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Editorial

In this issue we celebrate the centenary of Freud's *Interpretation of Dreams*. We are pleased to publish Jane Haynes' paper, which she gave at the BAP Annual Conference on Dreams, as well as Simon Archer's Response. We also have two clinical papers, both of which are based on the work of Donald Meltzer, one of our foremost theorists on dreams. The first, by Mary Adams, focuses on the value of dreamwork for introducing patients to the richness of their inner worlds. The second, by Irene Freeden, uses dreams to trace a patient's struggle to emerge from a claustrum world. In addition we include a piece by Maurice Whelan in which he discusses Ella Freeman Sharpe and Otto Rank's contribution in the shift from Freud's structural view of dreams to one that sees dreams as a creative activity. In our Clinical Commentaries section the material discussed focuses on the way a patient and therapist approach two dreams brought to two successive sessions. For our Arts Review Noel Hess portrays the film *Eyes Wide Shut* as structured like a dream in which issues of separateness and the other 'facts of life' are explored. In our regular Book Review section we include a review of Maurice Whelan's book on Ella Freeman Sharpe.

We have great pleasure in announcing a new Journal Review section. The editor of this section, David Hardie, is a child and adult psychotherapist. He will take an overview of what is being written in the psychoanalytic and analytic psychology journals and will alert *BAP Journal* readers to particular papers, topics or issues. In this first review he takes up the important issue related to greater openness in both presentation of clinical material and in cooperation between the various groupings and traditions in depth psychology. We welcome readers' letters commenting on this new section and on any other matters or papers.

This issue marks the retirement of Arna Davis as co-editor. Arna has been a member of the Editorial Board since 1997 and in 1999 she and Mary Adams became co-editors. Along with Viveka Nyberg, Arna was instrumental in negotiating our successful partnership with Whurr Publishers and we are indebted to her for all her subsequent liaison work with them. Arna has made an important contribution during this time and we are pleased that she will

continue as a member of the Editorial Board. Stanley Ruszczynski has agreed to take up the post of co-editor. He has previously been involved with the Editorial Board in a consultant role and we extend a warm welcome to him. We feel confident that his experience and enthusiasm will help us in our drive to further develop the *BAP Journal.*

The Editors

Journal of the British Association of Psychotherapists, **40**, 1–14, 2002

The dread and divinity of dreams

JANE HAYNES

'Tread softly because you tread on my dreams'
W.B. Yeats

Introduction

When I was invited to participate in the BAP Annual Conference on Dreams and was asked for a title, I replied that after an evening spent with *A Midsummer Night's Dream* I hoped to provide one. There was a silence and then I was told that the other speaker's title already had a quotation from that play. I do not think that the reason we both turned to *A Midsummer Night's Dream* was because we were unoriginal, or lacking in imagination, for the play is an extraordinary exposition of both dream lore and transference phenomena. Shakespeare, if you turn to the Concordance, used the word 'dream' 159 times in his collected works. Dreams were used as vehicles of warning and prophetic insight, as in *Richard II* and *Richard III*, *Macbeth*, *Julius Caesar* and *Henry IV Part Two*.

Like Freud I regard dreams as *a*, if not *the*, royal highway to the unconscious. I make use of his technique of free association and pay attention to the latent content of dreams, but that is where our agreement ends. I do not concur with Freud that every dream's latent meaning contains a wish fulfilment and, by extension, every nightmare a wish for punishment, or that, 'The dream is the first member of a class of abnormal psychical phenomena' (Freud, 1900), nor that its most important element is the coded information it provides about repressed infantile sexual development. In the course of this paper I shall also make reference to some of Jung's dream theory. This should not be addressed without discussion of active imagination, but I am more interested

Jane Haynes is a professional member of the Society of Analytical Psychology and Site for Contemporary Psychoanalysis. She works full time in private practice.
This paper was given as part of the 1999 BAP Annual Conference on Dreams.

in the ways in which dreams can bring analyst and analysand into a new and unique relationship to themselves and to one another. Dreams make us and the analysis what we were not, and lead us to strange pastures.

Dreams can function like tragi-drama, or an interlude from the Theatre of the Absurd. They may have a tightly woven inner structure or be more like a poem that communicates primarily through the power of its imagery. As we dream we become the actors and an audience of one. Dreams, as Byron describes, may be fantastic, erotic, absurd or full of dread. They have been with us for thousands of years, as regular as sleep, and always preserving their mystery and defying scientific analysis, despite increased knowledge about the neuronal processes which are now known to take place in dreaming.

I find the world of psychoanalysis to be another strange pasture whose habitat reminds me of the biblical province of the Tower of Babel where, as a punishment for pride, Yahweh confused the language of the world. In the contemporary world of psychoanalytic psychotherapy there is a confusion of warring theoretical languages that are competing for supremacy rather than combining into a reservoir of knowledge which could act like an Ordnance Survey map of psychological landscapes. In the instance of dream theory, most depth psychologists believe (and it is too easy for any belief system to turn into dogma) that their own particular school of psychological theory provides its initiates with an overarching theory of mind, when each theory is only a partial and usually pathology-focused theory of mind. Jung was unusually modest when he said, 'Philosophical criticism has helped me to see that every psychology – my own included – has the character of a subjective confession; even when I am dealing with empirical data, I am necessarily speaking about myself' (Jung, 1913).

Before Freud and Jung

Before I move on to the clinical aspects of this paper I wish to make some historical observations. I am not convinced that the publication, in 1900, of *The Interpretation of Dreams* was the gift to psychology that depth psychologists have considered it to be. I do not wish to deny the genius of Freud's endeavour, but the Freudian patenting of dream lore in the 20th century has also, within depth psychology, obscured much of the dream theory that preceded it. Something similar can also be said of Jung, whose helpful technique of active imagination was not as original as he indicated. (For a detailed account of many of the original sources of Jung and Freud's psychology, see Sonu Shamdasani's (Shamdasani and Borch-Jacobsen, 2001) research in this area.) With regard to Jung's technique of active imagination, it is not possible here to make a proper comparison between Jung's technique and Coleridge's theories of the medical and creative imagination, but nor do I want to let the issue go unaddressed.

Jung was unlike Freud in the sense that he recognized the potential of the imagination and imaginal space to be creative. His theories, unlike those of

most of his contemporaries, were not just focused on pathology. One of his great contributions to psychology was the importance he attributed to maintaining and recovering psychic equilibrium and health through the potential relationship between individuals and their innate processes of creativity. Jung did not share Freud's view that dreaming was a symptom analogous to the conversion symptoms of hysterics. He explicitly encouraged his patients in their endeavours towards a more individuated psychological position, to develop new forms of self-expression. He acknowledged that he was indebted to Freud for his technique of active imagination, which he regarded as a direct extension of free association. He also felt that it was an important development, as do I, because it removed the authority from the analyst on to the analysand:

> So long as I help a patient to discover the effective element in his dreams, and so long as I try to get him to see the general meaning of his symbols, he is still, psychologically speaking, in a state of childhood ... moreover he is dependent upon me having ideas about his dreams and on my ability to increase his insight through my knowledge. (Jung, 1933: para 100)

Danger occurs whenever analysts behave as though their interpretations of the patient's unconscious are written in stone. The foundations of Jung's technique depend on the analysand learning how to fall into a passive state, or mood, whereby consciousness is lowered, as in a waking dream. Then unconscious images or daydreams surface and the patient interacts and conducts a dialogue with selected products, images or characters, or fragments of dreams from his unconscious. Jung regarded active imagination as differing from dreams, 'Only by reason of their better form, which comes from the fact that the fantasy contents were perceived not by a dreaming but a waking consciousness' (Jung, 1940: para 319). I prefer to think of it as quite different from dreams and as an extension of a sleeping energy into a waking one.

Active imagination is a method of introspection for observing a stream of interior images and, although I choose to mediate active imagination only through language, some patients may decide to do otherwise. Jung encouraged his patients to explore with other forms of self-expression such as painting or weaving. At no time does Jung suggest that the imaginative contents produced through an active imagination should be regarded as an aesthetic creation, or products of objective artistic worth.

Jung 'patented' this technique of active imagination, and in relation to its therapeutic practice that is justified, but the Romantic poet Samuel Taylor Coleridge, writing in the mid-18th century, had already discussed those states of mind that were optimum for imaginative processes. Long before Jung conceived of active imagination, Coleridge, in his discussions of imagination and fancy, had placed an important emphasis on the qualification that the mind had to be encouraged into a passive state; one 'permissive' enough to allow the subliminal imaginative process to be transmutated into an active state.

Coleridge illustrated his thesis with a meditation whose imagery, to my mind, also informs the foundation stones of Jung's technique:

> A small water insect on the surface of rivulets ... how the little animal wins its way up against the stream, by alternative pulses of active and passive motion, now resisting the current, and now yielding to it in order to gather strength and a momentary fulcrum for a further propulsion. This is no unapt emblem of the mind's self experience in the act of thinking. (Coleridge, 1907: 124)

I think this is also the first recorded use of the concept of a stream of consciousness. This excerpt from *The Biographia Literaria* contests the view of many Freudians. David Foulkes in *A Grammar of Dreams* (1978), which is a seminal study of Freud's theory, quotes Loevinger on the originality of Freud's dream theory: 'No other therapeutic ideology or explanation of human behaviour has enough intellectual content to attract comparable study'. Foulkes continues to discuss how Freud saw an opportunity that earlier dream theorists had missed: the chance to observe what the human mind does – what it is like – when it is operating on its own, freed from perceptual inputs and the imperatives of the social order outside. I am not an expert on the Romantic movement, but there is little doubt in my mind that Coleridge and his medical contemporaries, with whom he often disagreed, and Thomas De Quincy were also deciphering another valid map-reading of the unconscious, despite subsequent psychoanalytic attempts to discredit it. Fruman (1971), in Foulkes' *A Grammar of Dreams*, saw 'no moral connection between Coleridge's dreams and waking life', and many other psychoanalysts have spoken of the romantic imagination as being only etherealizing and infantile.

Although the bewildering and enigmatic nature of dreams was no closer to being comprehensively explained by Coleridge than it has been by any other one school, what fascinated the Romantic poets/scholars, as much as it did Freud and Jung, was the process of dreaming. Dreams and dreaming attracted intense scrutiny and, in a lecture of 1818, Coleridge, who became knowledgeable about the medical imagination and the relationship between body and self, noted, 'How the mind is never perhaps wholly uninformed of the circumstantia in Sleep'. One hundred years before Freud was to publish *The Interpretation of Dreams*, Hazlitt wrote on dreams in his essay, 'The Plain Speaker'. Although Freud did acknowledge in *The Interpretation of Dreams* the contribution artists and poets had already made to the discovery of unconscious processes, I do not think he ever made any reference to this essay, which leaves little doubt that Hazlitt, even if he did not have a cogent dream theory, had already cracked Freud's concept of dream censorship, as well as a modest theory of repression:

> It may be said that the voluntary power is suspended and things come upon us as unexpected revelations, which we keep out of our thoughts at other times. We may be aware of a danger that we do not choose, while we have the full command of our faculties, to acknowledge to ourselves; the impending event will then appear to us as a dream, and

> we shall most likely find it verified afterwards. Another thing of no small consequence is that we may sometimes discover our tacit and almost unconscious sentiments, with respect to persons or things in the same way. We are not hypocrites in our sleep. The curb is taken from our passions and our imagination wanders at will. When awake we check these rising thoughts, and fancy we have them not. In dreams we are off our guard, they return securely and unbidden. We make this use of the infirmity of our sleeping metamorphoses, that we may repress any feeling of this sort that we disapprove in their incipient state, and detect, ere it be too late. Infants cannot disguise their thoughts from others; and in sleep we reveal the secret to ourselves. (Hazlitt, 1900)

It is hard to credit Hazlitt with these thoughts in 1800.

The eminent scholar of dream history Ludwig Binswanger (1928) acknowledges that there have been three great periods of heightened interest in, and debate surrounding, dreams: the Classical Greek era, the Romantic era, and the era marked by Freud's *The Interpretation of Dreams*. Like psychoanalysts, the Greeks held dreams in high regard, and the messages dreams contained were sought after as a means of acquiring knowledge. Soothsayers, augurs and dreamers were consequently held in high esteem, and the most striking example of the importance of dreaming is seen in the medical cult of Incubation – the ritual invoking of dreams. Then dreams were considered as channels of intercourse with supernatural powers. As in the Bible, God sent dreams by angels, so in Homer, Zeus sent dreams by Mercury. The Greek idea may be considered broadly in the words of one of their poets, Aciius:

> Dreams are in general reflex images
> Of things that men in their waking hours have known;
> But sometimes dreams of a loftier character
> Rise in the tranced soul, inspired by Jove,
> Prophetic of the future. (Warrington, 1936)

With regard to my position *vis-à-vis* my analysands, I tend to see the entire analysis as an ongoing dream incubator, which may be similar to what Masud Khan referred to as 'The dream space'. I am not recommending myself as a dream diviner, who the average Greek citizen consulted as we may consult an analyst – and he, too, was a practical businessman, prepared to explain dreams for a fee! Nor do I regard myself as having a particular philosophical position on dreams, as did Aristotle and Plato, but rather I see that the setting of the consulting room, the protected space, or Jung's concept of the *temenos* has a function similar to those sacred theatres in Greece where the citizens also incubated their dreams. Dream incubation first existed in an advanced state in ancient Egypt, when individuals consciously sought to have healing dreams or connections with supernatural powers. I use this idea as a metaphor for the unconscious and analytic process, whereby an analysand may make connections with, and bridges to, their unconscious with the intention of producing more psychological oxygen and along with it the possibility of greater understanding which can accelerate the lifelong task of individuation. I am not a dream diviner, nor an expert in hermeneutic arts, but I am a practical midwife

to my analysand's unconscious processes – one who, in ideal circumstances, concurs with Aristotle's view of dream interpretation whereby a prerequisite is to become a master of metaphor which, as he says, is the one thing that cannot be learnt from others.

The sacred oracles were situated in places where local conditions favoured dreams: lonely caverns, enervating valleys and regions of gaseous escape, as well as gorges and cliffs, were deemed to be particularly facilitating. The most famous of these oracles was at Epidaurus, sacred to Aesculapius, the father of medicine. There the patient slept in a special temple and incubated a dream. The responses were said to be twofold, one a dream, the other a cure, and the patient awoke to find himself whole! Jung's lifelong work accomplished in a trance! The more facilitating the dream, the more numinous its contents – the dreams sought were not domestic dreams but consisted of the appearance of a god or a sacred animal, which touched the patient's body. However, the concept of numinosity, or peak experience, is complex and there is always the danger of inflation, or even delusion, occurring after a numinous experience.

I quote from the moral philosopher Charles Taylor:

> I can't know in a flash that I have attained perfection, or am halfway there. Of course there are experiences in which we are carried away in rapture and may believe ourselves spoken to by angels; or less exaltedly in which we sense for a minute the incredible fullness and intense meaning of life; or in which we feel a great surge of power and mastery over the difficulties that usually drag us down. But there is always an issue of what to make of these instants, how much illusion or mere 'tripping' is involved in them, how genuinely they reflect real growth or goodness. We can only answer this kind of question by seeing how they fit into our surrounding life, that is, what part they play in a narrative of this life. We have to move forward and look backward to make a real assessment. (Taylor, 1989)

This discussion on numinosity should not obscure the fact that I regard domestic dreams as equally important and as capable of possessing an energy to bring about critical shifts in consciousness. In practice I feel that it is in the more mundane nooks and crannies of our daily lives that many of the most important shifts in consciousness and creativity are likely to occur.

The nightmare descent

By contrast, nightmares, which are often experienced by contemporary dreamers as a type of descent into the underworld, can freeze psychic processes and arrest maturation. I have been surprised in the course of my work about how many analysands have failed to complete the concrete, let alone symbolic, burial rites of either one or both parents. I have listened to stories about parents whose ashes remain numbered, yet unclaimed, on the shelves of a funeral parlour. In the case of one late-middle-aged man, it was not until he had experienced further analysis that he acquired the capacity to respond to a dream, not a nightmare, in which his mother's ghost appeared to him and demanded

her burial rites. I say a dream because the patient did not awake terrified but curious to explore the unconscious factors concerning why he had failed to bury his mother's ashes in the churchyard where all her ancestors were buried.

After some weeks of exploring this dream, which culminated in an active imagination, which I will go on to describe, he was able to claim her ashes, organize appropriate rites of passage, which were accomplished during an analytical break, and ultimately acquire a more benign and non-superstitious relationship to her as an internal object. At this point he also began to think about ending his analysis. By the time he had this dream I thought I knew a great deal about his mother and her influence on his development. For example, I had been surprised to hear that about 10 years ago, when he heard his mother was dying from cancer, he left an international assignment and his family to return to England where he cared for her for two months until her death. When we started to unpack this experience he was genuinely surprised to discover that I did not regard his behaviour as the norm, and somewhat naively told me that he had only done what was expected.

He was born on an island in the outer Hebrides which was dominated by a vigorous Calvinism. As a child he feared, speaking metaphorically, that his mother lived in his pocket if not his genitals. She was a dreaded divinity whose all-too-seeing eyes could penetrate his bedroom door. He was intellectually precocious and used his mind as an escape route from the claustrophobic cottage and community. He became professionally successful as a writer and academic.

After we had finished exploring his dream through his associations and conscious memories, I suggested that he try to have an active imagination in which he was to be both mother and boy. During this dualogue it transpired that his mother had often chastised him for eating too many of the primitive fisherman biscuits which were a principal provision when the local fisherman were at sea. He recalled how he had been overweight and uncoordinated. He spoke in his mother's nagging voice and remembered how he used to escape from her vigilant eye to the seashore to binge on these biscuits. Then he imagined his mother saying 'Take your head out of that book' and he was overcome by another lost memory. After some time lost in reverie he managed to tell me that as a child he had used literary text as a body shield to protect himself from his mother's piercing gaze. He went on to tell me that even today – for example, last night, as he had cleaned his teeth – he held a book in one hand so that he could continue to read. Until I expressed surprise he assumed that this was usual behaviour. Now he reflected that as an adult he was never without a book by his side, in his pocket, or in his hand. After further exploration he became visibly astonished and said something like, 'To think that even my choice of career has unconsciously been a reaction to my mother's inquisition'. He also returned to his mother's physical death and told me that he had spent most of the two months with her while she was dying consuming one book after another.

For Jung, as with Mahler, separation from the mother was seen to be a pivotal stage of development, but for my patient the individuation process was about connecting to the mother in some new way, just as much as about separating. In burying his mother's ashes, both literally and symbolically, he was also able to become a more creative mother to himself. Previously all his published work had been intellectual, but just before I started writing this paper he announced that he was ready to write a new book, but this time from out of his subjectivity – about relationships.

