

## Dreams, symbols, imagination

Psychical reality is a particular form of existence not to be confused with material reality.

(Freud 1900: 620)

From a psychoanalytic perspective, psychological health depends on a balance between adaptation and innovation, attachment and separation, integration and regression, the inner and outer worlds. We now turn to the uncoupling of inner from outer reality in dreams and imaginative play. As the demands of adaptation are relaxed so a clearer picture of the inner world emerges – a window or ‘royal road’ (Freud 1900) to the understanding of the unconscious.

Freud considered *The Interpretation of Dreams* his finest as well as his most personal work, laying the foundations for the entire edifice of psychoanalysis. ‘Insight such as this falls to one’s lot but once in a lifetime’, he claimed, explaining how writing it was ‘a portion of my own self-analysis’ stimulated by ‘my reaction to my father’s death – that is to say, to the most important event, the most poignant loss, of a man’s life’ (Freud 1900).

That statement in itself locates its author – historically, ethnically, and by gender. In the century since Freud first started to try to understand his dreams much has changed in the worlds of both neuroscience and of psychoanalysis. In the course of this chapter we shall trace some of those changes; but we begin with an exposition of Freud’s model of the mechanism of dream formation and their interpretation.

### FREUD’S MODEL

Freud started from two fundamental questions. What is the function of dreaming – why do we dream at all – and how do we account for

the strangeness of dreams, their bizarre nature? As we shall see, his answers to both these questions are, in the light of subsequent knowledge, at least partly wrong. We should also note at this stage his wish to link dreams with abnormal mental functioning: ‘it is my intention to make use of my present elucidation of dreams as a preliminary step towards solving the more difficult problem of the psychology of the neuroses’.

When, on the night of 24 July 1895, Freud dreamed his famous ‘specimen’ or ‘Irma’ dream, his self-analysis led him to believe that he had solved the problem of the purpose of dreaming – he had fulfilled his dream – ‘a dream is the fulfilment of a wish’.

#### *Example: Freud’s ‘specimen’ dream*

‘Irma’ was a patient – Emma Eckstein (Schur 1966; Roazen 1979) – about whom Freud was worried; the day before the dream he had met a colleague, ‘Otto’ (Dr Oscar Rie), who had seen her recently; Freud asked how she was; ‘better, but not quite well’, came the reply. In the dream, Freud meets her at a party; he sees that she is unwell and worries that he has missed an organic illness; Freud and three other doctors then examine her; she opens her mouth and they find large white patches on what look like turbinate (i.e. nasal) bones; Freud decides that she is unwell and that this must be due to an injection of ‘trimethylamin’ from a dirty syringe given her by Otto. He sees the formula for trimethylamin in front of him printed in heavy type; in the analysis of the dream Freud connects this with the sexual theories of Fliess, who also believed that there was a link between the nose and the genitals and had in fact operated on ‘Irma’s’ nose.

Freed from the constraints of reality, under the sway of the pleasure principle, and in response to some current preoccupation, or *day’s residue*, a person’s deepest feelings and desires are activated. By blaming his friends and colleagues, the Irma dream acquitted Freud of responsibility for the deterioration in Irma’s condition about which he felt so guilty. But these desires, often expressions of infantile sexuality (although, curiously, Freud hardly touches on these aspects – four men examining a female ‘cavity’, one of them a ‘dirty squirter’ (Erikson 1954)) are disturbing to the conscious mind, whose awareness of the constraints and prohibitions of reality, although relaxed in sleep, is not wholly in abeyance. The disturbing wishes threaten the peacefully sleeping consciousness, which wants no more than to remain in slumber. The wishes therefore are cleverly disguised in the



compromise created by the *dream work*: in their modified form they are relieved of their energy, their cathexis is discharged, without at the same time awakening the sleeper. Thus: 'the dream is the guardian of sleep'. Like a secret code in times of war, a hidden message has been smuggled through hostile enemy lines (the *censor*), without suspicions being aroused by its *manifest* content. The bizarreness of dreams is a consequence of this scrambling of the original, or *latent*, content of the dream.

Interpreting dreams, a primary tool of analysis, means reversing this process of disguise, undoing the dream work to reveal the original wish beneath it, just as the hysteric was to have the underlying impulse behind her symptom uncovered so that she could own her desire and so no longer be in thrall to it. In order to interpret dreams the analyst needs to understand the mechanisms of dream work which turns 'thoughts previously constructed on rational lines' (Freud 1900) into the puzzling imagery and juxtapositions of a dream. Dream analysis, as Freud conceived it, is a triumph of the rational over the irrational.

