhood experience and suggests, for example, that a patient's mother's six-month absence after her lobotomy made her return with "empty eyes." I would also note that he was a replacement child, as he was born

after a stillborn sister; and I would predict that that status would be consequential for how the analysis unfolds.

There is a consensus in the post-positivist approach that the dream is "the height of idiosyncratic, imaginative, original, creative, non-linear thinking." This is an interculturalist approach first developed by the new Freudians, Fromm *et al.,* and the Interpersonalists. I think it is particularly evident in the contribution of Arlene Kramer Richards, who has been teaching and supervising Chinese students for more than four years.

Freud also, I believe, recognized the limitations of writing down dreams because he knew that the censor/resistance was not easily vanquished. I recall a patient of mine who wrote down a dream in the middle of the night to help him remember it. When he woke up he found that his handwriting was illegible. The meaning of dreams will emerge from associations, which requires the analyst to stay with the actual dream image. I think that this is important because the dream is a visual rather than a lexical experience, something I learned from one of my teachers, Otto Isakower, who told us in class that "Shrieben is Verboten," writing is forbidden, and that instead of saying "What comes to mind?" he (and I) would suggest the phrase, "Let's have a look at it."

A way of working with dreams involves "staying with the image," which has been attributed to Jung and Hillman, and which I attribute to Isakower. This approach relies on being comfortable with multiplicity, ambiguity, lack of clarity, and openness to the unexpected. An aspect more Freudian than interpersonal is the conviction that in every dream there is an unfulfilled infantile sexual wish. This is a broad generalization, of course, but it reflects a theory of mind and a theory of development which I believe has

been lost to some degree in an interpersonal or relational approach. Seek and you shall find? A valid response might be that the search for the wish, unless it makes sense to the patient, will not serve to enhance the collaborative approach to the dream that is essential.

For the Freudian, the didactic purpose may be to show the patient his unconscious, unfulfilled childhood wish, but this is also driven by an effort to fulfill that wish in the dream state. The pleasure/pain principle is operative, and this idea is consistent with what we know about the neurophysiology of the REM cycle. We can also see an unconscious ego function: a dream teacher who helps the dreamer to better understand his affective state. I am not sure how one can choose between these two approaches. I think a case can be made for either, because in both instances the dreamer learns something that he did not know previously.

I think that central to Freud's metapsychology is the idea that the visual mode is activated because the motor mode is blocked, which has in fact been confirmed by neurophysiological studies showing that there is motor paralysis in the REM dreaming state. I do not agree that Freud misses the dramatic aspect of dreaming with his emphasis on wish fulfillment. Wishes are part of dramas, as every playwright knows. Certainly the dreams that Freud reports upon in the dream book and in his cases, Dora, the Wolfman, the Rat Man, *et al*., are dramatic narratives with the dreamer as writer, director, and often one of the protagonists. I do not agree that Freud's theory misses the lived experience of the dream, as Summers asserts.

Invoking Heidegger that dreaming is a form of "being in the world" does not add to our understanding of the motive of the dream, or the function it serves for both dream and analysis (*cf.* the communicative function of the dream.. The concept of wish

fulfillment is part of the broader theory of motivation **(Richards)** of psychoanalysis. This theory includes the centrality of the ambivalence conflicts of the child, with his attendant needs and wishes, which become a template for the psychology of adult life.

In my view, attention to the experience of the dream is the beginning, not the end point, of the task of getting to the analysand's conflicted wishes, which are the motivational and genetic determinant of the analysand's psychology. This does not tell us how we can help our analysand have more pleasure, less pain, less anxiety, less depressive affect, less guilt, and better adaptation--which in my view is the overarching goal of psychoanalysis.

It has been hypothesized that dreams seek solutions for conflicts, for conflicted wishes, and that in fact all wishes are conflicted. Freud portrays the dream "as expressing conflicts that grow directly out of the dreamer's current life." In my opinion, critics of Freud's theory of dreams "take a part of the theory, ignoring the complexity of the whole, and then disparage that part . . . for its incompleteness."

The idea that dreams integrate current events into long-term meaning was first argued persuasively by Stanley Palumbo and elaborated by Morton Reiser. Mark Solms found that the neocortex is continually involved in dreaming, particularly the limbic system associated with motivation, which supports what I wrote earlier about dreams, wish-fulfillment, and motivation.

How can Freud convince his readers that dreams are produced by wishes that do not enter conscious awareness? In order to succeed in this task, Freud had to use his own dreams and refer to his own life. In Freud's analysis of the dream of Irma's injection, which he refers to as a fully analyzed dream, he does not present the childhood origin of

the nuclear wish, presumably because he does not want to reveal too much about himself. However, he does provide the missing childhood material in a footnote to the Botanical monograph that refers to childhood sexual play with his nephew and niece, where two boys and a girl parallel Freud, Fleiss, and Irma.