Another male analysand, whom I shall refer to again later (and whose analysis came to an abrupt end when he became terminally ill), tried to ablate his deceased parents' memory – and his own Jewish origins – by leaving their tombstone unmarked. In the following dream he made a nightmare descent to their grave, which left him petrified:

> I dreamt about my parents' grave last night. I approached this unknown terrain and there was a huge wrought iron gate which I opened and then descended into the earth until I came to my parents' grave. I recognised it because my father's Hebrew name was primitively etched into the stones. (Until this moment I had no idea that my analysand was Jewish but had been led to believe that he came from an English military family.) I spent some time with their skeletons and then found my way back to earth.

Within a couple of months after having this dream he had selected the appropriate inscription for his parents' tombstone. Within another year, he too, as I will subsequently narrate, was dead.

In *Witches and Other Night Fears*, Charles Lamb relates how deeply affected he was as a child by the disturbing illustrations in Stackhouse's *History of the Bible*. He was fascinated by the illustration of the witch raising Samuel from the dead. As a result of turning the book's pages too maniacally, it seems that he poked his finger through the plate of the elephant and camel in the ark and his father confiscated the book, locking it permanently away. Through the deprivation of this external object and subsequent stimulus of Lamb's imagination, it seems that his fantasy of the picture of the witch became a noxious internal object which contaminated his imagination and left him, throughout childhood, in a nocturnal state of dread. I cannot imagine that I am alone in resonating to his story in which the fantasy of an image becomes more persecutory than the image itself:

> I never laid my head on my pillow, I suppose from the fourth to the seventh or eighth year of my life without an assurance, which realised its own prophecy, of seeing some frightful spectre.... It was he [Stackhouse] who dressed up for me a hag that nightly sate upon my pillow – a sure bedfellow, when my aunt or my maid were far from me. (Lamb, 1900)

As an adult, Lamb complained that his dreams were banal and unimaginative, and Jungian psychology would explain this phenomenon through Jung's theory of compensation whereby the self-regulating aspect of the psyche

attempts to compensate for Lamb's florid daytime imagination with a blander affective life in his dreams. Jungian dream theory discusses how the dream often stands in complementary opposition to whatever is going on in the conscious surface life of the individual. Jung regarded an important function of dreams to be the ways in which they could be seen as drawing attention to serious psychological imbalances in the dreamer's life.

Dreams as gifts – 'But I, being poor, have only my dreams' (W.B. Yeats)

I regard all dreams as analytic gifts. One of the most wondrous things about dreams is their autonomy – did my imagination really create this dream, or was it created for me? Who is the architect of my dream? Their autonomous nature can, and often does, induce shame, and even scarlet cheeks and body squirming in the dreamer during retelling. When a patient shares a dream they are laying bare their psyche ... tread softly because you tread on their dreams. Rarely do I leap in with a subjective comment or an interpretation, even if it jumps out of the material, but I try to remember to tread softly until I have a better idea of how much of the dream contents remain unconscious in spite of being dreamt. For me the most important element of dream work is not so much in interpretation as in the ways in which the dream may function as a unique object in the intersubjective analytic discourse.

I was seeing a female analysand, already a wife and mother, who had been adopted and who spent much of the time in her analysis unable to endure any transference interpretations, and particularly those that linked her past to the intimate nature of our own relationship. Defiant, she liked to reiterate that she never remembered her dreams. For several years the breaks passed without comment and whenever I gently nudged her towards some consideration of the intersubjective relational significance of our three-times-weekly meetings she symbolically urinated on my words with a defensiveness that was scorched in sarcasm. She was taken by surprise by remembering a dream, but was also so embarrassed that for months it was sufficient that she had found the courage to narrate it, although she couldn't bear me to refer to it. Neither did I forget it. Now, much later, we are able to use it as shorthand to the heart of our relationship:

> In my dream I visited a friend who told me that her analyst was about to stop working because she was going to have a baby. Then she stopped and said that although she had dreamt the dream several days ago she had found it impossible to imagine that she would ever tell me. I noticed that her face was uncharacteristically flushed and she looked agitated in her chair. (At this point, about four years into the analysis, lying on the couch was also still unimaginable. Today it would be equally inconceivable for her to return to the chair.) She continued to tell me that in the dream I am showing her a book in which I have a list of all my analysands' names, a sort of school register, which, in relation to her adoption and lack of recognition, the word 'register' becomes laden with meaning. Next to each analysand there is a mark which signifies good or bad. When it comes to her name the mark representing good is accompanied by a photo-

> graph of us both sitting close together. There the dream ends. She cannot bear to associate to this image for many years. Neither can she deny having dreamt the dream which continues to nourish our waking relationship and assist her in her wish fulfilment to accomplish an intimate relationship in which it becomes possible to trust a woman.

I have to admit that I do not find it at all easy to listen to other people's dreams, and, while I regard myself as a good listener, it is often when someone is recounting a dream that my mind wanders. I was most amused to read that Henry James regarded every dream recounted as a reader lost. As a result of my listening inhibition I request that people tell me their dreams twice, and despite my sometime lapses in attention I am invariably struck by the different aspects of emphasis, affect and recall between the two narrations. Sometimes the dream will provoke a great many associations in both of our minds, and other times an analysand will look at me blankly and expect me to come up with the goods, which I initially decline. I am surprised by how often it is possible for me to make links between someone's dream and other narratives that they claim to have forgotten; I am more willing to assist in the linking of their unique chain of being than I am to make an independent interpretation. When I know a patient very well and we have established a relationship in which they are not afraid to argue with me and regard an interpretation as a hypothesis, I will sometimes make a fully fledged interpretation, but such occasions are rare.

If the analysand claims that they have no associations I react in different ways, depending on the context. Sometimes I just demur and we pass on to something else. I may feel privately that the dream has provided me with information about their unconscious processes, but I will store the material until another session when I may be able to make some convincing links back to the dream. On other occasions, when the analysand has produced a dream image that lends itself to amplification through Jung's concept of active imagination, and they have sufficient confidence in their imagination and internal world, I may follow that path. There are other times when, depending on the content of the dream, I will suggest that we use it as a toy and play with its absurdity.

With regard to those analysands who do not have the capacity to remember their dreams, I do, after some period of analysis, suggest to them that they try to find the time on waking to take stock of and reflect on their mood, because it is most likely that, even though they do not remember their dreams, their waking moods will have been affected by their content. I regard the dreams that some analysands have on the penultimate night of beginning analysis, or indeed any dream that takes place in the first weeks, of great significance *vis-à-vis* the transference.

I am having an initial consultation with a young woman in her early 20s; hitherto we have had only brief telephone contact. Now I am hearing that she has recently been orphaned, that she is an heiress and, prior to her mother's death last year, which necessitated an inquest, she had been in the United

States where she had become a member of an international cult. She is sitting facing me, and as she talks she reminds me of a weather vane; one minute her face is overcome by a dark melancholy and the next it is a wreath of smiles, only, inappropriately, to become a chalice of tears. I can make little connection between this capricious salad bowl of feelings and the content of her narrative. Then she tells me that she had a dream last night:

> She dreamt that she lost her spectacles and began searching her house. In the dream she calls for a housekeeper and tells her that it is crucial that she helps her to find her glasses. The housekeeper is old, and as she narrates she looks shyly across at me and says, 'Like you'. They come to the bathroom and discover the glasses in the linen cupboard but she is disappointed because she realizes that they do not have the right lenses and that her vision is blurred.

I regarded, although I did not at that time communicate it, this dream as a gift. I was drawn into the analysis – the dream acted as a magnet to her unconscious – and I became fascinated by her internal world.

Some years later she was beginning to talk about when and how we would end the analysis. Then she reported having a dream in which she thought she saw its ending reflected, which she prefaced by saying: 'I dreamt it last week but I wasn't ready to tell it to you then, I wanted to keep it for myself.' She went on to tell me that she had been dreaming about me, curled up asleep beside her partner, and that she half woke from the dream with the following insight:

> Jane's been sitting there listening to me all this time. Sometimes she asks an occasional question, and now I realize I can only see myself through another person being there for me and I don't know how to say this without sounding self-important, but this process of self-awareness is like growing a third eye – you know, in Eastern philosophy. I always thought of the eye as being something with which to look out on to the world, but now I see it is also there to look inside and see my invisible self. Do you understand what I am saying? It is like being able to look at the spaces inside of the words, not the words themselves because they always come down on one side or another, but the spaces in between the words.

I agreed that it was the spaces in between her words in which communications from her unconscious were most likely to reside and also reflected on how her growing capacity for symbolization was experienced through her body as the acquisition of another eye capable of a fourth dimension of vision. I did not need to remind her of her initial dream because she quickly referred back to it.

It is rewarding when some patients become more skilled at plumbing the depths of their emotional inscapes, and, as I quoted from Jung earlier, become responsible for increased self-recognition. This kind of recognition does not depend on external vision but on a heightened capacity for insight. Such insight occurs when there are shifts in the psyche whereby mediation between conscious and unconscious processes, as may be experienced through dreaming, become more possible. Such development involves the activities of what

Jung referred to as the transcendent function, whereby one learns to maintain a continuous dialogue between real and imaginary, or rational and irrational, data, such syntonic dialogue acting as a bridge between conscious and unconscious, which Jung regarded as a natural energy arising from the tension of opposites.

The preparation and writing of this paper coincided with my young patient (whose dreams I reproduced above) deciding to cut down on her analytic sessions with a view to termination. However, I was still concerned that, in view of the traumatic way in which she had been confronted by her mother's death and the long history of her mother's depressive illness, she might herself become a candidate for postnatal depression when she started her own family. During our subsequent explorations of her mother's inability to mirror her and what that might mean if she became pregnant, she had the following dream:

> Last night I dreamt that I had ended my analysis but I returned to your consulting room – except it wasn't like your consulting room. You were working in a conservatory and occupied potting different cuttings. I was seated in a rocking chair and watching you, the room was filled with soft light. Then I got up to leave and as I walked towards the door I looked down and and saw that my pathway was composed of mother of pearl stepping stones. As I walked across them I dropped my purse and you came and picked it up for me. It was brown leather and you opened it and began, with your earth-covered fingers, to smooth out all the wrinkles and then you handed it back to me and we smiled at each other and I left.

My patient did not require any interpretation from me about her dream and we were both left in no doubt that it was a gift from her unconscious which would provide her with a vehicle to move between inner and outer realities.

Another analysand, a man in his mid-40s who has just begun his analysis, arrives in an excited state for his third early-morning session:

> I dreamt that I came to your house and wanted to talk about the fact that Tilda, my wife, wanted to leave me and the anxieties this provoked in the dream. And then I dreamt that Tilda arrived, I think to put her side of the story to you, and I was surprised to find her in your consulting room. Then I was going downstairs and I met your husband on the stairs and further downstairs there was a dinner party going on with lots of your friends. The outside of your house bordered on an ocean and suddenly I found I was in the water with your husband and we were swimming out to sea and then suddenly we were in trouble, out of our depths, and in danger of drowning but then your husband whistled to two dolphins who came along and gently pushed us back to the shore.

I imagine each of us reading about this dream will be able to see a variety of archetypal and Oedipal themes, as well as issues concerning envy and sibling rivalry and, depending on our perspective, we will place the emphasis differently. What remained most important of all to this analysand about his dream was his experience, in the dream, of the help afforded to him by my imagined husband. Despite, in the course of our work together, the analysis of acute

feelings of jealousy, he continued to experience his entry across the threshold of my house as a pleasurable experience. Most tragically, between one session and another, he produced a galloping brain tumour. Once the brain biopsy had confirmed its terminal nature he decided that he wanted to live what little remained of his life with the benefit of his analysis, but without further treatment. When he became paralysed and bedridden, he requested that I visit him at home, and I agreed, after consultation with his wife and the family therapist I had referred them to. He never forgot that first dream, and my husband's invisible but benign presence had remained with him throughout his analysis. One of his dying requests was that my husband might also consider visiting him.

I expect that you may have linked this dreamer to the earlier dream of a descent to his parents' unmarked grave. At the time it did not occur to me to imagine that the dream might be a portent of his own death. However, without the Sybilline gift of prophecy, but with the more mundane gift of hindsight, I am no longer so sure.

Maintaining uncertainty, or negative capability, while exploring dreams is an essential credential for any dream work. Although I have not chosen, in the context of this paper, to explore, in any detail, the ways in which our erotic lives may be enriched by our dreams, I think this is another vital terrain. As Hamlet says to Horatio, 'There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.' It is in our dreams that we can experience Hamlet's aphorism and confirm its truth and where we may encounter every imaginable human experience in every imaginable gender configuration; where we can be as amoral as Cupid, even psychopathic. And yet, on waking, we return to the limitations and confines of our lives in which we continue the human struggle to achieve a level of responsibility that Shakespeare describes as, 'They that have the power to hurt and will do none'.

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Response to the papers by Margot Waddell and Jane Haynes presented at the BAP 1999 Annual Conference on Dreams

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I was pleased to be asked to participate in a small way in the centenary celebration of Freud's historic work *The Interpretation of Dreams*. What I tried to do was to approach the papers as one might a dream and see where my associations took me.

On the morning of the conference I awoke to an item on the Radio 4 'Today' programme:

> Scientists in the USA have wired up the brains of zebra finches in order to test the hypothesis that these birds dream. They have found that within the brains of these small birds the same neuronal sequences fire as when they are awake and singing. The view of the scientists is that the birds learn or rehearse their songs in their sleep.

I imagined the little fellows tucked up in their tiny cots and hoped they were being treated well! I was left thinking that this news story might have more poetic value than scientific value. It did, though, prompt the following questions: Is this rehearsal the same as dreaming or is it more like a phylogenetic prototype of dreaming in that the automatic 'rehearsal' might be thought of as a sort of proto-dreaming? What sort and what degree of complexity of neural structure is required for dreaming to occur? The Freudian hypothesis about dreams and their relation to the ego would certainly lead to the conclusion that a high level of organization needs to be present such as that described in his topographical theory, with its demarcation of the two functions unconscious–conscious, for dreaming as we know it to occur.

The papers by Margot Waddell and Jane Haynes were both concerned with the matter of how a dream, which is such a personal thing, can be transformed, by means of the analytic process, into a means of communication between therapist and patient and between one aspect of the patient's mind and another. Analytic work can help patients realize that dreams are a potential way of talking to oneself.

For Freud, dreams were a means of understanding how the mind works, how it is constructed and how it deals with the tension caused by unpleasure.

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For Freud the dream work is all-important. There is the construction of the actual dream, dreamed by the sleeper, the dreamer's remembering of the dream and the telling of the dream to the therapist. All three of these stages involve psychic work that allows censored and otherwise inadmissible material to enter consciousness. It is the nature of this psychic work that Freud regarded as the 'royal road' to understanding how the unconscious influences consciousness. We might regard Freud's view as a rationalist, scientific view of the dream. Jung's view was rather different. Leaving aside his views on what he called 'collective' dreams, he regarded 'personal' dreams, as did Freud, as being of great significance but he thought of dreams as an expression of the subject's personality rather than as a demonstration of symptom formation. It would seem that Jung's way of thinking about dreams is not so alien to contemporary psychoanalytic psychotherapists.

Probably, once the analysis of transference began to take on more and more importance, it was inevitable that dream analysis would no longer hold centre stage. Charles Brenner (1969) concluded, from a study of analysts and their attitude to dreams, that once the structural theory came to dominate psychoanalysis, this inevitably led to the idea that any communication, from any part of the psyche, was just as likely as a dream to provide material about the unconscious. Ralph Greenson (1971) took the opposite view, making a case for dreams remaining a special form of communication about unconscious, early experiences and memories, the fears and guilt feelings associated with them, the methods of defence used by the ego, and that dreams could provide access to symptom formation and character traits. It seems that Brenner's view has come to be the dominant one but not necessarily one with which you all might agree. Kaplan-Solms and Solms (2000: 52–7) are of the view that recent findings of neuro-scientific research support Freud's hypothesis that dreaming is a result of activity promoted by a compromise between the lower, satisfaction-driven part of the brain and the higher cortical functions.

Freud's classical view is different from what we might call the contemporary romantic view taken by both of these papers. (I do not mean that the papers are both the same because they are not. I do not mean that they are not scientific, nor do I think that within the dichotomy Romantic/Classical that one is of greater value than the other.) The *Oxford English Dictionary* defines the Romantic view as one that is concerned with feeling and emotion. I think it is true to say that Freud was not occupied with the affective content of the dream but was focused on the form and structure of the dream and on the way that dreams could be shown to support his theories of sexuality and of wish-fulfilment, and later his structural theory, in terms of the way that the mental agencies manage tension.

Even when Freud came to look at anxiety and anxiety dreams in his *New Introductory Lectures*, he was mainly concerned to show that anxiety dreams did not break his rule of dreams as wish-fulfilment. He regarded the signal of anxiety as a breakdown in the normal mechanism of censorship so that the

energy from the repressed impulse breaks through into consciousness in a raw form and the sleeper awakes.

I was grateful to Jane Haynes for drawing our attention to Hazlitt as a forerunner of Freud in his thinking about dreams. Jane is frank in her disagreement with Freud's views about wish-fulfilment and the universality of sexual content and, of course, Jung's views on this were one of the things that led to his and Freud's eventual parting. Slowly, in psychoanalysis, the idea that dreams might not exclusively be an expression of a wish-fulfilment has come to be accepted by many clinicians, but not all. The integrative function of dreams, their intrinsic creativity and their problem-solving aspects, have come to be regarded as important once analysts were less worried about being accused of being unscientific. Jung from the start regarded all these aspects of dreaming as being of great significance. It is probably now widely accepted that the manifest content of the dream may be an important source of communication. It is the manifest content that 'picks up' the affective material from the day's residue and this may be used to tell us about the current state of the relationship with the analyst in the transference.

Jane Haynes' paper addresses the idea of the dream as expressing hidden potential: potential changes in relationships both to internal and external objects and to the analyst. The Dentist's Chair dream is used as an example of such a potential change in a relationship. That the manifest content of a dream (as well as the latent content) might reflect changes in the nature of the patient's relationship with the therapist and in the nature of internal object relationships is something that might come to the attention of analysis once analyses become longer.

Margot Waddell's paper implied that much of what is dreamed is to do with very early anxiety-filled baby-experiences that are translated (or not) through the adult symbolizing capacity into manageable forms. Perhaps this view is one in which dreams are seen as much as a means of managing anxiety as to do with repressed sexual wishes. Some patients' dreaming seems to constantly revisit the site of an experience felt as a trauma: that of no mother being there to contain the child. The difficult task of the therapist is then to understand the *autistic* nature of these dreams as a communication of early distress or terror. Dreams, from this point of view, might be seen as a constant reworking of traumatic situations (internal traumas, that is) in which the site of the trauma is constantly revisited and resymbolized, a process that is bound, at times, to include sexuality. There is a view (see Didier Anzieu, 1989, for example) which holds that dreams are precisely a way of managing the day's stimuli which are experienced as a constant impingement on the ego, creating 'holes' in it that need to be repaired by dreaming.