Freud considered several methods by which, as he saw it, the original dream thoughts are modified on their journey from the unconscious to the manifest narratable dream. In *condensation* different elements are combined or fused into a single image, so that the explication or unpacking of such an image is invariably longer and more complex than the dream itself. To take an unusual but amusing example, Rycroft (1979b) cites the case of a man named Ernest whose dream consisted of the single word *Frank* – who had been tempted into financial deceit, and who needed to remind himself of the importance of being honest.

#### *Example: puns and amalgamations*

Another example of condensation occurred in the dream of a highly ambitious and narcissistic man whose mother had been both seductive and inaccessible. He dreamed that he *met a friend on a train whom he hadn't seen for a long time. When he asked him what he was doing these days the man replied that he was appearing in a television programme called 'knockers'*. The 'man' was a condensation of two successful colleagues of the patient whom he imagined, in contrast to his own faltering career, had access to all the girls and the glory which he lacked. The condensed double meaning of 'knockers' contained both his envious tendency to 'knock' worldly success, and a derogatory 'macho' word for the breasts which he enviously imagined the colleagues enjoying.

*Displacement* resembles the prestidigitation of the magician: the censor's attention is distracted by a shift of emphasis, so that what is important in the dream may appear in the manifest content as insignificant, and vice versa. For example, a young man with anxiety about making love to his girlfriend was initially puzzled by a dream in which he was *swimming in deep water, doing the breast-stroke*, until he suddenly realised in the dream an allusion to his fears of moving from foreplay to penetration.

A central concept in Freud's unravelling of the meaning of dreams is that of associations, or trains, of thought. *Free association* forms the basis of the technique of dream analysis in which the dreamer explores his responses to elements in the dream, following the *fundamental rule* in which no memory or idea is rejected however trivial, embarrassing or irrelevant it may seem. With the help of free association the dreamer gains access to his dream thoughts which have, 'under pressure of the dream-work ... broken into fragments and jammed together – almost like pack-ice' (Freud 1900). In this process of jamming together, or condensation, the logical connections between ideas – which linguistically take the form of words like 'as' and 'because' and 'if' – have been obliterated, and thoughts are presented in visual rather than verbal form. These processes Freud calls *representation* or *dramatisation*.

In the second and subsequent editions of *The Interpretation of Dreams*, under the influence of his disciple Stekel (whom he subsequently repudiated), Freud included a discussion of *symbolisation* in dreams. The 'Freudian symbol' has become a cliché, but Freud believed that the fundamental biological issues such as birth, death, parenthood, sibling relationships and sexuality were represented in dreams by symbols which tended to be universal and to reflect man's archaic psychic heritage. This idea was later greatly elaborated by Jung, in his notion of 'archetypes'. This view of symbols conflicts somewhat with Freud's critique of the 'dream-book' approach to dream interpretation, and his insistence on the personal meaning of the dream elements, to be illuminated primarily by free association. For example, a woman who had just suffered a miscarriage dreamed of *a small cutting from a plant that was pulled up by its roots and died*. Here displacement becomes a special case of the general phenomenon of symbolisation. Another example warns against facile readings of symbols into dreams:



*Example: a Freudian fish*

A woman dreamed that she was *holding a large live fish that wriggled frighteningly within her grasp*. 'A fish', she said, 'that's a Freudian symbol – it must be a penis.' But when asked for her associations she remembered that her mother was a piscian, and a fanatical believer in astrology, and the dream led to a discussion of her fear of her mother's disapproval of her being in analysis.

The final phase of the dream work was called by Freud *secondary elaboration* or *secondary revision*. This term refers to the way in which, in remembering and telling the dream, the subject automatically edits and cleans up the text, to give it greater coherence and intelligibility. With his mistrust of the manifest content Freud saw this as a further obfuscation of the dream's true meaning. He pointed out that if the dreamer is asked to repeat his dream, elements that have been left out in the first telling emerge, often with great significance. For example, a woman whose mother had had a puerperal depression after a stillbirth when the patient was 3 years of age, recalled on second telling a dream in which '*I was in a large house, empty and rather gloomy . . . oh, I've just remembered, my mother was there, crying and turned away from me*'?

Although Freud remained loyal to his original conceptions about dreaming – and, by the 1930s, bemoaned their relative neglect by the new generations of analysts (Freud 1932) – he did recognise one outstanding exception to the wish-fulfilment hypothesis. This is the phenomenon of post-traumatic dreams in which the sufferer repeatedly dreams of an undisguised painful or terrifying event. He understood this in terms of the attempt to gain mastery over psychic stimuli which threaten to overwhelm the organism (Freud 1920) – in Bion's terms, to contain the uncontainable (Garland 1991). Here, too, the dream was seen to have a purpose: to 'bind' psychic energy, a necessary precursor to the normal processes of repression and discharge via dreaming. Anzieu (1989, in Flanders 1993) has argued that, rather than being an exception to the wish-fulfilment rule, all dreams can be seen as based on the micro-traumata that comprise the day's residue in need of psychic processing.