Regarding the controversy about dreams between Rank and Freud, Rank turns Frau Doni on its head. Freud sees it as his wish to have a family. Rank sees it as his wish for his wife to die, and for him not to have children and pursue his career. Rank is using Freud to work out his conflicts with his father substitute, as Freud's pseudo-son. Freud is for rationality. Rank is for "non-coercive self-expression." Rank's *The Trauma of Birth* was the first challenge (pre-Oedipal) to Freud's Oedipal theory.

Rank exalted the artist, as well as the unconscious. He tried to break with conventional Viennese morality, unlike Freud, who never gave up his wish to be accepted by both Viennese Jewish and non-Jewish society.

My conclusion is that this view of dreams is more descriptive than explanatory, and does not offer us an explanation of why past trauma or current conflicts should be represented in a dream. Nevertheless, this approach to the dream by so sensitive a therapist as Marilyn Charles can have therapeutic benefit. It helps the patient feel understood, which is always a valuable experience. In her case, she also introduces the parameters of psychological testing, which helped her patient achieve a more realistic sense of his intellectual capabilities, which were in fact considerable. In this regard, she was able to think "outside the box," which I find often has value as long as the rule about parameters is observed and the consequences are exposed to analytic scrutiny.

Some analysts see dreams as "primordial mental activity," different from thought, but just as important, and identify several categories of the relationship of dreaming to thought. The first is that dreaming reflects a mental process qualitatively different from thought, a view shared by Freud and Klein, and Jung as well. The second is that the dreaming process is an aspect of the thoughtful mind of either analyst or analysand. Freud, as well as some post-Kleinians and Bion, view dreaming both as thought and as a qualitatively different activity, an experience that is "rendered into representational thought and language," so that we can process and talk about it.

Some analyst fault both Freud and Klein for their belief that all dreaming is pathological, referring to Freud's idea about primary process and Klein's "phantasy" and the paranoid/schizoid position, and point out that Freud explicitly states that "a dream then is a psychosis . . ."

Jung, on the other hand, does not view dreams as pathological, but an instance of normal primordial mental activity (PMA) which occurs in waking as well as sleeping, and is the predominant mental process in spiritual cultures, as well as in psychosis and certain kinds of creativity. PMA is affect-driven rather than sensory-perception activated, without integrated logical causality. It is not symbolic, but is given meaning by the "thoughtful capacities of the dream interpreter." I think this is indeed a valuable and profound insight. It makes the distinction between being in the dream and insights about the dream. Neurobiology supports the idea that dreaming is qualitatively distinct from symbolic thought.

When the analyst assumes the role of telling the patient the meaning of a dream, however, I think that even if the analyst is correct, there is a problem with this approach.

The analyst is experienced as an authority figure, who knows more about the patient's dynamics than the patient can learn. Thus this approach deprives the patient of a sense of participation and mastery in both process and treatment.

I believe that dreams are an effort to deal with conflicts that stem from a wish/guilt dynamic, and contain a compromise formation in which wishes are fulfilled and punishment is executed. This, in other terms, involves an id-superego dynamic mediated by the ego. As dreams mediate these realms, I very much believe in the essential creativity of dreaming

I believe that transference and countertransference will come to the fore in every well-conducted analysis, even if no dreams are provided by the patient. Dreams may be of value in the recovery of specific pathogenetic memories, as in my patient; but they are only one source among many that provide access to a patient's conflicted feelings and inner life. On the other hand, dreams may provide a patient with access to feelings and to childhood experiences and relationships which will not be as convincing as those coming from any other source. Will the sequential reporting of dreams in an analysis lead to the elucidation of the sequence of a patient's traumatic experience? I think it may, provided that one attends to both the manifest and the latent context of the dreams that are presented. It is also important to keep in mind that dreams have a day residue and a longtime-ago residue. This creates a dialectic between present and past and includes the patient's response to the analyst, who is experienced both as a real person and a transference figure.

Also, there is some evidence that the manifest content of the dream changes as an analysis unfolds and the patient's mental state changes, *e.g.* from more depressed to less

depressed. All this is very challenging to both analysand and analyst. Both have to be of two minds at all times. In sum, I believe that the most important role dreams serve is to bring the analysand closer to his unconscious, the repository of those childhood desires that are impacted by traumatic experience.

In conclusion, it is clear that, as Shakespeare observes in *The Tempest*, "We are such stuff as dreams are made on, and our little life is rounded with a sleep."