I began to wonder when, in humans, does dreaming begin? Thinking of the zebra finches, does ontogeny repeat phylogeny? (We are not descended from birds but I am assuming that the 'rehearsal' in sleep is not unique to birds.) Does proto-dreaming start in utero with an instinctive and evolutionary

essential reinforcement by 'rehearsal' of motor and speech actions that slowly become loaded with accretions of affective meaning? If dreams are a reworking of that which has already been taken in, then dreaming might begin only when we have enough of something that can do this taking-in of what we perceive.

It does seem as though Freud was right about dreams being intrinsically regressive. Dreams are made up of visual images and are, indeed, a kind of visual, sleeping 'hallucination'. We take in things through our eyes and visualize them long before we can speak. When we awake from a dream we speak the dream to ourselves or to our therapist and what is a highly condensed visual situation becomes a linear, verbal structure. It is this process of transforming a compact visual experience into a linear, verbal one that is so prone to secondary revision. (Conversely, what has been heard or thought in words may merge with earlier unconscious material and find its way into a dream as a visual symbol.)

Both papers focused on the creative process of symbolization in the dream. We might say that without symbolization there are only anxiety dreams which contain raw, uncondensed (beta) elements and the sleeper wakes up to a nightmare. Bion (1984: 51) has talked of the psychotic being surrounded by his dream furniture, a wonderful poetic metaphor that condenses the horror of being unable to symbolize but instead living a waking nightmare. Bion also spoke of how the psychotic tends to regard dreams as an evacuation of what has been taken in so that the dream has no meaning for the patient.

If dreaming is a precursor to thinking and it is the mother's capacity to contain the baby's raw elements that is the basis for symbolization, then perhaps successful dreaming, which does not wake us up (which includes the dreaming of dreams that we do not even recall), is rather like an internal form of being-with-mother, who processes what we are experiencing, making it tolerable so that we are not overwhelmed by anxiety. Does this mean that a nightmare is a dream situation that repeats a trauma in which we have temporarily lost any sense that there is someone there, internalized, to be with us?

We can think of dreaming as the day's residues coalescing with past, unconscious material to form symbols, which may then be translated, through analysis, into emotional experiences. We might then think of intensive psychotherapy not only as a dream incubator, to use Jane Haynes' lovely phrase, but also as a kind of dreaming in which the day's residues coalesce with internalized, past material and are then transformed into symbolic form during the dream-time of the session. The closer therapeutic work aligns with an ideal of analysis, the more it might be thought of as akin to dreaming.

Jane Haynes describes in some detail her attitude to her role in the sessions when a patient brings a dream. She uses the metaphor of the midwife. It is as if her role is, through the technique of active imagination, to allow the individual dream objects to take on a life of their own and run the course of their

own story until they are no longer useful and are then replaced by a new dream object. Margot Waddell's position is more of an interpretive one, which would place her more at the focus of the process and thereby encourage transferences on to her.

My attention was caught by Jane Haynes' remark, when she was asked how she handled dreams in the analytic session, that she usually asks the patient to tell a dream a second time. This, of course, is something that many of us do in order to obtain more 'data'. Her reason, though, was different and startling. She said that she does it because she often finds that she has *not listened the first time*. It was clear from the audience response that there was considerable relief in that many of us share this hitherto shameful (and as far as I know hitherto undiscussed) experience of not listening to the dream. There was some animated debate about this phenomenon. Why does it happen to so many of us so often? This seemed to me to be an interesting question. It cannot be because dreams are boring, because they rarely are (they may be, of course, if the patient is telling us dreams in a defensive way to avoid something else). Is it because of the very intimate nature of dreams? Do we instinctively turn our mind away from what we are hearing, equivalent to turning away from seeing nakedness? Do we, when we hear a dream, *see* it first in our mind's eye and process it into words the second time we hear it? Do we turn away because we protect ourselves at first from an excited wish to *look*? Perhaps we have to process excitement and the reaction-formation against it before we can listen. Does this *looking* provoke something primitive in the listener? Analysts hear material that might be more obviously embarrassing than that which may be revealed in patients' dreams. The audience discussion made it clear that what seems to happen is that the analyst suddenly realizes that he or she has not been listening, has simply 'not been there'. It is as if the analyst has temporarily left the patient alone. Is this a trace of some early experience of both analyst and patient appearing in the consulting room? Perhaps the phenomenon is another example of the especially intimate nature of dream communication.

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Dreams and the discovery of the inner world

MARY ADAMS

ABSTRACT

The author takes Donald Meltzer's revised theory of dreaming as the basis for an exploration of the way we think about and use dreams in psychoanalytic practice today. Using Meltzer's ideas on dimensionality and the development of symbolic thinking she looks at how dreams can help to introduce patients to their own inner worlds in a way that can transform a sense of inner emptiness and isolation into a rich and meaningful three-dimensional world of intimate relating. She relates this to the considerable impact of Klein's discovery of the internal world and discusses the difficulty Freud had in trying to approach dreams without the concept of an inner world. Through clinical material she looks at patients' reactions to their dreams and the kinds of anxieties that bringing a dream can arouse in both patient and therapist. This is linked with Bion's contribution of seeing dreams as the articulation of emotion and meaning and as a form of unconscious thinking. In conclusion she describes the valuable role that dreams can play in introducing patients to the beauty of the analytic process itself.

Key words dimensionality, dreams, emotion and meaning, inner world, Meltzer.

Introduction: The dream as poetry

> It is the poetry of the dream that catches and gives formal representation to the passions which are the meaning of our experience. (Meltzer)

Why does Meltzer talk about the 'poetry' of the dream and what does he mean? What would be his definition of poetry? And what produces this human capacity to express itself unconsciously in poetic form, 'poetic diction'

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as Ella Sharpe called it.

> [Sharpe's] central creative contribution to the theory of dreams was to point out the mountains of evidence that dreams utilize, what she chose to call the 'poetic diction' of lyric poetry. By this she meant that dreams employ the many devices of simile, metaphor, alliteration, onomatopoeia, etc., by which the language of poetry achieves its evocative capacity. She could have added to her list the qualities of ambiguity that William Empson outlined, the musical attributes which Suzanne Langer described, the reversal of perspective of Wilfred Bion and many other devices of which we as yet know little in respect of dreams but which have been identified as aesthetic devices in the various art forms. (Meltzer, 1983: 27)

When Meltzer talks about the 'poetry' of the dream, he seems to have in mind the capacity of a dream to give a formal shape to emotional experience the way poetry can do for us. Although he does not develop this idea systematically, he does describe some characteristics of what Ella Sharpe called 'poetic diction'. Poetry, unlike prose, distils the essence of an emotional experience into an image, or images, that others may respond to from their own emotional experience. Similarly, a dream brought to a session can encapsulate, in image form, an emotional experience in ways that the dialogue between patient and therapist may not. With both the poem and the dream we have a communication, the essence of which contains mystery and which taps into our internal world and unconscious emotion.

This paper grew out of my experience with patients discovering their own dreams, particularly patients who came into treatment feeling isolated and empty inside. The impact of discovering that they had a rich inner world that was of interest to me and gradually to them seemed profound. It was similar, I believe, to the child's reaction to the beauty of the object in the person of the mother, described by Meltzer in *The Apprehension of Beauty* (1988). Ultimately with my patients the impact of their dreams grew into an appreciation of the beauty of the psychoanalytic process itself and the dialogue and understanding that can develop between patient and therapist. But on the way to that point there was the conflict and uncertainty in approaching this mysterious object, the dream, that one finds in the child faced with the beautiful mother. There is a sense of enigma and separateness about the dream that makes it as impossible to control and possess as is the mother for the child. Hence patients may, for example, try to deny the dream's importance and even disown it, or conversely they may keep it to themselves and not want to share it. Some patients fear the therapist will have access to their dream and all its mystery in a way that excludes them. Some fear that if they cannot control a dream or take credit for it then somehow the therapist will. Patients who pride themselves in taking care of everything themselves can resent relying on the therapist for help. Once they can allow themselves to become intrigued by their own dreams, however, the fear of dependency on the therapist is lessened in the most helpful way.

Three-dimensionality and the internal world

Meltzer's aesthetic theory of dreams follows the development of psychoanalytical thought from Freud through Klein to Bion. What becomes immediately clear is how differently we now think about dreams from the way Freud did. Freud did not talk about the dream as poetry. On the contrary, one might even say that in his epic work on dreams he expresses all the same conflicts of the child faced with the enigmatic object, as if trying to empty dreams of their poetry in trying to secure them in scientific theory. Understanding dreams was for Freud especially problematic because his view of the mind had no elaborated concept of an internal world. This concept, which we now take for granted, has revolutionized our thinking about dreams. With this concept, all the drama and life in dreams that Freud could find no place for could now be given a place of its own.

Part of Meltzer's great contribution to psychoanalytic thinking is his focus on what he refers to as *dimensionality*, *geography* and *internal space* in both self and objects. He contrasts Freud's view of the mind with Klein's discovery of the internal world and Bion's focus on providing a thinking space for the development of the mind. He describes how, with Freud's focus on concepts such as condensation and displacement, dreams could be seen as a lifeless, one-dimensional transaction, divested of emotionality if the emphasis is on residue from the day and not seen as the result of lively mental activity.

In an earlier paper I explored the issue of inner space in relation to a patient who functioned in a concrete, two-dimensional way as though she had no containing skin, no inner world. Her curiosity was replaced by grievance and dreams were meaningless until she began to wonder about what, if anything, was inside her. It was only when she began to feel a sense of an inner world and the containment by a thinking therapist that she could develop a capacity to think symbolically and to enjoy her dreams (Adams, 1997).

This paper in a way follows on from that earlier one in my continuing interest in patients' sense, or not, of their own inner world and their attitude towards their dreams. My interest centres on the extraordinary transformation that can happen as patients engage with the therapist in dream work and thereby engage with the analytic process.

Meltzer describes the awareness since Klein of a three-dimensional dream world – that is, a lively, populated internal world in which emotionality becomes the central focus. This is emotionality in all its guises – pain, grief, anxiety, judgement, guilt, value and so on – emotional experience produced by the conflict of desire and anxiety. The dream symbol, rather than being merely a substitution for some other image or external object, becomes a symbol of internal processes, centred around emotional experience. This change of view from Freud's way of thinking about dreams uses a very different vocabulary and inevitably makes for a different way of working with patients.

aspect of the link between mother and baby. The dreams were full of disturbing images of what was inside her and seemed to convey an unconscious awareness of her difficulty in making a sustaining link with her objects. In a number of them she was pregnant with a baby that either was not hers or was not in its proper place:

> In one dream she was initially happy to find herself pregnant again and felt somehow at peace because being a mother was what she knew. But, she wondered, how could she be pregnant when she had had no sex and no longer even had a womb. The dream turned into a nightmare. She was in hospital and, while she lay helpless, the doctors were discussing how to remove this baby who was a threat to her life. They decided to use keyhole surgery, 'zap' it and use suction. They found the fetus attached to an artery inside her so that when they disconnected it her own blood came flooding out. The black blood of the fetus became her own red blood and she realized she would die.

Again the stark imagery of the dream had the impact of dramatic poetry, although this dream in particular had a disturbingly concrete quality. Our exploration was dominated by images of there being no proper place for this baby, no proper connection between mother and baby, no womb. She kept saying, 'There's nothing in the middle'. She turned her fury on these doctors who take decisions about her life without her, but the dominant image was of a baby threateningly attached to its mother rather than contained in a nurturing place. The dream expressed both her ideal of self-reliance (getting pregnant without sex) and her anxiety that this lack of intercourse was unnatural. We also explored it as a picture of her internal violent reaction following a holiday break in which she felt the connection between us had been brutally 'zapped'. She was able to see that this was not a dream that conveyed contentment in working with and relying on a therapist. It was a fearful image of becoming a damaging parasite.

Her refrain of there being 'nothing in the middle' seemed to describe not only the lack of a womb for the baby to grow in, and thus an emotional space for closeness, but also the lack of a meaningful response that might suggest a closeness between us. The 'nothing in the middle' is the all-or-nothing view of the child, perhaps, who one minute is the centre of the mother's concern and the next minute feels expelled. In the dream, these doctors/therapists did not want to know what Anna felt. Their worry, it seemed, was how to get rid of this 'dependent', clinging baby.

The 'nothing in the middle' suggests a two-dimensional attachment in which the mother lacks an ability to imagine her baby's inner self. In consequence the child is left with little concept of possessing an inner world, let alone one that is of interest to others. The mother's ability to think about what might be happening inside her baby is also her imagining her baby's internal life *on behalf of* her baby and this gives a reality to the baby's inner world and feelings.

Freud, Klein and the discovery of the internal world

One might say that it was Melanie Klein's thinking about and imagining what was happening inside her child patients that gave a reality to the internal world for us as therapists. By listening to her patients she discovered that in our minds we live in an internal world as well as an external one, and that the internal world, from which our dreams are created, is as real and as alive as the external one. The idea that we were relating to internal objects who were alive in our minds, rather than merely objects from the past, changed dramatically our understanding of states of mind and our view of major psychoanalytic concepts such as narcissism, unconscious fantasy, the oscillation between the paranoid-schizoid and depressive positions, and the transference. To quote the American analyst, Robert Caper:

> I believe that Klein's discovery of the internal object world – the universe of all of our internal objects – was a great advance in our understanding of states of mind because, while what we call a state of mind may be the same as an internal object, our internal objects – detailed unconscious phantasies of what we contain – are far more vivid, detailed and varied than our ordinary vocabulary for states of mind – such as depression, guilt, love, security, elation, and so on – can convey. A large amount of the time consumed by a psychoanalysis is devoted to capturing the very details, nuances and ramifications of the states of mind so crudely represented by these terms.... Patients became aware not only of their states of mind, but of *their roles* in producing their states of mind. It seems to me that this type of insight is a unique product of psychoanalysis. (Caper, 1999: 56; emphasis in original)

This could be a description of dream work as we know it today: 'capturing the very details, nuances and ramifications of the states of mind' and looking at the patient's own role in producing their states of mind. Dreams now are no longer viewed merely as a process for allaying tensions in order to maintain sleep; instead they are seen as pictures of a dream life which is not only going on all the time, awake or asleep, but which is working to solve emotional conflict.

It is striking how much our work as therapists involves helping patients face the reality of the existence of an internal world and unconscious fantasies. It becomes an integral part of the psychoanalytic process and is helped immensely by the use of dreams. Bion described the analyst as performing an essential function for the patient (what he called the alpha function), something that no patient or child can do for him- or herself. One might even speculate that Freud missed the benefit of having an analyst himself to provide that containment and an emotionally meaningful, three-dimensional experience. Perhaps if Klein had not had an analyst listening to her own unconscious communications, she may have been unable to listen to her child patients in the way that led to her discovery of the internal world.

It is quite moving to read Freud in *The Interpretation of Dreams* as though he were struggling to know what to do with an unruly world of internal

Using the concepts of dimensionality and internal space Meltzer draws on case examples from work with autistic children in his book, *Dream-Life* (1983), to show how important the therapeutic relationship is for the development of our thinking about dreams. He shows how a new sense of an inner world can develop when a defined space is created between the child and the therapist. Suddenly, through the emotional experience of their intimate contact, ordinary objects take on a special meaning, and a new three-dimensional world of meaning and relating is created. He describes this transformation in Giovanni, an 18-month-old child with autistic features, where the red carpet on which Giovanni and the therapist sat and played took on a new significance. I quote part of the therapist's report of a session:

> When I walk towards the room with the red carpet, he runs ahead of me and seems to test the carpet with his foot, but he immediately pulls it back. This is repeated several times, Giovanni on the perimeter and myself seated on the carpet. He begins to pace the perimeter, panting, trembling, puffing and I repeat his types of breathing. This seems to arrest his attention and he regards me, head to one side, then tries again to mount the carpet. When I hold out my finger he grasps it, puffs hard, cries out in distress ... and then comes onto the carpet with me, into my arms where he curls up, quiet. (Meltzer, 1983: 34)

Meltzer describes the red carpet as one might describe dreams:

> [The red carpet] is being seen as a space with a perimeter, a two-dimensional area with a three-dimensional significance, scintillating with claustrophobic anxiety, and with great attractiveness. Here indeed is an example of new wine in old bottles, of an object taking on new meaning which leads to new significance. The red carpet had, through the mysterious processes of human mentality, been transformed from an external object with perceptible qualities into a symbol containing emotional meaning. (Meltzer, 1983: 34)

In this transformation, this shared emotional experience, the therapist and the child start to value each other so that the child moves from an isolated two-dimensional world into a three-dimensional existence, engaging in the drama of real-life interaction with others. In a similar way I find that exploring dreams with adult patients can function like the containing red carpet in helping them out of their isolation and into a new way of relating to me and others.

One such patient, Anna, who described feelings of emptiness and isolation and a lack of emotional containment as a child, brought her first dream after a rather barren and uncertain first few years in three-times-a-week therapy. This followed an increasingly sickening realization in herself of how little she valued in life and how contemptuous she was of everything and everyone:

> In the dream her mother was running towards her, smiling and holding out her arms as if to hug her. But what her mother did not see was that there was a hole through the

> middle of her. The hole was large and cone shaped with metal sides. 'It was like looking through the barrel of a gun,' Anna explained, 'or as though some surgical instrument had been inserted through her.'

Thinking in terms of the inside and the outside of the object and the need for a contained space provided by the mother/analyst, this dream gives us a striking, dare we say a 'poetic', image of a lack of a maternal holding space inside. As Anna thought about the dream, she became more and more disturbed by the feeling of there being 'nothing inside', 'that something inside was missing'. She was shocked, feeling the figure in the dream was both herself and her mother. 'How could she not realize the hole was there?' she wondered. It was as though she had been 'shot through' by the realization of how blind she has been to things missing. Not only were meaning and intimacy missing, it seemed that *she* was actually missing. She herself belonged in this hole in the mother. There was also something profoundly violent and ugly about the metallic 'hole'. Anna went on to describe her mother's family as 'full of dead babies and cold and empty women who had breasts removed and disliked children', as though there really was no welcoming place for a daughter in this kind of woman. The dream seems to express her fear that if she reaches out to me either she will find an emptiness in me, or that I will find a hard ugliness in her.