## POST-FREUDIAN PSYCHOANALYTIC VIEWS OF DREAMING

Each of the different psychoanalytic schools has developed its own slant on dreams. Jung (1974) was the first to dissent from Freud,

although his views represent more a shift of emphasis than a radical departure. He saw dreams as openly rather than clandestinely expressive of the inner world: 'a symbol does not disguise, it reveals', and thus paid more attention to the manifest content of the dream than Freud would have recommended. In line with his idea of the repressed bisexual 'shadow' self he saw dreaming as springing from the 'compensation principle' by which dreams 'try to re-establish equilibrium by restoring the images and emotions that express the state of the unconscious'. In this move from drive to self he saw the dream as peopled by aspects of the self that the dreamer had neglected or suppressed, an idea that was to re-emerge in a different guise with the development of self-psychology. Here the dream as a manifestation of the unconscious is not so much 'irrational' as representing a different sort of rationality: in Rorty's (1989) phrase 'it feeds us our best lines'.

*The Interpretation of Dreams* contains the first comprehensive account of Freud's 'topographical' theory of the mind (see Chapter 2, p. 31). Freud never fully revised his ideas on dreaming in the light of his more mature 'structural' model (Freud 1923). At the end of his life he did concede a synthetic conflict-solving role to the dreaming ego in reconciling the demands of the id and superego (Freud 1940, quoted in Flanders 1993), more akin to the revelatory Jungian model. Ego psychologists have developed this theme by emphasising the importance of the dream's manifest content, seeing the dream as a construction by the ego, based on the attempt to recover repressed affective experience (Brenner 1969, in Flanders 1993). Erikson (1954), in a classic paper, re-analysed the 'Irma' dream and showed how the manifest content reveals an ego struggling with all the doubts and conflicts that beset Freud, especially his wish to become both recognised as a leader and yet remain separate from the gentile medical establishment. The Irma dream is undoubtedly a 'dream from above' (Freud 1925b) – i.e. one stimulated by current conflicts rather than originating 'from below', based primarily on infantile conflicts – given recent historical research which suggests that Freud was preoccupied with his anxieties about the rather dubious nasal operation performed on 'Irma' by Fliess, whom he was about to drop as a mentor (Loewenstein *et al.* 1966).

An important breakthrough in the analytic understanding of dreams occurred with Lewin's (1955) notion of the *dream screen*. With the advent of film in the early decades of the century the cinematic quality of dreams had been noted many times, but Lewin



asked, 'What is the "screen" upon which the dream is projected?' He suggested that it is the maternal breast, flattened and invisible, except in 'blank' dreams. As Pontalis (1974, in Flanders 1993) puts it: 'to Freud, the dream was a displaced maternal body . . . he committed incest with the body of his dream'.

Lewin's insight led object relations analysts to realise that the *dream itself is an object*, and that the way a patient relates, and relates to, his dreams is as significant as the content of the dream itself. Thus the patient who overwhelms his analyst with long, tortuous and muddling dreams may be conveying an experience of confusion and psychic entrapment; or he may 'evacuate' his dreams into the passive analyst as a way of ridding himself of hostile and frightening feelings. An obsessional recording of dreams and detailed recounting of them in the session may reflect the patient's sense of an inner world that is only just alive so that each creative product has to be preserved and revered, a fear of losing what is good inside himself; there may be a contrast between a dramatic and vivid dream life and the depression and emotional poverty of the patient's waking hours. 'We know too well that patients learn to exploit our interest in dreams by telling us in profuse nocturnal productions what they should struggle and learn to tell us in straight words' (Erikson 1954).

The idea of the dream screen creates a context for the dream: the dreamer and his relationship to the analyst matters as much as the dream. The patient who told her analyst of a dream in which there was a *perfectly harmonious moment of peace in which you lay beside me and put your arm around me, in a non-sexual way* felt anxious and tense throughout most of her sessions and had intense waking phantasies of sexual involvement with him. The 'bliss' dream represented a wish for a moment of maternal reverie – sadly absent in her childhood – but also a reproach to the analyst for failing to provide what she wanted so badly in her waking life.

Once the dream is grasped in a context of relationships it is possible to see dreams, in Freud's terms, as *sleeping thoughts*: 'The dream is fundamentally nothing more than a special *form* of our thinking' (Freud 1900). As Brenner (1969, in Flanders 1993) puts it, 'we are never fully awake or asleep'. Bollas (1993) has shown how we unconsciously assemble around us objects, interests and occupations in our waking life that reflect our core unconscious 'preoccupations' (or 'destiny'), just as the dream is furnished with the contents of our inner world. He sees interpretation as a condensation of this ceaseless

quotidian activity of phantasy, in which through his interpretative 'stories', 'the analyst dreams his patient' (Bollas 1993).

Self-psychology approaches the dream as an existential statement, continuing Jung's idea of the dream as a manifestation of the inner self or selves, with an equilibrating function based on the 'need to maintain the organisation of experience' (Stolorow *et al.* 1987). Kohut (1983) writes of 'self-state dreams', in which the manifest content is an expression of the patient's current state of being. The young man who dreamed that he was *clinging to his mother telling her he was dead*, was expressing his lack of inner aliveness, his pervasive anxious attachment and was accusing her of robbing him of his liveliness. It is a useful rule of thumb for the analyst to assume that all the 'characters' in a dream represent parts of the patient's self, and that aggression, sexuality, submission, anxiety, persecution, retribution, etc., may be split off from the waking self, but embodied and so potentially recoverable through the analysis of their appearance in dreams.

## DREAMS AND MODERN NEUROSCIENCE

There has been a gradual shift within psychoanalysis away from Freud's original twin preoccupations with the *function* of dreaming as wish fulfilment and the pre-eminence of the latent content, towards a widened emphasis on the *meaning* of dreams, the continuity of manifest and latent content, and the dream as part of a total analytic relationship. These changes are consistent with modern neurophysiological ideas about dreaming. The discovery by Aserinsky and Kleitman (1953) of Rapid Eye Movements (REM) associated with dreaming stimulated a burst of sleep research. An important finding was that REM (or whatever neurochemical events underlie it) appear to be essential for mental health – subjects deprived of REM (by repeated waking while asleep) deteriorate into a confused state much more quickly than those deprived of non-REM sleep. This led Rycroft to claim that Freud's original discovery about dreaming was now reversed in that we do not so much dream in order to sleep, as sleep in order to dream (Rycroft 1979b). However, not all REM is associated with dreaming, and not all dreaming is associated with REM. Dreaming appears to be a response to arousal during sleep, of which REM is the most common, but not the only, source (dreams occur in response to external stimulus like an alarm clock, and during nocturnal seizures), and therefore Freud's idea that



a dream is an attempt to maintain sleep in the face of arousal remains plausible (Solms 1995).

The dominant neurophysiological paradigm in dream-research is Hobson's (1988) *activation-synthesis hypothesis*. Freud assumed, teleologically, that the ultimate purpose of mental activity was the discharge of accumulated psychophysiological 'energy' and so a return to a presumed state of quiescence. As we have described, he saw dreaming as a sort of discharge by stealth. It now seems more likely that the main 'purpose' of dreaming is informational rather than energetic – the ordering and storage of accumulated information, so that it can be available in the waking state to enable better adaptation to external reality.

Hobson (1988) has argued that, with external stimulation blocked, the brain stem starts spontaneously to activate neural activity in the cerebral cortex. Recently activated pathways (the 'day's residue') are particularly affected. Presented with an array of disparate activated memories and experiences, the brain, as a compulsive meaning-maker, tries to assemble them into some kind of meaningful pattern – into a coherent story. The bizarreness and vividness of dreams results from the random nature of the activation process, the lack of an external context, and absence of modulatory neural activity.

In Freud's model, meaning is *subtracted* from the latent dream thoughts in order to evade the censor; activation-synthesis sees meaning as *added* to a potentially incoherent array of images. The dreaming brain is not struggling to disguise coherent but unacceptable thoughts, but to make sense of an array of chaotic imagery. However, Hobson's somewhat anti-psychoanalytic views are far from fully established. People with abnormalities in their sensory-motor cortex continue to dream normally – hemiplegic patients move in their dreams, aphasics can speak normally when dreaming, those with cortical blindness and deafness can see and hear – which contradicts the view that dreams result from random stimulation of cortical pathways, and suggests a much more complex representational process at work (Solms 1995), deriving from a 'higher' cerebral level than the motor or sensory cortex.