Her amazement at producing such a dream aroused mixed feelings. Not only was she finding that she had an alive inner world, she was discovering that she could give it a dramatic form that could show it to her and communicate it to me. This capacity for symbolic thinking marked a new way in which she and I were relating, and thinking about it together had a profound effect in the therapy. She suddenly began to bring more dreams and, while fearful and ambivalent about the actual contents of the dreams, she savoured the idea that the special meaning in them *is her* and made her distinctive. She would long for more dreams and panic that she might forget them. She would write them down and read them to me full of anticipation. For a moment, the world started to appear interesting and she herself seemed to be eliciting reactions in others that made her feel warm and cared about. The idea that she might now be seen in a new way seemed to offer the hope that we were finding substance and value in her rather than an ugly hole.

The dream could be said to be a response to her growing awareness of my interest in her dreams and what is inside her – her amazement is that the dream reveals these hidden fears and feelings. Although apprehensive about my interest at one level, she produces more dreams because she needs and wants to express those feelings.

However, we also began to notice how her wish to *perform* for me and bring more dreams could take over from the idea that we could be interested in her whatever was happening. Her performing became a topic of later dreams, but before that she had a series of frightening dreams about the life-sustaining

objects. He seems to be trying to make them submit to his schema and the 'rules laid down' at the beginning of his book while these internal objects keep throwing up new aspects to be dealt with. By limiting himself to the category of 'wish fulfilment' he was in danger of diminishing the liveliness of the dream world and of keeping it from having a life of its own that was out of his or our control. His emphasis on censorship in dreams, too, seems linked with an attempt to manage something impossible to control. After describing his basic rules for interpreting dreams he is then faced, as he puts it, with more and more aspects of dreams that do not fit. Much to his chagrin, either these elements seem absurd or, conversely, they seem to represent rational intellectual activity. Finally, and most unruly of all, a 'psychical force' seems to emanate from something he can only acknowledge as 'unconscious phantasy'. He virtually admits defeat in a footnote where he links the problem to the fact that he has been engaged in a self-analysis of his dreams:

> I underestimated the importance of the part played by these phantasies in the formation of dreams so long as I was principally working on my own dreams, which are usually based on discussions and conflicts of thought and comparatively rarely rely on day-dreams. (Freud, 1900: 634)

Freud talks about 'never having succeeded in pinning down a phantasy of this kind', as though it is the 'pinning down' that is his aim in dream interpretation rather than using dream material to 'unpin' and free up further associations. 'Dreams are a conglomerate', he says, 'which must be broken up into fragments.... We should disregard the apparent coherence between a dream's constituents as an unessential illusion' (Freud, 1900: 581). Here Freud sounds overwhelmed and increasingly powerless, as though this internal world, this 'conglomerate' of unconscious fantasies, is ganging up on him. I have found that patients who are hopelessly trying manage things in an attempt to feel more in control generally can feel a great relief when they begin to think in terms of the internal world. As they begin to locate their struggle in their inner world, they come to see the powerful fantasies that shape and direct that world.

It is hard to imagine what it would have been like for Freud and others working without the concept of an inner world. Without an alive inner world Freud could focus only on reconstructing from the past. His description of dreams as the royal road to the unconscious and even his view of the transference, his greatest clinical discovery, relied on seeing them as exclusively as an emanation from the past (a view still current). Freud's basic scientific model of the mind had no place in which to locate this internal world, even though in the Schreber case, for example, he could be seen to be describing a rich inner world. The view of dreams we have been discussing suggests that they alternatively can be seen as an expression of the most alive and intense aspects of human relationships *in the present*. These aspects profoundly inform and affect our waking lives and how we relate in the external world.

Dreaming as a way of relating

When we consider that dreams are actual attempts to communicate emotional states, we are in effect describing dreaming as a way of relating. Sometimes, for example, we see a continuity of themes in dreams over time, as though the dreamer is unconsciously struggling to be understood by presenting a particular emotional conflict in different ways and through different dreams. Another patient and I were puzzled by the fact that for many months in every dream her daughter appeared with her. It would seem that these dreams were trying to communicate something to the patient and to me and over time we had different ideas about this persistent presence of her daughter in the dreams. More meaningful, perhaps, was the way the image itself became a symbol of a shared intimate language and understanding between us.

Caper describes the process of analysis as a kind of interpersonal dreaming by which the analyst can picture the patient's dream enough to be able to think about it in the context of the patient's relationships to his internal objects, the world as a whole, the analyst, and so on (1999: 127). In describing his own approach to patients' dreams Meltzer says, 'What seems to happen is that the analyst listens to the patient and watches the image that appears in his imagination ... he allows the patient to evoke a dream in himself'. He might say, 'While listening to your dream I had a dream which in my emotional life would mean the following, which I will impart to you in the hope that it will throw some light on the meaning that your dream has for you' (1983: 90).

For Bion dreams are our unconscious observing and thinking, but they require the presence of the analyst to help understand the different levels of meaning. Melanie Klein's focus was more on the mechanisms of relating rather than the shared intimacy. She discussed, for example, the splitting and projective identification and the movement between the paranoid-schizoid and depressive positions, rather than the thinking done by the mother/analyst for, and with, the child/patient.

But Meltzer also talks about the need to be aware of the anxiety and resistance we find both in our patients and ourselves when a patient brings a dream. He relates it to the intense intimacy of dream analysis and the deepening emotional involvement in the transference-countertransference process as well as a shared ambivalence towards the vagaries of psychic reality. He agrees with Bion's humorous observation that most patients do not have to offer resistance because they know how to mobilize the analyst's resistance to deeper participation (1983: 158).

One of Bion's most important ideas was that the emotional experience of the intimate relationship has to be thought about and understood if the mind is to grow and develop. First, the child or the patient has the experience of a thinking mother/analyst. Then the child or patient can begin to introject the experience and learn to think for him- or herself. The emphasis is on intimate

relationships because it is in intimacy that the inner world of the other is *known* and attended to. With patients who are busy trying to rid themselves of feelings and engage instead in Bion's 'anti-thought', we find them attacking attempts to think about their dreams; any curiosity, any knowing and being known, has to be killed off and any meaning denied.

Great trust is involved in bringing a dream. It is also, as Meltzer says, probably the way patients are most truthful with their analyst because they would not know how to distort the material without simply diminishing the dream and thus its meaningfulness. On the other hand, it is salutary to consider some specific kinds of anxieties that can be aroused in the analyst by the impact of dream material: anxieties such as a fear of invasion, a dread of confusion, and an intolerance of impotence. These are not things we easily admit to and some patients, in their own anxiety, will play on this vulnerability in the therapist, bringing what they feel is a provocative dream (especially if the therapist appears in the dream) with a kind of 'see what you do with that' challenge. One patient would triumph in defining me as a caricature 'Kleinian' and delight in bringing dreams full of sex and part objects. This allowed for some playfulness between us but I had to work hard to wait to sense the emotion in the dream as I struggled to avoid being drawn into the acting out. When I was able to wait I could then more usefully address the patient's fears and fantasies about me.

As well as the importance of waiting until one senses the emotion in the dream, Meltzer's work on locating the object, discussed particularly in his book *The Claustrum* (1992), helps us determine whether the patient in a dream is located inside or outside the object (for example, the mother's body). The patient I have just mentioned could be described as existing inside the object. It is as though he is inside my head, *knowing* how I think and what interests me, taking control of me from the inside as a way of not having to face my separateness.

This way of living in projective identification can be seen in the patients I am describing who as children felt insufficiently held emotionally and whose own inner world was not affirmed. My patient, Anna, felt at a loss to know how to relate to me when she found that I was not someone she could organize and manage. Through her dreams, however, she could experience us as two separate people with our own separate minds, genuinely interested in her, and not set on controlling or managing each other. Her shared experience with me (like that of Giovanni and his therapist) allowed her to see things differently. This was in itself an *entering into* a newly defined space, and an *allowing in* of her therapist and new ideas. The focus shifted to her inner world and away from trying to manage or get inside her objects.

Patients who see relating in terms of controlling and managing the other are naturally quite wary about allowing the therapist into their dream world for fear they themselves will be invaded and taken over. One patient's hesitant approach to her dreams reflected this anxiety. Rather than tell me her whole

dream, she would stop to try to understand each image herself before describing the next part of the dream and I would be left feeling excluded. If I offered ideas about the dream, especially when I picked up on something powerful happening such as an extreme reaction to a coming separation, she would feel confused, full of conflict. To have me suggesting feelings in her that she was unaware of seemed to feel like I was trying to get inside and take over. By discussing her reluctance we could monitor over time the increasing freedom she felt in sharing her dreams. But most helpful was her discovery that she possessed a rich inner world rather than emptiness, an inner world that produced images that could lead us in many fascinating directions. Despite her fears, she was at the same time overwhelmed by my interest in her. 'Nobody has ever looked inside me before,' she said, implying, I think, 'nobody has tried to *imagine* what it is like for me' – a different image from trying to get inside and control from inside. She was also discovering in this process an impressive facility in herself for analogy and symbolization which further helped to move her away from a preoccupation with her objects and into herself.

Performing versus finding meaning

In my experience with some of the patients I am describing, the excitement at the discovery of meaning in dreams and the reality and importance of the internal world is regularly countered by the persistent problem of the urge to please, to perform, to take charge rather than staying with the task of discovering meaning with the help of the therapist.

For Anna the split between *doing* and *finding meaning* was all-important. Although she began to feel my interest in her, she repeatedly doubted the reliability and genuineness of that place. She also felt that to keep me interested would require a concerted effort which would be impossible to sustain. It soon became painfully clear to us that in her experience she could trust only that she was valued for what she *did*, so her life had to be non-stop performance. As long as she could stay busy and keep the inner emptiness at bay, she prided herself on her ability to juggle the many different demands on her. To have time off from this way of life threatened to bring her to a state of collapse and non-existence, 'close to the edge of the abyss'. There was no place for her between these two extremes, no inner world populated by containing adults who valued her unconditionally, no link to the object to hold on to.

The sense of isolation and meaningless activity was chillingly portrayed in what we called one of Anna's 'performance' dreams. In this dream, as in several others, she was actually on stage. Approaching the dream as the theatre of her internal world we can observe how her internal objects relate to each other. Here we have something more like poetic drama as the images are supplemented by being set in a context of a dramatic scene. This helps us to sense the emotional conflict:

> In the dream there were three actors on stage, one was an aggressive, bossy knight in armour, the second was his bumbling fall guy, and the third one remained hiding all the time. Her sister was the producer/director and skilful at helping them with their lines, in order to better amuse the audience, but at the end when the third actor did not appear, they found him dead having fallen on his sword, pierced through the heart.

As a picture of her internal world the dream is striking for the bullying nature of the relating. Anna described her father as a frightened, violent, armour-clad man like the bossy knight, and her mother as like the weak, 'fall-guy' wife. Anna felt like the third character, always expected to disappear and not bother her parents. The director (her younger sister/me) seemed concerned only with amusing an audience, not with finding meaning. Such a performance could only come to a dead end, it seemed – a Beckett play without the humanity. Even the death at the end seemed without meaning or effect, and this in a patient whose suicide attempt before she began therapy felt to her like an empty gesture.

When we looked at the lack of humanity, intimacy or concern between the characters in the dream, Anna said she felt just that empty, as though waiting for some ultimate performance. I asked what she pictured that might be. 'Probably finally to express my violent rage, the way my father did. But I suppose it would just be another empty performance, resulting in humiliation,' she said. Thus, the emotional conflict being expressed could be described as a lack of emotional contact between the players in the dream.

Anna frequently found herself slipping back into her 'managing others' self, pushing me away, feeling cut off, and getting lost in hopelessly trying to organize the world around her. She would feel isolated and contemptuous again and would start to long for a dream that might bring us back into contact and restore a sense of humanity in her. It was striking how empty everything could feel. And she was always susceptible to suspicion about other people's capacity to manage things. Alternatively she would envy their capacity. Her wishing for a dream to help us re-establish contact is as though we needed some focus between us, as if intimacy in itself was too threatening. But it may also indicate the great scope for exchange between patient and therapist that dreams offer. For Anna they seem to offer the possibility of collaboration, as well as having me *imagining how things are for her*. When we could talk in a straightforward way about the place dreams had come to represent for her – and between us – she could feel a greater reciprocity between us and not slip into the envy and humiliation that would envelop her so easily. We could also acknowledge her great disappointment when she brought a dream that we were not able to make much of. At such times it was hard for me not to feel a sense of having failed her, although we were talking together in a way that felt important and intimate and that gave meaning to her feelings.

Conclusion: The beauty of the dream

The American analyst Walter Bonime described the experience of respect and collaboration involved in dream work where the patient learns that the use of dreams is not the province of an 'interpretive expert'. In offering interpretations that are merely tentative the patient experiences the analyst as exploring rather than all-knowing (Bonime, 1969: 2). Meltzer would add to this the idea of the patient identifying with the role of the analyst. Of the two phases of dream work, exploration and analysis, he feels exploration is the more important, the more artistic aspect of the work. He believes that the patient's growing identification with the analyst's exploratory method is a far more important basis for his gradual development of self-analytic capacity than any striving towards a formulation.

> if we are to approach dreams as internal dramas to whose debates we wish access, we must be content to derive a very imperfect understanding of what is happening on the stage, whether it be the stage of our own minds or of our patients. It is not just that the acoustics are poor, as it were, or that the actions move at too rapid and complex a pace, or that we cannot keep track of the vast array of Chekhovian characters; the trouble lies with language itself. Not only are we incapable of a perfect understanding of the meaning of any language, whether it comes from ourselves or another, but no language can capture perfectly the meaning of the inchoate thoughts it seeks to ensnare. (Meltzer, 1983: 89)

For patients like Anna, thinking about their dreams can lift them out of a world of managing others and into themselves in a way nothing else could. There is something, too, in their new attitude of observing themselves almost in a concerned and parental way that seems to produce a new sense of there being such a thing as a containing, thinking parent. It was as though my interest in their dreams fuelled their own interest and as a consequence a place was created for their curiosity and imagination to flourish.

I have been struck by the considerable richness in Anna's dreams, given her proclivity to feelings of emptiness. She has an impressive verbal capacity, as well as a capacity for analogy and an eye for beauty. She read avidly as a child and this seems to link with Meltzer's discussion of the richness of the dreams of a poet patient of his who had developed an exceptional verbal capacity at a young age. He also speculates on the difference between patients who bring rich dreams and those who very much want to, but seem unable to. He noticed that those patients who tend to take responsibility for things in life were the ones bringing dreams and those who expect more from others had more difficulty. The fact that Anna had always felt responsibility for everything perhaps lends some weight to this idea.

What has seemed remarkable is the way dreams could provide a place for her to come alive and grow amidst all the fear and despair in the therapy.

Dreams engaged our shared interest in a *feeling* person, rather than a performing person, in a way that can be believed and trusted. More than that, patient and therapist equally can continue to discover a passion and a respect for the psychoanalytic process:

> nothing reaches such heights of pleasure, intimacy and mutual confidence as in the unique process of dream-analysis. The reason for this is to be found in the aesthetic level of experience in both participants which abandonment to the 'poetic diction' of dreams facilitates; it brings out artistic creativity in both partners and produces an oeuvre, the dream and its interpretation, which both members can experience as generated by combined creativity. (Meltzer, 1983: 162)

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The evolution of dreams: From the claustrum to the notion of the containing object

IRENE FREEDEN

ABSTRACT

The author focuses on Donald Meltzer's work, The Claustrum, *and its lively analytic description of claustrophobic states of mind as a theory of the intrusive aspect of projective identification. She applies this approach as a working model in psychotherapy with a personality-disordered patient. The patient's primitive state of mind was a result of an unconscious fantasy concerning his concrete residence inside another object. The case study is presented through a procession of dreams. It shows how the patient started his therapy by using his dreams to flood the analytic setting and therefore avoid the exploration of infantile transference. When, however, he was able to start thinking about his dreaming processes, they enhanced his capacity to work. The chronological presentation highlights the young man's emotional development.*

Key words claustrum, dreams, intrusive projective identification, anal masturbation, unconscious fantasy.

> We are such stuff
> As dreams are made on; and our little life
> Is rounded with a sleep (*The Tempest*, IV. i: 156–8)

A hundred years on since Freud's *The Interpretation of Dreams* (1900) we can appreciate anew how path-breaking was his discovery of the importance of dreams to the understanding of the unconscious processes of the mind. Its utterly revolutionary nature lay in its focus on the workings of the mind of the dreamer, detached from the historical implications of the involvement of external forces, whether gods, fate, natural or supernatural phenomena. His grasp of the mechanisms of the language of the unconscious (reversal, condensation, displacement), in particular its lack of the concepts of time and space, is invaluable. Freud was the first modern thinker who understood the

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importance of symbolism in dreams. However, he often used symbols mechanistically like patterns, or even signs, as if they could be interchangeable. (Hanna Segal (1957) taught us with precision how to differentiate symbol formation from symbolic equation.) Freud's notion of the internal splits in the ego appeared in a very late paper on 'The splitting of the ego in the process of defence' (1940). Freud, as a genius pioneer, needed others to enhance further his body of knowledge.

Melanie Klein (1946) revolutionized the idea of psychic reality by emphasizing its concreteness and through her discovery of the mechanism of projective identification. However, she still regarded the paranoid/schizoid position mainly as a developmental stage, and the splitting processes as a basis for psychotic illness. Her concept of projective identification referred to external objects, as the ego was predominantly ridding itself of unwanted elements.

One of the principal early contributions of Bion to the body of psychoanalytic knowledge appears in his paper 'Differentiation of the psychotic from non-psychotic personalities' (1957), which begins to postulate the coexistence (in time and space) of the varied parts of the self. As Bion developed the concept of projective identification with internal objects over the years, he gave us his last work, *Memoir of the Future* (1975, 1977, 1979). It contains an inspired description of the way various parts of the self can relate to each other and to their internal objects, a phenomenon that we repeatedly find on the couch in rigorous analyses. It highlights the projective aspect of the mechanism of projective identification. It has kept me going in my work with the patient I am describing.

Donald Meltzer has contributed significantly and abundantly to psychoanalysis, but I wish to concentrate on 'The relation of anal masturbation to projective identification' (1966) and *The Claustrum* (1992), which focus on the intrusive aspect of projective identification with internal objects. In the early paper, Meltzer describes how, as a result of the dread of abandonment or overwhelming greed and envy, an infant may 'comfort' itself with anal masturbation. This results in over-idealization of the rectum and its contents and in delusional identification with the internal mother. In adulthood such 'anal character types' (as described by Freud) are shallow and pseudo-mature. It is very hard for the analyst to gather the infantile transference of the patient against the defences of self-idealization and the delusion of self-sufficiency.