Freud was right that dreams inevitably reflect the wishes and preoccupations of the dreamer because these organise the incoming material in a meaningful way. This view is consistent with Wittgenstein's (in Gustavson 1964) early critique of the psychoanalytic model of dreaming, in which he argued that anyone offered a random

collection of objects on a table and asked to link them together in a story would inevitably create a narrative which reflected his underlying personal themes and wishes. It is also similar to Dennett's (1993) philosophical psychoanalytic party game in which a 'dupe' can be induced to construct a 'dream' out of random answers to his questions, thereby indicating the mind's overwhelming need to create narrative, often based on unconscious preconceptions, out of incoming information, however meaningless.

The relevance of activation-synthesis to contemporary psychoanalysis is that it suggests that the interpretation of a dream is likely to reflect not just the wishes and preoccupations of the dreamer, but those of the analyst as well: the dream itself becomes a sort of Rorschach – or blank screen – upon which each school of psychoanalysis projects its own version of the psychoanalytic story. Freud was right in his insistence on the importance of breaking the dream into its component fragments, and being guided by the patient's free associations: 'dream interpretation . . . without reference to a dreamer's associations, would . . . remain a piece of unscientific virtuosity of very doubtful value' (Freud 1925b). This is not because of the need to unscramble the *dream's* latent thoughts, but because this procedure will guard against the intrusion of the analyst's meaning-making, and leads, via the day's residue, to current conflicts, and so to the *dreamer's* 'latent thoughts' – the assumptions, preoccupations and phantasies that guide his attempts to synthesise experience into a coherent and meaningful whole. If we view the analytic relationship as a 'bipersonal field' (Langs 1976) then we can picture an interpenetration of the patient's and analyst's unconscious fantasy lives, so that the dreams of one will be influenced by those of the other (cf. p. 116).

## DREAMS AND THE LANGUAGE OF THE UNCONSCIOUS

The movement from mechanism to meaning suggests that there is a dream *language* which the analyst needs to learn to understand. Ella Sharpe (1937), in her classic *Dream Analysis*, systematically compares the language of dreams with poetic diction, as does her analysand Charles Rycroft (1985) who notes Darwin's quotation of Richter: 'the dream is an involuntary kind of poetry'. She relates condensation to metaphor in which similarities are found in the apparently dissimilar (as, for example, in the use of shots of trains entering tunnels or firework displays to represent sex in pre-war



Hollywood films, at a time when the censor insisted that a man's foot remain in contact with the floor at all times during love scenes). Displacement uses both metonymy, in which comparisons are evoked by linguistic proximity ('*breast-stroke*' which evokes thoughts of both swimming and sex), and synecdoche, in which the part stands for the whole (*fish* standing for the zodiac, the zodiac standing for mother). Punning and onomatopoeia are integral to dream language: *knockers* (in the example on p. 120); Segal's (1991) patient who dreamed of soldiers marching *eight abreast* (ate a breast); names such as *Bournemouth*, *Master Bates*, *Chester*, *Prixford*.

Poetry, like dreams, is *polysemic* (i.e. contains many possible meanings, all of which are mutually compatible) and prefers the particular to the general. My love is not just universal love, but one that's like a rose, a 'red, red' one, that's 'newly sprung in June'. As Sharpe (1937) puts it: 'the bridges of thought are crossed and recrossed by *names*, and names have manifold mutations' – evoking the multiple connections and pathways of the nervous system that underlie memory, and the way in which memory storage is spread throughout the brain rather than localised in any one place.

Lacan's (1966; Bowie 1991) famous aphorism 'the unconscious is structured like a language' is based on the fundamental linguistic distinction between the 'signified', i.e. that which is represented – for example, the furry feline domestic quadruped which has just walked into the room – and the 'signifier', i.e. that which represents, in this case the word 'cat'. In Lacan's view, dream representation is always in the form of Freud's 'rebus', i.e. a picturegram in which the realm of the 'real' or signified – primordial unstructured experience – is encoded in the symbolism of the 'signifier'. Dream language reminds us that what we call 'reality' has been worked on, transformed in the mind, just as language transforms and creates meanings out of the multiplicity of words and grammatical rules. Lacan's view is similar to Bion's notion of 'alpha elements' which emerge from the interaction between 'beta elements' and a transforming mind, whether in the reverie of the maternal breast, or its analogue, the dreamer and his dream. For Lacan, what we call (and reify as) 'the unconscious' is not 'an occult quality or a black box but the conjectural sub-text [i.e. a set of linguistic rules such as condensation and displacement] that is required in order to make the text of dreams ... intelligible' (Bowie 1991) (cf. sense '2' of the unconscious, p. 29). This leads to the idea of a 'good dream' in which feelings have been symbolically represented in a satisfying way.