The concept of the claustrum develops those ideas much further. The infantile part of the personality can masturbate its way into any portal of entry (anus, genitals, eyes, ears, nose, mouth, skin). Such unconscious fantasy is extremely powerful and can be fulfilled through more or less violent means. This is a device of intrusive projective identification (conscious masturbation serves only as an 'exciting' camouflage), and once the person finds him/her/self concretely inside the body of the object, that person becomes identified with an aspect of the body's particular geographic compartment. The unconscious fantasy of the compartmental structure of the inside of a

mother's body has two main consequences. First, it contributes to a way of being which is one of –L, –H and –K, characterized by the ψ column of Bion's grid. Second, it produces a claustrophobic sense of being closed in. Thus the head/breast dweller oscillates between an intellectualized, know-it-all, arrogant 'Proustian', and an indolent, mindless, parasitic 'Oblomovian' world. The genital compartment is a brothel of endless orgiastic worship with no generational or gender boundaries. The inhabitant of the anal compartment lives at best in a boarding school setting and at worst in a concentration camp where dog eats dog, and all relationships are of a calculating and mercantile, sadomasochistic nature. There may be a constant movement between the compartments, and the state of mind is one of claustrophobia and persecution. As such patients know (unconsciously) that they are interlopers, they often experience themselves as living precariously.

From Klein through Bion and Meltzer we have learned how a growth of personality is dependent on a series of creative transformations. It is not the acquisition of cognitive information and insight but the ever-developing capacity for introspection that gives cohesion and concrete existence to one's internal objects. In order to engage in the introspection of the structure of one's personality, one has to acquire a capacity for truthfulness. This capacity for truthfulness, in turn, is dependent on the ability to contain intense emotional states. A patient at the onset of analysis is unable to do this, and is unable to stay in any particular intense emotional moment (especially a claustrum dweller). As Freud taught us, a neurotic person is unable to live in the present – he/she is either engaged in ruminations on the past or in fantasies of the future. Hence it is up to the analysts to stay in the moment with the patients, to have the capacity for 'negative capability' (Bion and Meltzer after Keats), to anchor themselves in sincerity. This can be accomplished through a minute observation and analysis of the interrelationship between transference and countertransference (Freud still regarded countertransference as an obstacle to work). No such sincerity can be relied on in the conscious communications of the patient, at least in the initial stages of analysis. It has to be sought in unconscious communications – for example, in free association (but this ability has yet to be developed in the course of analysis, as the trust in the analyst as the container of transference grows), in parapraxes and in dreams.

I shall endeavour to show how work with dreams enhances the understanding of the intra-psychic changes as my patient proceeds painstakingly slowly from the claustrum of the paranoid/schizoid position, through the threshold of the depressive position.

I started working with Mr A 10 years ago (four days a week for most of the time). He was a polymorphously perverse young man, preoccupied mainly with compulsive masturbation, and with a dramatic history of acting out, sometimes verging on the criminal. In a pattern typical of many perverse people, the splits in his personality were such that I soon realized that the person on the couch bore little resemblance to the person perceived by others in

external reality. His philandering was excessive, often two-timing girls, and it seemed that girls were interchangeable and used for masturbatory purposes. He has always been pathologically jealous. He even reported an incident when he kept his finger inside a girl's vagina before falling asleep, in order to prevent her from dreaming of another man inside her. He was very concrete indeed. But the most significant aspect of this patient was his sense of terror and persecution – which was just as concrete.

I experienced the first four years of his therapy as a trial of endurance. He had literally hundreds of dreams of a sado-masochistic pornographic nature. Frightening things used to come in through doors and windows; acts of unrestrained violence; contorted bodies in sexual acts; he had sex – or watched others have it – with various wives, husbands, fathers, mothers, children of other people. He often found himself under attack, suffocating, stuck somewhere inside, drowning and so on. Various body excretions were in abundance. Even when the manifest content of the dreams was more intelligible or sophisticated, their latent meaning was of a similar, bizarre, part-object confusion. I was trying to gain a sense of his history and was constantly presented with stuck-in-the-groove stories of rape, pillage and murder. Sometimes I felt that there was little differentiation between the quality of his waking and dream life. This was a serious problem. No matter how much I interpreted, elucidated, enquired, there was no contact between us. I believe that he used the plethora of dreams to defend himself against the emergence of infantile transference. My attempts to highlight his activity of anal masturbation and claustrophobic identification with his perverted, damaged internal objects failed. He thought, however, that the sessions were helping him. The only way I could understand this (apart from evacuation) was that in a superstitious way, by not having been struck by lightning as he reported his perverse nightmares, his anxiety was alleviated. I was also marginally helpful in my attempts to clarify with him the endless messes and misunderstandings into which he was getting himself. But I found myself oscillating between disgust, despair, boredom and helplessness.

It was only when he began to think about his anal masturbation that a semblance of an observing ego emerged and we could start working at another level. I can pinpoint this to the following dream in the fifth year of his therapy:

> In the dream, a friend's father told the friend that he would have to leave the army because of his illness. Next to the friend was a beautiful piece of gold velvet on which three babies were lying face down. Two of them had adult fingers stuck in their bottoms.

Mr A was struck by the implication of paedophilia, his idealization of faeces and by the idea that he might find it difficult to cope with his job as a result of his personality disorder. He proceeded to fantasize how he would explain to his ex-girlfriend what a marvellous manager he was. I pointed out how he evaded painful issues and suggested his showing off was to avoid thinking of a

girl he had hurt. As we persevered with the dream he eventually acknowledged that his compulsion to scratch his itchy bottom was about a fantasy of anal masturbation.

So far, his claustrum dreams had been located mainly in the anal and genital compartments. From now on we had occasional ventures to the head/breast compartment: he imagined a common church spire transformed into a beautiful, airy golden cupola. He became sentimental, was going to have a church wedding, live happily ever after, become famous and admired.

> He remembered a dream of last night: he was on the couch, and there were some T-shirts hanging above him. One was of a beautiful blue which reminded him of the eyes of a woman he was attracted to at the moment, another had an association to what he believed was an act of his generosity. However, this Oblomovian happening was punctured by the entrance of the therapist's son into the dream. Mr A left the consulting room for the interior of my house, where he met a colleague – a woman who had had a mastectomy.

I suggested that the recognition of not being my only son caused him to mutilate me. I explained how circular his mental functioning was: how the escape into the 'benign' head/breast compartment failed through his unconscious awareness of external reality, which in turn provoked an intrusion into the anal (because sadistic) compartment.

At this point Mr A made a conscious decision to give up his anal masturbation, and there ensued an interesting struggle over many months to follow. I will try to present its flavour. Following a row with his partner he felt anxious and shut out. Sex, he contended, was the only remedy for such an experience of isolation and deadness but his offer of oral sex was refused, and I had 'forbidden' masturbation.

> He dreamt that part of his nose was missing. He met a man on a boat and was told that using flesh and blood could repair his nose. He cut a bit of his arm and gave it to the man to fix his nose. Then the boat became an underground train. He noticed that his head was bandaged.

His only association was to the invisible man or the elephant man for the bandaged head. He didn't really want to talk about the dream. I reminded him of incidents of self-harm in the past. I also reminded him of the dream about my son and the breast-less woman, of his intrusion with his nose (he had had an olfactory hallucination the week before), his penis and his tongue (the concretization of the quarrel with his partner). His experience of being shut out was as castrating as when he met my son in a dream, and the Christmas break had been quite recent. He then thought of Jesus in the Sea of Galilee. He accepted my interpretation of his nose repair with flesh and blood as a perversion of the Eucharist. Love and knowledge were perverted into a nose in the bottom (oral/anal sex).

A week later Mr A professed to be feeling much better and told me a *healthy* dream:

> He and some children were in prison, dark, slimy and tunnel shaped. There was a hole in the wall facing the abyss. The bricks were teeth-like. He protected the children from falling out. Then a statue of the Virgin or Venus appeared. One boy put rosettes on her nipples. Mr A draped a long shimmering silver scarf around her neck which reminded him of Klimt's 'The Kiss' ... He was making progress, he was much better. He went to a lecture of a famous person and not only understood everything with great clarity but could improve it.

I spoke of his rush into the genital compartment (the lack of discrimination – delegated to the 'children' parts of his personality – between the Virgin (mother) and Venus (lover) on the one hand and 'The Kiss' on the other) and a parallel rush into the 'delusion of the clarity of insight' (his associations to the lecture) – in order to avoid the horror of his life in the anal compartment of the claustrum. I suggested he clung to the claustrum because the prospect of being expelled from it, being shut out was even more terrifying.... He put his hands to his ears.

Next session was Friday. He had felt awful last night. Worse than ever. He hit his daughter, he thought the rage was really with me. I had made a comment on Thursday which he took to mean that he hadn't understood the lecture. 'Why should you have been right, not I! You are a sadist. I told X about you and he said: you and Mrs Freeden dug your heels in.' I agreed with X and suggested he digs his heels in in defence against development, and I dig my heels in refusing to collude with him. After a silence he said, 'So, when I felt I was making progress...' 'You went into your/my head,' I added. 'The dream about the damaged nose/penis shows you slipping into the genital compartment. The dream about prison fixes you in the rectum. And you hold the children hostage by having hit your girl last night.' 'It is a horrible idea to live with,' he replied.

On Monday he felt miserable and empty, and thought suicide would be a good solution. He had a dream:

> I was in his bed at home. He bounced a baby, who liked it and wanted to bounce on his brother's genitals. Mr A had white Y-fronts. He peed in my direction and also discovered a brown mess. Mr A was ashamed and put his head in his hands in despair, but I said kindly: don't worry, I will clean it up.

'No, don't say it, it wasn't a nappy, those were Y-fronts!' he implored. 'There lies your choice,' I replied. 'Mummies are happy to toilet their babies, not perverts.' He seemed ashamed.

The material that followed contained thoughts of illness and dreams of suicide – for example, 'a man stood on a window sill high up, facing the street but his hands were behind his back still inside the house. I said that he was

'a terrorist holding himself hostage'. 'If you insist on my coming out of the claustrum, on your head be it ... I have a cold, I am ill, what if I am dying ... if I get pneumonia, you will be sorry,' he said. Blackmail was alternating with megalomania.

> He had a dream in which he was feeding chips and hamburgers to two top male bosses in his institution. They were very impressed with his recently published book. Then somebody read out a newspaper item about five boys pushed down a candy-hole.

He objected to my interpretation of him being the feeder of a mother's dismembered nipples and of his fingers in his anus, but his bottom was very itchy. He cancelled the next couple of sessions, and we had a sullen stalemate for a few weeks. It was the silence before the storm.
Mr A started a session with a dream:

> he was holding a small baby and running, as a gang chased him. He wanted to run to a friend's house but was stopped by two enormous dogs. The gang caught up with him. An aborigine who had a superb sense of smell and hearing led it. Although he managed to get inside a safe house, the gang tricked its way in by pretending to install a ventilation vent. They got the baby and smashed its head up.

It was difficult to discuss this dream with him. He vaguely acknowledged that he was an aborigine with occasional evidence of olfactory and aural hallucinations. He knew what thoughts he had of noises and smells behind the couch. 'Yes, the baby had his head smashed in, so what, it wasn't me. If anything, you shouldn't stop me from reaching a sanctuary,' he said. I replied that it is a lie that the claustrum is a sanctuary. 'Then help me out if you are so clever!' He went on telling me of the bad night before the dream. His partner didn't want sex.

> How dare she refuse! It is your fault, I can't impose myself sexually any more. I was lying there, and couldn't sleep and thought if they [his family] were all dead everybody would be sorry for me and would admire me for killing myself out of grief, and you would be depressed with remorse.

The next day the sado-masochistic confusion became even more extreme.

> Mr A dreamt he was in the waiting room and the door to the consulting room was ajar. He didn't want me to accuse him of intrusiveness so he shut it. As I opened the door to let him in he noticed that I was in pain. He didn't believe my assertion that I was all right. I then showed him a deep cut in my chest. He said he would help me dress it but I put bleach on it instead, causing myself more pain. Then I took him to my garden where two men were hanging from a climbing frame. One of them bragged that he was so strong he could lift a car. My very old husband came towards me, and Mr A noticed that I was old too.

He added in a small voice that he knew that it was a perverse dream. I started feeling rather tired and fed up, not wanting to deal with this material any

more. I must have been silent for quite a while, and noticed that he was anxious and unsure. In the end I commented that he had realized how he tries to break my heart and age me prematurely by depriving me of joy in my work with him.

The next session felt manic and out of control. Mr A came in with an unusual swagger. There was great pressure of speech as he reported his dream:

> He had a baby in his lap and decided to take her next door to the pub. The singer, Tom Jones, was lording it there. He had flashing lights round his huge erection. Mr A was worried that his partner might find Tom Jones attractive. All the women in the pub (including me and some work colleagues whom he claimed to respect) were queuing to perform fellatio on him.

I felt sick and then the absurdity of the imagery dented the repulsiveness of the perversity. I thought of the opening frame of an old film *The mouse that roared* which had a mouse in place of the MGM lion. Following a long silence, Mr A attempted to impress me with his successes at work. Then he said that he felt hurt that I had no comment to make about his dream. He was angry: 'it is your job at least to feign interest'. I told him I don't feign. He left in a huff.

A few weeks later the first dream of slight hope appeared: he had to swim through a very narrow, dark, crocodile-infested muck of a river, but he could just about see a blue stretch of water ahead – seven years since the start of his therapy. Mr A's weekends and Monday and Friday sessions were still spent entirely in the claustrum. Small grains of hope kept appearing now and again, usually mid-week. One instance was when Mr A dreamt that his older sister was flying a biplane (he knew that she was an experienced pilot – in the dream) and he did not reject my interpretation that we could be co-pilots. Another occurred when he dreamt that an alien girl who lived in a space capsule ordered three rings, because she was going to give up her immortality and live on earth and get married. The two other rings belonged to her mother and father (and there was literal material about his parents' bed) so he was still in the middle of the parental bed, but at least now his parents existed.

Very slowly rage and perverse excitement around weekend breaks gave way to some apprehension and tentative sadness. Once on a Friday he hallucinated a baby crying. He did listen to my interpretation that it was time to hear the baby-him crying and the next week he developed psychosomatic chest pains. For about a year bodily aches were a concrete representation of what finally emerged as depressive pains of some feelings of remorse. Both his parents appeared in his big sister's kitchen and the focus of the dream turned to his father wearing a big, soft, pink, woolly jumper. It was the first appearance of a benign combined object. I felt tremendously relieved. Then, for the first time ever, he dreamt of his mother looking beautiful. When I gently commented on this, he said: 'I don't know how you put up with me for so long, I am grateful for your generosity (sobbing) ... and I hate you for it, my chest hurts'. He then dreamt at the weekend that the storeroom was empty, and he

was hungry, got angry and was shooting at me with arrows from his child's bow. The fifth arrow was broken (because I hadn't yet given him the fifth session), and he said in a small voice: 'perhaps I only have child's toys, you shouldn't have left me like this'. He started thinking seriously about his dreams. When he dreamt that a little girl had been sitting (for ages!) very precariously on a fence trying to peer through the windows of my house, he gently picked her up and brought her to me for safety. A few days later he dreamt that he was dismantling his bookshelves in order to build a tree house for his children. I agreed with him that it was time to dismantle his pseudo-intellectual facade and concentrate on his (child part) child's/children's needs.

It has been important for me to recall that such dreams were still isolated pearls. The patient was still profoundly narcissistic and any detraction from routine, negative or positive, led to a temporary regression and his rushing back into the claustrum. The slow movement of one step forward, half a step back, carried on. The regressions seemed to happen for three reasons. The first was any event, or thought or emotion (good or bad), which was outside his routine. The second was any excuse for envy. But the third one was the slowly growing recognition of the damage he had done to his objects, and the beginning of a vague capacity for remorse. The last was evident in a dream in which he was frightened to drain a moat because of what he might find at the bottom. Holding on to his beautifully crafted sword had not saved him from discovering the skulls within. The next day he dreamt of a friend who was to address an enormous gathering, only to find out that he had no gift for public speaking.

With that first step towards tackling his grandiosity came the first inkling of a capacity for self-irony. We had a conversation about his lack of generosity. He said, 'But I had given you freely and honestly all my nightmares of the past.' I asked if that was like a child saying, 'I don't like this sweet, you have it'. 'Yes, children do this,' he answered. 'And how old are you?' I said. The laughter that followed was the first genuine laugh I had heard from him. A few weeks later he had this dream: 'a small lost boy was trying to find his way to visit an ill friend in hospital. Mr A made a detour to take the boy there.'

During the past year there has been a noticeable progression in Mr A's capacity to pay attention to his dream material and he has begun to work with it himself (although the set-backs were always there).

> He had a dream where he was walking in an underground tunnel with a young child who had a cut on his chin (back to castration anxiety). They saw a pretty red train on a platform below. It made them happy and they found themselves outside by the river. Women had taken their wedding rings off in order to bathe. The child knocked the rings into the river, but Mr A managed to fish them out and return them to their owners.

This was the first dream of actually leaving the claustrum, a clear genital Oedipal dimension and an attempt at reparation.

Before a long break Mr A dreamt that he was involved in a car crash, but survived. He made a child's tricycle out of the mangled remains of the car, in order to get home to feel safe. He became quite tearful. I reminded him of his recognition of the beauty of his mother in a recent dream, and suggested that by running away from her, he had deprived himself of a family and a home. He thought that was right:

> I feel so drained. It must be about this. It is a terrible struggle. Somehow it feels wrong to allow this to become the only true centre of my life. If I allow it, I would need much more of it. The pining is too painful.

And yet he struggles. And I feel much more hopeful to have him on a tricycle, with a recognition of the existence of home, although we both know that he still has a very long way to pedal to maturity.

Throughout my work with Mr A I was strengthened by my supervisor, but I was also supported by my associations to Shakespeare's *The Tempest*. For Mr A is a Caliban, and Caliban does develop. I can see my patient in Caliban's words:

> ... You taught me language; and my profit on't
> Is, I know how to curse. (I. ii: 365–6)

When Caliban purports not to understand why he was restricted on 'This island's mine... Which thou tak'st from me' (I. ii: 332–3), Prospero's outrage at his blatant perversion of facts speaks to me (indeed, one summer break I received a letter from Mr A with a dream of his about my daughter!):

> Thou most lying slave,
> Whom stripes may move, not kindness! I have us'd thee,
> Filth as thou art, with human care; and lodg'd thee
> In mine own cell, till thou didst seek to violate
> The honour of my child. (I. ii: 347–50)

I often empathized with Prospero's admonition of Caliban (IV. i: 188–91)

> A devil, a born devil, on whose nature
> Nurture can never stick; on whom my pains,
> Humanly taken, all, all lost, quite lost.

The drunken song of Caliban,

> 'Ban, 'Ban, Caliban
> Has a new master: – get a new man...(II. ii: 184–5)

ably encapsulates Mr A's lodgings in the anal and genital compartments of the claustrum.