## SYMBOLISM AND THE CREATIVE IMAGINATION

We have already mentioned the tension between Freud's wish to understand dreams in order to illuminate the neuroses, while at the same time wanting to provide a general psychological account of the workings of the unconscious. REM sleep and dreaming are universal among humans, and indeed many other species. Freud viewed the dream as a sort of neurosis, and the psychotic is sometimes described as a dreamer awake. Does this mean that we are all mad, or at least partially so?

This issue was taken up by Ernest Jones (1916) who argued that there was a phenomenon of 'true symbolism' by which repressed ideas, feelings, and wishes are presented to the conscious mind: As Freud (1916/17) put it: 'the number of things which are represented symbolically in dreams is not great. The human body as a whole, parents, children, brothers and sisters, birth, death, nakedness – and one thing more.' The one thing more, of course, being sex itself. Jones, and probably Freud, seemed to believe that due to 'primal repression' some aspects of life could *only* be represented indirectly via symbols, thus putting repression and the potentiality for neurosis at the heart of dreaming, creativity and cultural life generally, where symbolism is a central feature.

This view has been vigorously challenged, especially by Rycroft (1968, 1979b, 1985), who invokes Freud's fundamental distinction between the primary and secondary processes (see Chapter 2, p. 32). Rycroft sees dreaming as primary process thinking in its purest form and argues that to equate primary processes with pathology and secondary process with psychic health is misguided, since normal mental life requires a balance between the two:

Visual, symbolic, non-discursive mental activity is just simply the way in which we think while asleep ... there is no reason to suppose that symbolism is essentially a device by which dreamers deceive and obfuscate themselves, even though it may on occasion be used as such.

Like Lacan (although, to our Anglo-Saxon minds, somewhat more comprehensibly), Rycroft views psychoanalysis as primarily a linguistic discipline, but one that is biologically based in that it is concerned with the fundamental biological issues that affect us all. Symbolism is central to the expression of the 'few things' we have strong feelings about, not because of repression but simply because



*symbolism is the mode of representation of affective experience.* The clinical implications of this are twofold. First, analysis concentrates mainly on symbolic expressions, whether in dreams, transference (metaphor and transference are etymologically identical), jokes, slips of the tongue, or art – in order to get in touch with the patient's feelings in their most vivid form. Second, dream symbolism frequently, if not always, contains implicit reference to the body. A patient who dreamed of a *wooded valley swarming with soldiers* turned out to be thinking about his hostile sexual relationships with women – the wooded valley represented the vulva, the soldiers his sperm – the dream depicting a phenomenon with much wider implications (sperm that is hostile and attacking, rather than loving and tender) than the merely physical, just as the inherent ambiguity of a poetic image has resonances far beyond its initial impact (Holmes 1992b). Sharpe (1937) suggests that the 'dead metaphors' of a patient's speech may also contain cryptic reference to bodily experience – the patient who keeps wandering off the point may have had difficulties in feeding; the man who is always beating about the bush may be suffering from fears about penetration, and so on.

A similar, but more systematic, analysis has been developed by Matte-Blanco (1975, 1988). He contrasts '*bivalent logic*', equivalent to secondary process thinking, which follows the rules of mathematical logic, in which, for example, if *a* equals *b*, and *b* does not equal *c*, then *a* cannot equal *c*, with 'the principle of *symmetry*', which tends to obliterate such distinctions and is equivalent to Freud's primary processes. In symmetrisation – a form of overgeneralisation – all members of a set are taken as identical, creating feeling categories such as 'motherliness' or 'breastness'. The bizarreness of dreams would be a manifestation of this collapse of distinctions and the equation of psychic and external reality. He postulates not just two types of thought but a gradient from bivalent to symmetrical with '*bi-logical*' in the middle, which has features of both. Emotions tend to be particularly subject to symmetrical thinking. When falling in love we enter an 'indivisible mode' in which our love-object is the 'most beautiful person in the world'. In psychological illness the balance between symmetrical and bivalent logic breaks down. For example, if the part is taken for the whole, then an angry father may mean an 'angry penis', and this may underlie a symptom such as impotence in which a man may experience his penis as potentially damaging. This viewpoint can be related to the procedures of cognitive therapy (Beck *et al.* 1979) in which bivalent logic is used

to challenge a neurotic individual's tendency to make unwarranted generalisations (e.g. 'if I don't succeed in this task, I am a failure'), to 'catastrophise' problems, fail to make distinctions and so on.