And yet, Caliban does dream. And when he describes so poetically his dreaming process, and his appreciation of the beauty of the island, I prefer to

understand his dreams of riches as his unconscious wonder at the beauty of emotional development, rather than at the wealth of Trinculo and Stephano (III. ii: 133–41):

> Be not afeard; the isle is full of noises,
> Sounds and sweet airs, that give delight, and hurt not.
> Sometimes a thousand twangling instruments
> Will hum about my ears; and sometimes voices,
> That, if I then had wak'd after long sleep,
> Will make me sleep again: and then, in dreaming,
> The clouds methought would open, and show riches
> Ready to drop upon me; that, when I wak'd,
> I cried to dream again.

So that when Caliban responds to Prospero's forgiveness (V. i: 294–7), I believe him:

> and I'll be wise hereafter,
> And seek for grace. What a thrice-double ass
> Was I, to take this drunkard for a god,
> And worship this dull fool!

It is my hope that Mr A's dedication to the *priapic religion* (Meltzer, 1992) is over, and that he is ready to leave the claustrum to join the human race.

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The language of dreaming

MAURICE WHELAN

ABSTRACT

The author focuses on two analysts, Ella Freeman Sharpe and Otto Rank, whose contribution to psychoanalysis he believes has yet to be fully appreciated. In discussing Ella Sharpe's writing on dreams he speculates that she was greatly influenced by Rank in their shared love of literature and the arts. They both saw poetry and dreams as being similar in form, content and effect and viewed dreaming itself as a creative activity. The author sees Ella Sharpe's approach to understanding dreams as revolutionary, and tells of how she moved beyond Freud in describing the poetic communication, in particular the metaphor, of the dream. Her approach, and Rank's, is through understanding the language of dreams and the similarities to the internal structuring of language within the child's mind. The author makes reference to the close association between Freud and Rank and Freud's plan to make a revised edition of The Interpretation of Dreams *a joint publication between them. Freud seems to have much admired the extraordinary breadth of Rank's familiarity with works of literature and the parting between them in 1927 was a painful loss for Freud. Underpinning the article is the belief that despite a parting of ways a debt of gratitude remains to those whose thought has enriched our lives.*

Key words creativity, dreams, Ella Freeman Sharpe, language, Otto Rank.

When reading Freud's *The Interpretation of Dreams* I feel I am visiting a science museum. When reading Ella Sharpe's *Dream Analysis* I feel I have walked into an art gallery. Freud removed the realm of dreams from the hands of the soothsayers. To the belief that dreams were meaningful psychic events he added a method by which they could be explored and understood. Ella Sharpe set out to write a simple handbook for the practitioner. What she produced was something altogether different.

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Ella Freeman Sharpe, to give her full name, is often seen as one of the minor players in the history of psychoanalysis. Believing this to be an unrepresentative and inaccurate view I have sought to provide redress in my recent publication, *Mistress of Her Own Thoughts* (Whelan, 2000). The focus in that book, as the subtitle *Ella Freeman Sharpe and the Practice of Psychoanalysis* suggests, was on the issue of technique. Her contribution to the understanding of dreams is also deserving of attention and it is to this task that I now turn. As a prelude to exploring her views I will give a brief biographical sketch of her life and work.

Ella Sharpe was born near Cambridge, England in 1875. She went to university at Nottingham where she studied literature, drama and poetry. She had intended to undertake postgraduate studies in Oxford, but the death of her father made this impossible and she was appointed to the post of co-headmistress at a teacher training college in Hucknall, a small, poor town in the Nottinghamshire coalfield, where she stayed until 1916. She seemed to possess an intuitive capacity to enter into the lives of the young people around her and made a lasting impression on many of them during her 12 years in the post. To have become a co-head with a man of a teacher training college in 1904 at the age of 29 was no mean achievement. There she combined her position of authority with an exceptional ability to enter into the adolescent problems of her students. Just as Freud's mind in his youth was nurtured and enriched by great works of literature, so was Sharpe's, and her interest in this young science of the human condition led on from her literary interests, and she moved to London in 1917 at the age of 43 to study at the Medico-Psychological Clinic in Brunswick Square. She had a period of personal analysis with James Glover and then went to Berlin to be analysed by Hans Sachs. In 1921 she became an associate member of the British Society and a full member two years later. Sharpe was one of the people who welcomed Klein when she moved to live in London in 1926, seeing her as someone who would be a great asset to the society and to a greater understanding of the human mind. In the 1940s, when serious difficulties arose in the British Society, Sharpe understood that the problems were not just about scientific differences. She understood the institutional dynamics of the situation, in particular the allegiances that people might have to their former analyst, and how such unresolved transferences could blight the life of a learned society. She would cite the advantage that her generation had had in having the English Channel between themselves and their analysts. Above all, she appreciated that psychoanalytical discussion can take place productively only if democracy and freedom of thought are truly respected. Sharpe occupied positions on the training committee and on the board and council of the British Society, and was also a director of the Institute of Psychoanalysis. During the Controversial Discussions fears emerged that Melanie Klein and her collaborators were trying to take over the society by the influence they could exert on those in training. To explore the situation a survey was carried out to see if this belief

had any basis in fact. This fear was shown to be unfounded. What did emerge was that in the 15 years before 1942 Sharpe had more trainees in analysis and carried out more supervisions than anyone else.

In the introduction to *Dream Analysis* Sharpe explains that the text has arisen out of a series of lectures given to students at the Institute of Psychoanalysis in London. Having referred the reader to Freud's *The Interpretation of Dreams* and the paper by Ernest Jones (1918) on dreams and symbolism, she proceeds to introduce the book as one in which

> the theory of dream psychology is illustrated in detail by the examination of specific dream material gathered during the course of my own analytic work with neurotic and normal persons. The elucidation of dream mechanisms, various methods of evaluating dreams and the technique of dream interpretation fall within the scope of this book. (Sharpe, 1937: 11)

What she promised was a guide to interpreting dreams. What is produced is a quite revolutionary approach to the understanding of dreams and the dream process. Donald Meltzer has recognized this. In exploring the conception of mind inherent in Freud's *The Interpretation of Dreams*, Donald Meltzer (1983) described Freud's readiness to think of dreaming as devoid of thought, judgement and intrinsic language functions:

> The key ... lies not only in the attitude towards dreams but in the view that emotions are merely symptomatic of states of mind rather than the meaningful core of the experience which requires transformation into symbolic form in order for it to be thought about and communicated to fellow creatures. (Meltzer, 1983: 27)

Perhaps the only psychoanalyst who has written extensively about dreams who has taken a quietly divergent view from Freud's has been Sharpe. It certainly has been done so quietly in her book *Dream Analysis* that hardly any notice has been taken of it. Her central creative contribution to the theory of dreams was to point to the mountains of evidence that dreams use what she chose to call the 'poetic diction' of lyric poetry. By this she meant that dreams use the many devices of simile, metaphor, alliteration, onomatopoeia and so on by which the language of poetry achieves its evocative capacity.

Masud Khan, in introducing the 1978 Brunner/Mazel edition of *Dream Analysis*, has offered an insight into Sharpe's character that may serve as an explanation. He writes: 'Ella Sharpe was one of perhaps three persons who had the confidence to know that she was a humble heir apparent, absolutely convinced of her virtue, but at the same time, anonymous' (Khan, 1978: 9–10). Khan saw her as anticipating Lacan's work on language and the unconscious by 20 years. What is it in the pages of this book that makes it such a creative text?

Sharpe began her book on dreams warning against a purely intellectual approach to the subject and pointed to the necessity of emotionally considering one's own dream experience. In considering the dreamer's experience we

soon see how her gestures of indebtedness to Freud are more of a bow than a genuflection. Although Freud continued to find dreams of great practical use in his own life, his *theory* remained one of an organism involved in a process of tension management. He followed his imaginative clinical descriptions and his expansive questioning of Chapter 6 of *The Interpretation of Dreams* with his famous Chapter 7, one of his most abstract pieces of writing, in which he is keen to place psychoanalysis on a neurophysiological base. When Havelock Ellis praised Freud on his artistic qualities, Freud heard the observation as an insult and took offence. Such a compliment, he said, was 'the most refined and amicable form of resistance, calling me a great artist in order to injure the validity of our scientific claims'. I suspect Sharpe would have gracefully accepted such praise without fearing her claim to be scientific would be diminished.

As we read on, we find Sharpe talking about the unconscious and about condensation, displacement, symbolization and secondary revision. Are we back in Freud's science museum? Having risen from her polite bow and without pausing for breath she is explaining the nature of the individual dreamer's experience. She accepts Freud's notion of the ego as being first and foremost a bodily ego. But we have to listen closely to her to hear that she is soon speaking with her own voice. We hear less of the word 'condensation' – instead, she is speaking of 'metaphor'. 'Displacement' has become 'metonymy'. While she has no quarrel with a way of thinking that described unconscious processes at work, she is not conceiving of them as having some separate abstract existence but as embedded in language. The body is not just the seat of instinct and drive, but occupies a central position in the establishment of human communication. We hear her saying 'the material comprising the latent content of a dream is derived from experience of some kind. All intuited knowledge is experienced knowledge'. She adds that she is referring not just to 'adult past occurrences but the emotional states and bodily sensations painful and pleasurable accompanying such occurrences'. Then she makes the statement 'in this respect one may make a comparison between dreams and works of art'. This seemingly small link proves to be a large bridge that allows her to make novel connections and not just extend the boundaries of the psychoanalytic theory of dreams but at the same time enlarge our understanding of the human mind. She is also joining up her own previous profession, as a student and teacher of literature, with her identity as a psychoanalyst. We find her referring to 'the picture on the dream-canvas' and paying very close attention to words, listening not just to their intended meaning but for their poetry. Essentially, the bridge allows her to explore her belief that the dream is a psychic work of art and the dream work as defined by Freud is more than a management device, it is a creative activity. Vision and sound in the dream are not just expressions but are transformative activities. Language, not just in its meaning but also in its music, explores, remembers, evokes, represents, explains, transforms, communicates. All uses of language are important but a

poetic way of speaking is a particularly rich area of investigation. Poems are constructed in a certain manner. They intend to evoke the reader's response. But poems are written not just to be read, but to be spoken aloud. They need to be heard. A poem is a communication between different people. At the same time it is a communication between different parts of the self. It is a mental, emotional and sensuous activity. What of the roots of language? Words have their origins in the poetry of communication between infant and mother. She evokes Wordsworth to assert:

> But for those first affections,
> Those shadowy recollections,
> Which, be they what they may,
> Are yet the fountain light of all our day,
> Are yet the master light of all our being.

During the Controversial Discussions when Klein's paper 'The Emotional Life of the Infant' was being debated and the focus was on what the child lost that could lead to depression, Sharpe had this to say:

> I give what I think are a few of many factors that can increase the natural grief of an actual loss which is *normal*, to the intensity of a depression which is abnormal, only to suggest why I think it is not the loss of the breast as such nor the loss of the actual mother as such. The mother remains there uneaten. First of all I think of it as a *loss of a complete situation*, and I would remind Mrs Klein of factors she never omits in her clinical material but which she does not relate and link up indispensably with what may cause the offset of later depression. I think I may possibly out-Klein Mrs Klein in my respect for the accurate perceptions of the growing infant, awareness of the mother's responses, an awareness of whether he is wanted and loved, an awareness of the mother's haste and anxiety or placidity and patience, and his first pattern of behaviour responses are inextricably bound up and fused with the mother's own. (King and Steiner, 1991: 808; emphasis in original)

We can imagine her having available the work of Daniel Stern (1985) and the findings of the infant researchers of the past decade (as well as the interest in infant observation) and experiencing a sense of recognition and confirmation. Sharpe saw language as the golden thread that was not just the way of expressing something but that also had within it the rules of form. As words are for her the conveyors of ideas and the containers of emotional meaning, she can move back all the way to the child's first cry. Those 'first affections' and 'shadowy recollections' are gathered together by the mother and by the mother's words.

In the consulting room both analyst and patient need words. In her 1940 paper entitled, 'Psycho-physical Problems Revealed in Language; An Examination of Metaphor', she suggests we need to study language, in particular poetry. Because it is so condensed a poem uses language in a way similar to our earliest experience. If we understand the mechanisms of poetic diction we are in a better position to understand our patients' language. Close attention to the patient's words is a vital quality in the analyst. She believed that by

attending to slips of the tongue we will only find adult cross-references. We will not come to know the history of that word or way of speaking. We need to listen to the music. An example might help to illustrate the point.

Take the common poetic use of onomatopoeia, where the sound of the word brings out and echoes the sense. A father is sitting with his son who is 2 years and 6 months old. He is reading a book with the child. The child points to a dog in the book and says a sound the father would describe as 'bits missing'. He thinks his son is indicating that some of the spots on the dog are missing. The little boy has been looking at lots of dogs like this one in a book and on a video recently. The dog has a name in the story. He is called Bottemly Potts. The father says 'spots gone'. The child repeats 'bits missing' with a tone conveying that his father is wrong. The father then says 'Bottemly Potts?' The child repeats 'bits missing' with the same quiet insistent tone that his father is still missing the point. So, even the father who has listened to the development of his son's sounds and speech every day of his life cannot understand what the child is saying and the meaning he is implying. Then it comes to him that a child's sound and an adult sound can be very different. He tries to listen to the music in his son's words. He then says 'Dalmatian' and the boy's face lights up and he says a long contented 'Mmmm' (meaning 'Yes' and I wonder why it took you so long!).

Metaphor is given particular attention by Sharpe. Metaphor is one of the strongest threads that form the connections between our present life and our past. To quote her:

> A great deal of ordinary language is implied metaphor. Things that are not tangible and visible are described by means of the relationship to those that are. Words expressing mental and moral states are based upon an analogy drawn between mind and body (eg. 'food for thought', 'a spotless character'). Words have a history of displacement ... from the first context in which we heard them when they designated some definite sensible image. Words acquire second meanings and convey abstract ideas, but they do not lose as far as the unconscious storehouse of our past is concerned the concrete significance the words possessed when we first heard and used them. (Sharpe, 1937)

In infancy, words as vehicles to express emotional and mental states are of minor importance compared with touch, sight, sound and smell. As language develops, words assume a major importance. Rather than dispose of its earlier use, it contains earlier usages within itself. Sharpe brought this understanding of language to her work with dreams. She was not only interested in the content of the dream but in the way the particular patient narrates the dream, the dream experience and the dream associations. The 'day residues' are more than simply triggers to start up the dream. The dream could be an elaboration of the day residue. The issue signalled by the day residue is unable to be creatively thought about at the time. The dream is an attempt to do that thinking. Sharpe also advised the analyst to listen to the dream and to think of it as an unconscious response of the patient to the

analyst. Such attention can help in judging the accuracy or otherwise of the analyst's interpretations.

A lost influence?

Sharpe's ideas about dreaming and its language undoubtedly arose out of her experience and knowledge of literature. I suspect there was another influence at work. To explore this speculation there is a need to re-examine a section of psychoanalytic history, indeed another life which in a different way has remained a hidden one for most analysts.

Otto Rank is known to many within the psychoanalytic community as just another colleague whom Freud was once close to but whom he eventually parted with. He joins the list that consists of Fliess, Adler, Jung and Stekel. That Freud (1926) wrote *Inhibitions, Symptoms and Anxiety* as a refutation of Rank's (1924) *The Trauma of Birth* is perhaps common knowledge. There the story seems to end. However, Ernest Jones (1940), in his obituary of Rank, described him as 'one of the most brilliant figures in the history of psychoanalysis'. He went on to say that 'many of [his] contributions belong to the best classics of psychoanalytic writings' and that he 'enriched that science with his brilliant gifts'. Jones had many other things that were not so complimentary to say about Rank relating to his departure from mainstream psychoanalysis. However, it does seem strange that such a significant historical figure is rarely, if ever, mentioned.

My first knowledge of Rank came through my initial reading of James Strachey's introductory notes to Freud's *The Interpretation of Dreams*. There Strachey explains how this English version is based on the eighth (1930) German edition. He says every effort was made to include and refer to every alteration of substance introduced into the book since its first 1900 issue. He adds,

> The only exception is that Rank's two *appendices* to Chapter VI have been omitted. The question of their inclusion was seriously considered, but it was decided against doing so. *The essays are entirely self contained and have no direct connections with Freud's book*; they would have filled another fifty pages or so; and *they would be particularly unenlightening to English readers*, since they deal in the main with German literature and German mythology. (Strachey, 1953: emphasis added)

Strachey seems unsure as to what he should call these pieces. In the above paragraph he refers to them as 'appendices' and as 'essays'. It could be argued that they deserve the name of 'chapters'. (In fact in his preface to the fourth German edition Freud himself refers to them as 'chapters'.)

The story of *The Interpretation of Dreams* and its editions and translations is this. The first German edition was published in 1900. Like *The Three Essays on Sexuality* (Freud, 1905) it was the only other work that Freud kept updating. By 1913 *The Interpretation of Dreams* was in its third German edition. The

first English translation, by A. A. Brill, which appeared in 1913, was based on the 1911 text. In 1914 a fourth German edition appeared. It had the two extra 'appendices'/'essays'/'chapters' written by Rank, with the name Otto Rank alongside the name of Sigmund Freud. The next three German editions would all contain Rank's contributions and have his name alongside Freud's. In the preface to the eighth German edition we find Freud in his final sentence saying that the two essays 'Dreams and creative writing' and 'Dreams and myths' which Otto Rank had contributed to earlier editions of *The Interpretation of Dreams* had been omitted.

Freud never wavered in his belief that *The Interpretation of Dreams* was his most significant piece of work. He says 'it contains ... the most valuable of all the discoveries it has been my good fortune to make. Insight such as this falls to one's lot but once in a lifetime' (Freud, 1900: xxxii). If we scroll through the comments of many of the earlier pioneers in psychoanalysis and indeed later and present figures, there is continual reference to the monumental value of this book. It is the one that turned the world upside down and has occasioned, for many, the radical rethinking of their life and the way they see the world.

It seems extraordinary that Freud, having produced this monumental work, would in 1914 allow the writings of another person to be inserted into the text and his own name to be joined by another. It can only indicate the importance he attributed to Rank and his ideas. In addition, in 1914 Freud was considering the possibility of completely rewriting *The Interpretation of Dreams*. A new version would be based not just on his own dreams, as was the 1900 edition, but would also draw on the vast amount of experience that he and other psychoanalysts had accumulated in their clinical work in the intervening time. This work was to be a joint publication with Rank as co-writer. Rank and Freud's association lasted more than 20 years and their parting in 1927 is considered by many to have been one of the most painful personal breaks for Freud, and involved the most significant professional loss.

Recently, Peter Rudnytsky (1991) has drawn our attention to the pioneering work of Rank during the years 1924 to 1927. He illustrates how Rank was a precursor of contemporary psychoanalysis, having in his repertoire at this time many germs of ideas that would be taken up and developed by Winnicott, Klein, Fairbairn and others. These include the importance of pre-Oedipal issues, the mother being the primary object and not the father, and the psychoanalyst performing a maternal as well as a paternal function. The detail of Rank's contributions are well documented by Rudnytsky, and James Lieberman (1993) in his *The Life and Work of Otto Rank* provides a comprehensive account of his ideas and history.

To return to *The Interpretation of Dreams* and Rank's contribution, the situation in psychoanalysis today is that psychoanalysts do not know anything about Rank's two chapters. Resnik (1987) is an exception in that he refers to the two chapters but makes no particular comment on them. People are there-

fore not in a position to judge for themselves whether Rank has something of relevance to say about our understanding of dreams and dreaming.

Perhaps the text should speak for itself. Perhaps it is also important to listen to the text, keeping in mind Strachey's view that it has no direct connections with Freud's book. Readers can also judge for themselves whether they would find something of interest. The title of Rank's chapter on dreams has been translated by Strachey as 'Dreams and creative writing'. However, in the only known English translation by Eva Salomon (1976), it is called 'Dream and poetry'. I know of no other English translation of the other chapter 'Dreams and myths'. I cannot therefore comment on its contents.

Rank opens his chapter entitled 'Dreams and poetry' (or 'Dreams and creative writing', depending on how you translate it) thus:

> Since time immemorial men have noticed that their nocturnal dream-productions reveal various similarities to the creations of poetry. Poets and thinkers have shown a predilection to trace those relationships as evident in form, content and effect... The dream researcher will be interested in these points: in the appreciation and the understanding which the intuitive experts of the psyche had for the riddle of the dream; in the way in which the poets have used the knowledge of the dream-life in their works; and finally in the deeper connections which may be recognised between the strange capacities of the 'sleeping' psyche and the 'inspired' one. Most of all the psychoanalyst will be satisfied to learn that men of genius in their intuitive comprehension have always found in the dreams a meaning. (Rank, trans. Salomon, 1976)

This piece conveys a sense of Rank and the way he writes. I see the man who was paid secretary of the Viennese Psychoanalytical Society for 20 years endeavouring to give a true and concise sense and account of deliberations. Here he compiles an itemized list of poets and philosophers who not only believed that dreams were meaningful but that they occupy a special place in human understanding. Some examples: the poet Hebbel in 1838 writes that 'the human psyche is a miraculous being, and the central point of all its secrets is the dream'. Tolstoy: 'When I am awake, I may deceive myself about myself; the dream, however, gives me the right gauge by which to measure the level of moral perfection which I have reached.' The philosopher Lichtenberg: 'The dream is a life which, put together with ours, becomes what we call human life. The dreams lose themselves gradually into our waking, and one cannot say when one starts and the other ceases.' Nietszche: 'The habituations of our dreams hold us by a string in broad daylight and even in the most serene moments of our awake mind.' The list continues and includes references to Dryden, Shakespeare, Chaucer, Byron, Milton and Dickens. It becomes curious that Strachey should argue that the English reader would find the work of no interest.

On reading it, one is struck by the extraordinary breadth of Rank's familiarity with works of literature (a facility Freud admired and found stimulating). Given Freud's predilection to appeal to works of literature (he refers to

Goethe alone no fewer than 150 times), it becomes hard to see how Strachey's reasons for excluding Rank are justified. To claim that his chapters have no direct reference to Freud's work is strange given the way in which Rank's research in literature is explicitly supporting Freud's theses. Strachey's other reason is a purely practical one. It would have added another 50 pages to *The Interpretation of Dreams* and made the publication too long!

I suspect a wider awareness of Rank's contributions will facilitate much research. However, I am working on the hypothesis that Rank did find his way into British psychoanalysis. I suspect that the text of 'Dream and poetry' was enlightening to Ella Sharpe and her thinking on dreams. Sharpe had a particular interest in the language of poetry and the language of dreaming, as does Rank in this chapter. He seems to be attempting to explore areas that Sharpe developed.

In his opening paragraph quoted above Rank placed dreams and poetry alongside each other, saying how alike they are in *form, content and effect.* Sharpe was interested in the form of the dream, in how that form was constructed. Her entry is through the understanding of language. Rank refers to the poet Hebbel, who, he says, 'has explained the seeming incomprehensibility of dream images by the fact that we do not understand the language of the dream and he has referred to its composition of single elements comparable to letters' (1924: 8). He goes on to quote from Hebbel's journal of 1842 where the latter has this to say:

> Insane, crazy dreams which however in the dream appear reasonable to us. [sic] With the alphabet which it does not yet understand the psyche puts together senseless figures, like a child with the twenty four letters; but by no means is it established that the alphabet by itself is senseless. (Rank, trans. Salomon, 1976)

This piece seems to have suffered in translation but the sense is of Rank holding a very important package but not being sure about how to open it. While considering issues of form and language he continues to give glimpses of what is inside the package but with a sense that he does not know quite what he has got in his hands. He stresses the importance of lyric poetry, placing it alongside the dream and comparing the two. One has flashes of more richness when he refers to notes on poetic art written by Schopenhauer. He refers to Schopenhauer's view that:

> The greatness of Dante lies in his possessing the truth of the dream while other poets have the truth of the real world: Dante lets us see *unheard of* things in the way as we see such things in the dream and they deceive us likewise. (Rank, trans. Salomon, 1976; emphasis added)

He follows with a reference to the poet Jean Paul, who wrote that 'the genuine poet in his writings is only the listener of his characters, not the one who teaches them to speak'.

My proposal is that Sharpe did not just find the inspiration from literature to develop her view of dreaming as a creative activity and the importance of language but that she also was influenced by Rank. Sharpe read German. She was analysed by Hans Sachs in Berlin. Sachs had only recently moved to Berlin from Vienna where he had been Rank's colleague and fellow member of the Viennese Psychoanalytic Society for over ten years. She quotes Rank and Sachs in her book *Dream Analysis* in 1937. While she was in Berlin Rank was still very much within the psychoanalytic fold. She not only had an affinity with him (and also with Sachs and Klein) as being among the first lay analysts, but shared with him an appreciation of literature and of the importance of art in life. Rank was a prolific writer who, like Sharpe, had a particular interest in art and the artist.

We read in Rank's opening statement how he refers to the dream and the poem as being similar *in form, content and effect.* All of this is familiar Sharpe territory. Hebbel's image of the child's experimentation with the alphabet resonates with Sharpe's ideas on the internal structuring of language in the child's mind. Sharpe attached great importance to the child's phonetic experimentation with words. Hebbel also interweaves the experience of dreaming with the development of language and the creation of internal order. The reference to Dante and 'the unheard of' is not only a pointer to content. Dante wrote within the literary structure of lyric poetry. We must listen to the meaning of the words but also to their music. Unlike Freud, Rank had a great love of music and a passionate interest in theatre and opera.

To conclude

I have digressed from my central aim – namely, introducing the reader to Sharpe's ideas on dreams. However, the story I have told about Rank, apart from its own inherent interest, will perhaps serve to alert us to how easily we can lose things of value. Both Sharpe and Rank return me to the art gallery. While I am with my patient listening to their dream (or indeed awakening from my own), am I ready to be surprised? Am I reaching for my scientific instruments of measurement or do I see and hear before me a very particular attempt at thought, an effort by the mind to offer something to engage with, an experience which transcends a wish and invites me to consider the possibility of something altogether new? A man comes into my consulting room for his session. For five years he has dragged himself along, cursing the poverty of his life, resenting my very existence as a reminder of his meagre lot. 'Why do you make me come here?' Today he tells me a dream. We talk about it. The next day he lies on the couch. He runs some strands of his thinning grey hair through his fingers and after five minutes he begins to talk:

I am sixty and I have never had a dream like that. I have never been able to have a thought about being like I was in the dream. I did not think it was possible that my mind could make a dream like that. Maybe I can do something with my life.

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CLINICAL COMMENTARIES

Clinical material: Sara

[These are two midweek sessions, a year and a half into therapy with a patient in her mid-30s.]

As she often does, the patient begins the session with a dream that engages my interest but about which she shows little interest:

> She was with a friend on holiday in the States, somewhere like Maine or New Hampshire, and they came to this Shaker village. On the outside the houses were typical – wooden, pretty, beautifully made. They had to drive in to park and inside the house was bigger than the outside because it went into the basement but to get down you had to go down this chute made out of a log sawn in half. She went down but wasn't sure how she would get back up this chute. She was worried about her friend coming down if they couldn't get back up, but she came down. There was one other car there so she thought it should be OK. There were restaurant tables with check cloths and candles, but no one around.

[There was an anxious silence.]

Therapist: What thoughts do you have?
[She described at length a childhood visit to this area of the US. I felt unengaged by her account and aware again of a sense of anxious insecurity in her about how to approach her own dreams.]
T: You seem uncertain about focusing on your dream and the images in it – the Shaker houses, for example.
Patient: They are simple, beautifully made. [After a brief silence her mood then seemed to change and she added, disparagingly] What Americans call 'History'.
[We were silent as her tone left me uncomfortable. She then changed the topic.]
P: I have been offered some work. But I don't want it. [Again her tone was sharp and dismissive and she did not elaborate on her comment.]
T: Maybe it feels similar here, that you feel reluctant about the work of our exploring the dream together.
P: I don't know what sense to make of it.
T: And it seems hard to ask for my help in thinking about it.

P: Well my dreams are all the same theme. [She rolled over on the couch and said her back was hurting.]
T: What is the theme?
P: Always on a journey, not getting anywhere. It used to be volcanoes exploding and disasters happening.
T: That sounds like two themes.
P: Whatever. It doesn't matter.
T: You want to dismiss your dreams as having no meaning, the way you dismiss therapy and other aspects of your life.
P: My previous therapist said I seemed to bring dreams to her for safe-keeping.
T: That's an interesting thought. Could it also be a wish to get rid of them, the way you will vomit up a meal, no matter how appetising it was? Perhaps it feels dangerous to become interested in your dreams. You might then begin to value yourself and your therapy. And then you might want more. You might want more sessions.
P: Coming here in the morning means I can't go out in the evenings, I get so tired. It is embarrassing to have to leave places at 10 because I am tired.
T: It sounds like an experience of therapy which doesn't provide much energy food. As if what we talk about is empty of meaning rather than full of interest. Nothing to explore and nothing to digest.
[She again rolled over on the couch, but said nothing.]
T: I think your dream today could be an interesting picture of your image of therapy: how this place looks appealing on the outside but your only access is by driving yourself right in. There is no welcoming presence in the dream, and once you are inside there is nothing for you, it has been emptied out.
P: There wasn't any food there. The tables were empty.
T: And then you end up trapped in the basement and not sure how you will get out. There is no thinking it through with your friend in the dream and deciding that she should stay where she is to help you out. Instead she gets pulled down as well.
P: I let her get too close. That is what I do and people get pulled down by me.
T: You seem to feel a power in your ability to pull people down and both a hope and a worry that I am not strong enough to avoid being pulled down by you.
P: I don't feel you are.
T: I see.
P: You don't have enough anger.
T: Perhaps you imagine that there would have to be a fight between us for me not to be pulled down. It would not be enough for me to know that I don't want to be down there.
P: Everyone in my family got pulled down.
T: And there was no one to pull them out.
P: [She was silent for a bit and then said thoughtfully] You don't have anyone to pull you out either.

The next day she again began by telling a dream:

> There were some 20 year olds in a school bus going to a lecture and one unruly one was sitting quietly on her own. The lecture was given by this elderly grey-haired professor and she was surprised how many people had come to it. When he began, he said that he really missed his father. The unruly student who was lying on the floor just sneered at that and the professor said, 'well, such things don't interest the feeble minded'.

[I asked about the lecture which she said was a psychology lecture, 'a case-study type thing'. She seemed more involved in this dream, although her tone of voice was still anxious and off-hand. After another silence I felt I needed to reach out to her.]

T: What about the 'unruly' one?

P: There's always one in any group, like me, who sneers and asks awkward questions. And the sitting quietly, that is the other side of me that I don't like either.

T: Perhaps the dream has a link with our experience with your dream yesterday. Instead of the beautifully made Shaker house, we hear about going to a lecture with an elderly grey-haired professor. In the dream you are surprised by how much of you (all these 'many people') wants to hear what I say, but also distressed by what you call this 'unruly' part of you that sits on her own and sneers.

P: Maybe it doesn't link to yesterday's session at all. There are lots of other things that go on during the week.

T: That's possible. But perhaps we are now hearing this unruly 20 year old. Maybe in your fear you feel you need to disparage my thoughts.

P: Maybe I do. *This therapy* [said disparagingly] is no good if the person doesn't want it – there isn't a damn thing the therapist can do.

T: That attitude can feel very powerful. As long as you disparage things here there is nothing I can do.

P: I am in this low place. I pull people down to the point where they say I'm sorry there's nothing more I can do for you.

T: I think part of you does that, but amongst all the disparagement in the dream there is also some important feeling being expressed, a sadness at missing a father.

P: Yes, but it was the professor who was missing *his* father.

T: That's true. And the professor did seem rather cruel in referring to the student as 'feeble minded'. But you were talking yesterday about how you pull everyone down, how everyone in your family got pulled down. It was as if there was no one, we could say no father, to pull anyone out. And you were concerned that I didn't have anyone either. In the dream you imagine me as the one saying, 'I really miss my father'.

P: [quickly] I know you have someone, but not here.

[We were silent briefly and I said it was time.]

Clinical commentary: Sara

MAGGIE COCHRANE

When invited to write a commentary I was told that the theme would be dreams. Reading the material I began to think about the dreams, the images, emotions and themes, and what they might mean in the context of the work. Then I found myself interested in the therapist's first comment about the patient: 'As she often does, the patient begins the session with a dream that engages my interest but about which she shows little interest.'

With this comment in mind, I recalled Klein's thoughts on the epistemophilic impulse and the session material began to take shape. The dreams, with their images and stories, came together in a rather complete way, illustrating what I imagine is an underlying theme of the therapy, unresolved Oedipal material, expressed through envy of the therapist/mother and fear of destroying her. I responded to the material as if the therapist was a woman. This could be the case, but equally it could be evidence of the maternal transference that is being worked with in this material.

In her paper 'Early Stages of the Oedipus Conflict' (1928) Klein links the epistemophilic impulse (child's urge for knowledge) with the emergence of the Oedipus complex. She suggests that

> the Oedipus tendencies are released in consequence of the frustration which the child experiences at weaning, and that they make their appearance at the end of the first year and beginning of the second year of life; they receive reinforcement through the anal frustrations undergone during training in cleanliness.

She talks of how the infant has to deal with these onslaughts with only a developing ego, lack of words and without the capacity for speech:

> The early feeling of not knowing has manifold connections. It unites with the feeling of being incapable, impotent ... in both sexes the castration complex is accentuated by this feeling of ignorance.... In analysis both these grievances give rise to an extraordinary

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> amount of hate. Singly or in conjunction they are the cause of numerous inhibitions of the epistemophilic impulse.

Throughout the sessions we see evidence of her hate towards herself and the therapist. We see her desire to hurt through a refusal to digest, her need to spit out what is fed her, the need to denigrate or dismiss, and of course her fear of her ability to disrupt and destroy. Starting with the first dream we begin to get the outline of the picture, the dilemma.

She is on holiday in America, she describes it as 'the States', perhaps informing us that we are about to learn something of her internal states of mind. Maine or New Hampshire are rather beautiful, peaceful states (we do not hear the patient's actual associations to these places). Her positive description of the 'outside' of the houses seems to suggest an idealized picture of therapy which is different from her actual experience of it. She would like to be in this place with her friend/therapist, but as we move inside the house, anxiety enters the dream. Inside the house, her mind/the analytic space, everything is bigger than she thought it would be and to find a place to park they have to descend to the basement down the chute. We are descending from her mind into the darker recesses of her body, to a more primitive state of mind. She is still able to think, she has some concern for the friend – will they be able to return to the surface? – but the friend descends with her and they are reassured by the presence of another. It is unclear at this point whether the reassurance is that they will find a way out, or whether it is familiar to be stuck somewhere with someone else.

The next and final image in this dream is of the empty restaurant, with its checked tablecloths and candles. We see the promise of food, company, but there is none. The checks on the tablecloth suggest opposing attitudes to food/nurturing/mother. The candles (we don't know if they are lit, but I suspect that they weren't) represent the possibility of the phallic presence, but again it is a lifeless presence, something hoped for but not actualized.

In the exploration of the dream the therapist picks up and points out the patient's anxiety. What is the anxiety about? The patient responds defensively, passively attacking the therapist by numbing her with her associations to the childhood holiday. When the therapist helpfully points this out by reverting to the dream material, the patient's aggression becomes more overt. The peaceful/beautiful/idealized image of the Shaker house is now dislodged by her envy of the therapist's ability to fend off her attack and stay with the dream material. Now she begins to disparage the Americans, whom we might imagine are naive/optimistic aspects of herself in the dream, now projected into the therapist to be attacked. The attack hits home and the therapist is left silently feeling uncomfortable. Are we learning what she did with a too-clever mummy whom she experienced as a child and now again in the transference as making her feel small when she is caught short? How did she manage these helpless feelings of humiliation?

We don't have to wait long to see. Everything has now been spoilt, good food has turned bad inside her and she wants to eject it, the dream, a job offer, her therapy. The therapist picks this up and refers to what we imagine is her actual bulimic behaviour. At this point, the session comes alive, the therapist's interpretation is validated and we sense some relief in the patient. She begins to allow the therapist to see how uncomfortable she feels, how difficult it is for her to do this work, to allow anyone to get close to her, because they will only humiliate her and then she might destroy them, 'pull them down with her' as she does in the dream and in the discussion when she talks of her family.

The session continues and ends with a frank discourse of this fear: who is strong/who is weak. Does the ability to be angry mean strength? Throughout the session I found myself fitting into the therapist's shoes; I would like to think that I would have responded in a similar fashion. However, at this point we disagree. They have a dialogue about the patient's fear of pulling the therapist down, and getting stuck there, just as it happens with everyone else. The therapist questions the patient's omnipotence, 'Perhaps you imagine that there would have to be a fight between us for me not to be pulled down. It would not be enough for me to know that I don't want to be down there'. I would suggest that this is missing the point. In the dream, the friend seems willing to go down with her; doesn't she need to know that the therapist is prepared to go down into the basement with her? The issue that I think the patient is struggling with is: when they are down there, how will they get out? The dream cleverly offers us a possible solution. There was another car in the basement, the third presence that they had been reassured by. Here we return to the Oedipal dilemma and the difficulty of moving on without the healthy presence of a potent third. In the transference the patient fears her therapist/mother/friend is also dealing with this dilemma alone. She says: 'You don't have anyone to pull you out either'.