Segal (1958), from a Kleinian perspective, has revived the attempt by Freud and Jones to differentiate healthy from pathological use of symbolism in her concept of the *symbolic equation*. This refers to an aspect of psychotic thinking in which the sufferer equates ('symmetrises') the symbol with the thing symbolised – the signifier with the signified. Segal contrasts two patients, both violinists, one of whom justified his refusal to perform in public by exclaiming angrily 'do you expect me to masturbate in public?', while the other had dreams suggesting a link between performance and masturbation, but was able in reality to play satisfactorily. For Segal, symbolic equation is associated with the paranoid-schizoid position and the use of projective identification since, she claims, in order to symbolise we need to be able to see ourselves and our objects as separate: 'only what can be adequately mourned can be adequately symbolised' (Segal 1986). This perhaps begs the question of what is meant by 'adequately', but the distinction is clinically useful:

Every man marries his mother . . . the wife may symbolise and contain some aspects of the mother, or she may feel to *be* the mother, in which case the marriage carries all the prohibitions and conflicts of the relation to the mother.

(Segal 1991: 57)

Segal arrives – curiously given their very different psychoanalytic backgrounds – at very similar conclusions to Rycroft; namely, that symbolisation is a 'core primary activity' of the psyche, rather than, as Freud and Jones seemed to feel, simply one mode of evading the censor. Symbolisation enables transformation to occur: in Bion's terms symbols are 'unsaturated' (the analogy is with chemicals that are free to form bonds with other elements) and so available for 'realisations'. The inability to use symbols can take either the form of Segal's symbolic equation in which reality is so 'saturated' with phantasy that the two cannot be differentiated, or the opposite, in which the capacity to phantasise is so impaired that affects cannot be put into words – a state known as 'alexithymia' (Nemiah 1977). Both conditions present particular technical problems in analysis: the symbolic equator is unable to maintain the necessary state of 'virtuality' in relation to his analyst, becoming, for example, over-



dependent or psychotically angry; the alexithymic may find he is being asked to perform the impossible by talking about his feelings.

Conversely, the recovery of creativity is often a critical moment within an analysis, increasing the patient's sense of self-worth and generativity, and, with the discovery of an impersonal creative force within, marking a movement away from narcissism and the use of projective identification, to more mature object relations.

*Example: breaching the self-sufficient circle of narcissism*

A man in his late twenties entered analysis complaining of depression after a failed marriage. He felt dull and useless, was envious and competitive with women, and was failing to progress in his career. His father had died when he was eight and he saw his sisters as having been close to his mother, who, in the absence of his father, had both revered and controlled him. In the first year of analysis his dreams were all in monochrome, as they had been for as long as he could remember. Then he dreamed of *a snake curled round on itself with a tampon in its mouth. The tampon was removed and the snake began to bleed.* He then realised that the dream was in colour, as were his dreams subsequently. Following the dream he felt a surge of creative energy and began to paint furiously. The dream seemed to symbolise an escape from the circle of femininity within which he had grown up, and a chance to mourn his dead father.

## PLAY

Psychoanalytic ideas about play are particularly associated with the work of Donald Winnicott (1965, 1971). Winnicott was analysed by Joan Riviere who was in turn greatly influenced by Melanie Klein. Klein introduced play therapy for children, in which the child's use of play materials is seen, like a dream, as an expression of unconscious communication, and can be interpreted just as a dream might be analysed in therapy with adults. Kleinian analysis with adults, especially in its purest form, similarly approaches everything that the patient brings to the session as unconscious material, to be woven into an interpretation in the same way that the elements of a dream are treated.

*Example: 'give sorrow words'*

A girl of five was referred for therapy because of delay in speaking. With pipe-cleaner figures and a doll's house she silently

demonstrated how her parents slept apart and how her father came into her bed and abused her. At each stage the therapist described in words what was happening – 'now the daddy comes down stairs. . .', 'now he is getting into bed . . .'. Haltingly the girl repeated the therapist's words. The play reflected her inner world, but could only be expressed verbally in the context of a responsive and attuned therapist.

Just as ego psychologists were troubled by the notion of the dream as simply an expression of disguised desire rather than as also the manifestation of a synthesising and self-actualising self (Erikson 1955), Winnicott doubted that play could be seen as a direct manifestation of unconscious thought. He wanted to emphasise the creative, synthetic aspect of play and to put it into an interpersonal object-relations context, while at the same time retaining the idea that it emerged from the depths of the psyche. His notion of *transitional space* tries to reconcile this potential conflict between wish and adaptation to reality. He states that in the 'play area the child gathers objects or phenomena from external reality and uses these in the service of . . . inner or personal reality' (Winnicott 1971). Similarly, in the Jungian and ego psychologist's vision the creative dreamer synthesises the 'day's residue' with deep wishes into a coherent whole.

Winnicott sees the origins of play in the earliest mother–infant relationship where, by her 'primary maternal preoccupation' and intense involvement with the baby, the mother creates an illusion of omnipotence. By anticipating his (or her) wishes he feels he has *created* the reality of the feeding breast, the playful smile, the nurturing arms. Later there will be a gradual process of disillusionment, based on healthy protest tolerated by the mother, but an intermediate zone between phantasy and reality has been opened out, a zone which includes play, transitional phenomena such as the famous teddy bears and security blankets, and, later still, cultural phenomena such as the arts, science and sport. The 'soft space' of the transitional zone is precarious and liable to be threatened from within by instinctual needs (hunger must be satisfied before play can occur), or from without by 'impingements' (another favourite Winnicottian term) such as parental seductiveness leading to false self and failure of real creativity.

Winnicott (1971) described psychotherapy as 'learning to play', a statement similar to Bion's (1970) more abstract notion of the



transformation of beta into alpha elements by the analyst's 'thinking breast'. As treatment progresses the analytic session becomes more and more a 'play space', in which, via the analyst's attunement, there develops greater 'give' or 'play' in the analytic relationship, thus enabling the patient to recover his lost creativity and self-hood. Meares (Meares and Coombs 1994) specifically links the problems of self found in Borderline Personality Disorder (see Chapter 10) with a deficit in playfulness in childhood, arising from neglectful or abusive parenting, and describes the gradual acquisition of playful self-absorbed inner dialogue as successful analysis progresses.

Casement (1985) also uses Winnicottian ideas in his model of analytic treatment of trauma. The original traumatic situation (he describes a case in which a woman's hand was deformed due to being badly burned when she was two years old) has to be reproduced transferentially in the analytic situation so that it can come into the 'area of omnipotence' (Winnicott 1965) of the subject. Only then can it be transcended: when the sufferer feels that he has some control over what happened, and survives. Casement argues against reassurance – in his case, the patient's request that she hold the analyst's hand – in that it short-circuits this process of re-experiencing the trauma in a controlled fashion, akin to a controlled explosion of an otherwise lethal bomb.

If there are important parallels between play and dreaming then analysis could equally be described as 'learning to dream'. Khan, who was much influenced by Winnicott (1962; in Flanders 1993) describes the 'good dream' in which conflict is metabolised and worked on without the intervention of the meddlesome conscious mind, and Sharpe (1937) discusses the dreams of successful analysands in which, she claims, there is evidence of reduced feelings of shame, and greater integration of past and present, body and mind.

## CONCLUSION: THE IMPORTANCE OF DREAMS

Although dream analysis may no longer hold the same pride of place as it did for the analytic pioneers, dreams remain central to analytic work. A dream is an indispensable reference point, a marker of the state of the patient's psyche. A dream cuts through intellectualising, and, however confusing, has a freshness and unquestionable validity that verbal speculation about feelings or emotional tendencies may lack. Via the day's residue, it brings into the analysis the important issues of the patient's day. Awareness of dreams puts the patient in

touch with the impersonality of his creative psyche, potentially decreasing narcissism and increasing self-esteem and self-mastery. It often brings the transference into clear focus. A recurrent dream can encapsulate the central drama of a patient's life in a vivid form, and subtle alterations in the emphasis of the dream may mark progress in treatment.

### *Example: claustro-agoraphobia in a recurrent dream*

A middle-aged teacher who had grown up on a working-class estate in Scotland, and who veered unhappily between homosexual and heterosexual relationships, repeatedly dreamed of *being by the door of his mother's house and trying to leave but being held by the testicles*. His father had been a violent drunkard and his mother had turned to him for comfort and protection. Early in treatment he saw the dream as representing the way in which his mother 'had him by the balls'; later he began to experience her holding as protective and nurturing.

The technique of dream interpretation remains essentially the same since Freud's first recommendations: break the dream into its component parts; pay particular attention to the patient's free associations; ask the patient to repeat the dream as a way of capturing more of the dream thoughts; do not let the analyst's assumptions and theories impose themselves on the creativity of the dream; do not ever expect fully to understand the dream which retains its impenetrable 'navel'. Post-Freudian approaches see the dream in the total context of the session and the analytic relationship; pay attention to the form and manner of the dream's telling as well as its matter; see the working through of traumatic experience as a central issue in dreaming; and give equal status to the manifest as the latent content.

The dream continues to offer itself both as a mystery and a treasurehouse of meaning. 'What do you think about while you are asleep?', we ask our patients, or say, with Jung (1974), 'now let's get back to your dream. What does the *dream* say?'.