The next session begins where the last finished. The patient brings a dream that confirms her unresolved Oedipal struggle and, by the emergence of some archetypal imagery, indicates that the active work undertaken in the previous session has been digested by the patient. We see the students listening to the wise professor who we later hear is missing his father. In this dream, the patient recognizes the duality of the unruly student, initially sitting quietly, as two aspects of herself that she dislikes. We see the archetypal figure of the wise old man emerge with its shadow image of the fool in the unruly student, who is rolling about on the floor. I would question here the therapist's reference to the cruelty in the professor's remark to the student. Is it a cruel retaliation as she suggests, or is it in fact a wise statement? 'Well, such things don't interest the feeble minded'. Feeble minded is a reference to the fool that the patient experiences in herself, hates, projects and then denigrates as a defence against the humiliation and vulnerability of not knowing.

Again the therapist picks up the patient's anxiety and her defensive dismissals of the therapist's interventions. However, in this session the patient seems more involved with this dream. I would see the wise old man in the dream as representing both the therapist and the internal father that the patient is struggling to find. A symbol activated through the transcendent function, enabling a de-integration of the self, moving her fractionally along the developmental path. Despite her attempts to dismiss the therapist's words, she is able to acknowledge that the therapist does have a containing other in her life. However, she quickly adds 'but not here', reminding us that her envy of the therapist will not allow the third in the consulting room with them (at least, not yet). Perhaps the session ends at a place of hope.

We see in these sessions the importance of both the material in the dreams and the dreams' function as a translation of the dynamics that need to be understood for the patient to move forward rather than downward.

I was helped to understand this material by the therapist's initial observation of the patient's lack of curiosity. However, by the end of the first session we see how – by the therapist's ability to stay with the material, to survive the envious attacks and to interpret appropriately – the patient is able to allow necessary symbolic material to emerge in her second dream that illuminates further the Oedipal dilemma she is immersed in.

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Clinical commentary: Sara

JULIET NEWBIGIN

Here we have an interesting account of a therapist's interaction with a patient, in response to two dreams that the patient has brought in successive sessions. We are told that these are mid-week sessions, and I take this to imply that they are occurring in the context of psychotherapy of three or four sessions a week. We know that the patient is a woman, but we do not know the gender of the therapist, and we are told nothing about the patient's background, apart from some clues in the verbal exchanges between them. In considering these dreams, I am intending to adopt a free-associative approach, listening to dream imagery as I might a poem, aware that it carries several meanings simultaneously in a compressed and allusive form. But because of the absence of background in this account, the area of free-associative play is pared down to the relationship that is being enacted between the two people in the consulting room. This sharpening of focus allows me the luxury of watching the fundamental substance of therapy – the struggle of both the patient and the therapist to understand the features of a relationship that is in the process of revealing itself – removed from the immediacy of the session.

At the outset this might appear, superficially, as an account of a therapist's struggle with a resistant and often dismissive patient, who is avoiding the impact of her therapy by bringing dreams, which she is then unwilling to explore. However, as the therapist realizes, the dreams themselves reveal an internal conflict about the therapeutic relationship, which is just beyond the patient's conscious awareness. It is as if the patient's unconscious were providing a fuller picture of her transference to her therapist, while she herself fights off intense feelings that are beginning to press for attention.

The dream opens in a holiday atmosphere in 'New' Hampshire, where the dreamer comes across evidence of a community who turned away from society at large in order to get back to fundamentals. The 'beautifully made' Shaker house, bigger on the inside than the outside, could represent the patient's

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amazed discovery that she possesses an internal world, and that the therapist's consulting room is a place where it can be explored. At her therapist's prompting, the patient seems about to reflect on this, but then tramples on the impulse, dismissing it as, 'What Americans call "History"'. Here we might think, noting that the dream recalls a childhood memory, that this is what psychotherapists call 'History', too. The development of her dream reveals the anxiety that she feels about therapy, as well as interest and curiosity. To get inside this Shaker house, in order to explore it, she had to lie down and, once inside, she could no longer be sure of getting out again. The name 'Shaker' has associations to fearfulness as well as movement and change, and this lying down made me wonder whether the impact of intensive psychotherapy on the couch was both very exciting and worrying for the patient.

Then we learn from the therapist's interpretation that this is a bulimic patient, whose inability to reflect on her dreams parallels her refusal to digest her food. We can now place her denigration of her therapist in a more recognizable context. This is someone who compulsively purges what she eats, in order to kill off an emotional life that is feared would otherwise be unbearable and uncontainable. In the past, her dreams have been 'of volcanoes erupting and disasters happening'. I begin to wonder if I am reading an account of someone reaching a threshold in her therapy, aware that a world is opening up where emotional experience can be represented symbolically, but terrified of its impact. Her resistance suggests an internal struggle to choose between a dangerous but effective way of ridding herself of unwanted feelings, and the risky alternative of allowing herself to develop a fuller relationship with her therapist. When her therapist points out that she is dismissing her dream, she replies, peevishly, that her previous therapist used to say she brought her dreams 'for safe-keeping'. I wonder whether this refers to a previous therapy that did not challenge her disengagement. Perhaps the patient had been allowed to bring, in her dream material, an encapsulated part of herself that could be left with the therapist undisturbed, like a small child who is to be kept safe. This wish is echoed in the cosy dream image of a restaurant, with its checked tablecloths. It is deceptively quiet and empty. It seems to convey both something hopeful – the possibility of finding that therapy is a setting in which you might expect to be fed – but also that, as the therapist says, the patient can currently cope with it only as a place that has been 'emptied out', just as she uses her eating disorder to rid herself of anything that might feel alive and threatening.

In spite of the quiet imagery of the dream, the exchanges between the therapist and patient are intense. I felt considerable sympathy for the therapist's understandable frustration at being continually rebuffed, but I assumed that, for a patient who probably preserves an appearance of compliance and equanimity by the secret use of a symptomatic relationship with food, this mood represents a considerable step forward. The question both for her and for her therapist is whether or not her feelings can ever be manageable. Now

that she is getting in touch with her longing for attachment, she fears that she is sliding into a regression, from which she may not emerge. Her irritable statement 'I have been offered some work. But I don't want it' might refer both to the 'work' of therapy, and also, like a child who pulls the blankets over her head, to the world outside, in which she feels increasingly reluctant to support herself. The power of these emerging emotional needs, which are making her so drained and tired, are going to present a challenge for both patient and therapist.

The dream shows the patient in conflict about the role that she expects her therapist to play. She wants to establish a close relationship with a companion who will come down into the basement with her. But this is a potentially dangerous move. At this point, I found myself thinking that 'Shaker' could be heard as a description of the patient's dream-therapist. The patient might be entering the house of someone who would seal her off from the world, and keep her trapped in the basement. The image suggests both a hunger for a close relationship, but also a claustrophobic fear. However, there might be another way forward. A mysterious car is outside – some other source of potential support – 'so it should be OK'.

The therapist is clearly in touch with the fear and conflict behind the patient's impulse to disparage her dreams. But the recording of the session vividly conveys the power of this patient to 'pull down' those who become involved with her, when 'they get too close'. We watch the patient enact in the transference her fear of becoming trapped in the basement with a 'Shaker', someone who is not strong enough to pull her out. The therapist interprets this anxiety, and receives immediate confirmation from the patient who says that the therapist 'does not have enough anger'. For a moment, the therapist, perhaps unbalanced by the directness of this accusation, resists:

> **Therapist:** Perhaps you imagine that there would have to be a fight between us for me not to be pulled down. It would not be enough for me to know that I don't want to be down there.

But the patient says that everyone in her family succumbed to her.

> **Therapist:** And there was no one to pull them out.
> **Patient:** You don't have anyone to pull you out either.

At this point in the session, both therapist and patient seem to be down 'in this low place'. But, at the same time, the car upstairs, the rescuing element which neither patient nor therapist mentions here, is embodied in the therapist's boundaried and reflective stance, which has made it possible for the patient to collaborate with the therapist on the dream and go into the basement of her fears. She has been able to accuse her therapist of not being strong enough to deal with her, and discover that, in spite of an initial impulse to fend her off, the therapist can listen without being overwhelmed.

In the subsequent session the therapist's capacity to tune in to the patient's emerging anxieties seems to be rewarded by the second dream, which takes up the material of the previous session and elaborates it. Something has shifted and now the patient is willing to work. She no longer turns her back on her therapist but is prepared to think about this unruly, uncooperative student of her dream and explore what the image represents.

The second dream seems to take its lead from the patient's statement to the therapist in the previous session, 'You don't have anyone to pull you out'. Once again, it is an account of an impasse, but of a different kind. Now we hear about a conversation between an elderly professor who attracts an admiring audience and a 'feeble minded' student who lies on the floor, refusing to be impressed. There is a breakdown of communication but it is the result of wilful bad behaviour by the student, not simply the professor's weakness, although the professor says 'he misses his father'. I wondered whether this dream represented the other side of the patient's dilemma. Her first dream portrays a desire for a close relationship with a nurturing companion, which threatens to become a mutually dependent relationship that is like being trapped in an empty restaurant. The parked car hints that the solution may be provided by a powerful, if invisible, masculine presence, but now, in this second dream, the imagined father figure is judgemental and preoccupied with other people. The student is angry and left out.

The therapist is able to take this up with the patient almost immediately. The therapist's tone is gentler, interpreting the audience of people who want to listen to the professor as the many parts of the patient that want to collaborate with the therapy. The patient, after a flash of defiance, acknowledges her tendency to court rejection by making people feel that there is nothing they can do for her. She seems prepared to go along with the therapist's interpretations of the dream in the light of the previous day's session. Perhaps both therapist and patient are remembering yesterday's confrontation. The patient might feel anxious about the effects of describing her therapist as weak. She might also have heard the therapist's reply that it might be enough simply to not want to be 'pulled down' as an unrealistic response that did not take the problem seriously enough and now provokes a retaliatory sneering. The therapist seems to feel this too and identifies him- or herself with the professor whose lack of a father makes him depressed and depleted, and who has been 'cruel' in calling the student 'feeble minded'.

I found it puzzling and somewhat tantalizing when the patient says, at the end of the extract, 'I know you have someone, but not here'. It made me think again about the car parked outside the house in the earlier dream. Is the patient concealing from the therapist her curiosity about the therapist's life, and the emotional impact of her discovery that there are other people in the household? Does the car refer to actual signs that the therapist has a partner, or other patients, cutting across the patient's fantasy of being the only person

in her therapist's mind? The 'unruly' student on the school bus is also 'the one sitting quietly on her own', an apparent contradiction in terms, but perhaps it represents a truthful picture of someone who has been apparently 'sitting quietly' while disposing of her unruly feelings about rivalry and exclusion by an eating disorder. I feel that the session ends with the stage set for the therapist to take this up in the transference.

The dreams indicate the difficulty that this patient is having in giving up an addiction to an eating disorder which has created an illusion of self-sufficiency and bearing the impact of the dependency she is beginning to experience on her therapist. In her family it seems likely that the patient has, in fantasy at least, been able to render others helpless, disparaging them from the omnipotent point of view of her own internal professor as 'feeble minded'. When she tried to 'pull down' the therapist, she might have felt that the dependent part of herself had been provoked into a worrying emotional outburst. I imagine that, to maintain control, this patient will continually struggle to conceal her devouring wish for attention, and intense interest in the facts of the therapist's life, behind a rebellious attitude, secretly sneering at the therapist's impotence. But, in this dream, she seems to be moving towards a recognition of the deprivation and loss involved in maintaining this attitude.

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Clinical commentary: Sara

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The opening sentence of the clinical material left me with an immediate feeling of discomfort. The situation sounded stuck. The dream engages the therapist's interest but the therapist's therapeutic interest is frustrated. Is the dream to keep the therapist occupied, happy? Does the patient assume defensively that the therapist is interested in dreams not people? Is the patient saying, 'The interest is yours not mine, therefore I don't run any interest-associated risks'? As I follow the text of the session, it appears that the patient's absence of interest ensures the maintenance of distance between patient and therapist, as conveyed in the content of the dream, the non-verbal communication of affect, possibly the disparagement of history and meaning.

Following the text, I encountered a number of surprises. First, the patient responds less negatively to the therapist's interpretation of her reluctance to work than I anticipated. Second, the therapist interprets the patient's fear of her wish for more sessions. It seems that the patient's longing is more available than I thought. Was something conveyed non-verbally in the preceding moment, or is the patient's habitual resistance less profound in the live context?

Struggling with my own uncomfortable reactions, I see that the therapist has found a way of working with the resistance that elicits a gradual elaboration of the material. (S)he interprets the patient's fears. The patient tries to say there was no food. In the therapist's place, I would have to resist the temptation to prove that there was food in the restaurant, as it were. This might represent a reaction to an experience of having absence and emptiness driven into me (projective identification). I am confronted either with impotent emptiness or with my own therapeutic appetite. Do the projective identifications serve as the patient's emotional soundings to find out who is out there – or merely to get rid of something? Perhaps something needs to be attended to

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before the feeding can start. Perhaps the volcano that the patient flees from in her dreams represents an angry feeder. The image of molten lava calls to mind the phrase, 'If you don't like the heat, get out of the kitchen'. There is indeed no one in the restaurant in the dream. The patient thinks the therapist is not angry enough. Maybe the wish to avoid anger is projected into the therapist.

My 'surprises' are followed closely by the therapist's exploration of the negative transference, and then by the patient's bodily discomfort on the couch. She rolls – on to her side? – or so that she is facing the therapist? I cannot place them in relation to one another. It all feels very uncomfortable. These two moments of physical discomfort remind me of my observations of babies and toddlers in clinical settings, wriggling and contorting on their mother's laps, unable to get comfortable, showing that something is wrong. I find two theories jostling for position in my mind: the theory arising from attachment research and the theory of psychic retreats. A reference to the former is implicit in my perception of the bodily discomfort and the idea that projections could also be conceived as an emotional sounding of the object.

Research studies of mother–infant interactions suggest that infants are more active and interactive in their relations with the 'real' (as opposed to fantasy) object than classical psychoanalytic theory supposes. Stern (1985) and Fonagy (1991) elaborate the interface between child development research and clinical theory. Intersubjective relatedness (Stern) and mentalization (Fonagy) represent both expectable outcomes of normal child development, and areas of maladaptation in later pathology. Fraiberg et al. (1980) describe how the tragedy of their own childhood may come between parents and their child. Murray (1991) studied the long-term impact of maternal depression on attachment and the development of intersubjectivity in the child. In such situations, the presence or absence of compensatory/resilience factors is crucial to the developmental outcome. Mentalization (the capacity to think about experience) is itself a resilience factor (Fonagy et al., 1994), which may be facilitated by psychotherapy.

These researchers and theoreticians are concerned with the early roots of self-development, symbolization, whole object relationships, affect regulation and mentalization. From this perspective, the material may represent the patient's established adaptations to her early developmental environment, an unconscious actualization of her subjective experience of that environment. Steiner's concept of psychic retreats (1993) also springs to mind, as the patient gives the therapist material and simultaneously disowns it. As described by Steiner, a psychic retreat provides the patient with an area of relative peace and protection, through an established system of defences, which may represent a situation of impasse in treatment and prevent meaningful contact with the therapist, sometimes offering a false type of contact instead. Both conceptualizations offer ways of thinking about relational interferences in normal processes of feeding and learning. In psychotherapy these difficulties might be resumed in the question: 'Who is the therapist?' (both in the

patient's mind and in his/her live perception – the transference and the real relationship).

The patient invites the therapist to be a therapist without a patient and represents herself in the dream as a patient without a therapist. The patient consistently presents the therapist with the impossibility of the therapeutic process. She enacts her views on the insignificance of dreams and her own associative thought processes (the childhood visit to the US), the exaggeration by people of their own history and the disconnectedness of her own thoughts (the apparent change of topic). Meanwhile, the therapist experiences her as anxiously insecure. The patient's discomfort takes the form of physical pain. She tries to close things down: 'My dreams are all the same theme'. When the therapist tries to open things up: 'That sounds like two themes', she closes down again: 'It doesn't matter'.

The therapist interprets the dismissal of dreams and their evacuation as attempts to avoid a positive appetite for sessions. The patient's rejection of this interpretation leads the therapist to verbalize her experience of the sessions as empty. The therapist's interpretation of the dream leads to an exchange in which the patient now expresses in words the impossibility of psychotherapy as an agent of change, and the therapist explores the fantasy underlying an aspect of the anxiety – someone would be dragged down by someone if they got too close. This represents a development in the session. As a result of the therapist's work, the patient now expresses her resistance in words, enabling the therapist to develop a greater understanding of her psychic situation.

Does the material represent an impasse, a fixed omnipotent defence against omnipotent destructiveness, with oscillating movements of engagement and disengagement that have persisted for 18 months without 'getting anywhere', or a delicate moment in which some shared understanding emerges? This second possibility arises from a consistently hopeful attitude in the therapist, who may sense in the patient longings that are less apparent in the text. It may be useful not to choose between these possibilities but rather to maintain the implied ambiguity. If engagement with the therapist might result in dragging the therapist down, then the preservation of the possibility of psychotherapy requires its constant rejection: a split in the positive and negative wishes, achieved and maintained through projection.

In maintaining this possible psychic retreat, the patient seems to make extensive use of projection as a way of dealing with her thoughts and feelings. She projects her interest and feelings of discomfort into the therapist. Her former therapist's interpretation that she brought dreams for safekeeping suggests that the feeding back of these projections may be problematical. The projective identifications may make the therapist potentially dangerous in the patient's eyes. If she finds sessions draining, then her appetite (interest) may be lodged in the therapist. She may feel obliged to feed the therapist with dreams (well known as the preferred diet of therapists), but also to limit that

appetite and to convey that what is given on a plate is not the royal road to the whole contents of her mind but is rather the psychological equivalent of feeding by bottle or spoon. (The feed can be quantified and controlled and is disowned by the patient.) However, her wish for the therapist to keep the projections safe may also increase her dependency and her fears associated with closeness.

With some patients, the interpretation of projections may be experienced as the therapist's own projections (itself a projection or a transference to a projecting parent). I suspect that this may be true of this patient, in which case it presents the therapist with a technical problem. The patient may experience the therapist's silence as a fear of anger and being dragged down, interpretations as the therapist's projections, and the therapist's attempts at engagement as signs of the therapist's greedy dissatisfaction (wanting more). The dreams do seem to provide a potential playground for thinking. However, the therapist speaks in a different psychological context from the patient. In discussing the meaning of the dream, the therapist uses the words 'as if' and 'I think (your dream could be an interesting picture of your image of therapy)'. The patient responds with the language of fact: 'Coming here in the morning means I can't go out in the evenings'; 'There wasn't any food there'; 'I let her get too close'. However, she also says 'I don't feel you are [strong enough]'. The patient participates in a verbal exchange that facilitates an apparent move from 'This is how things are' to 'This is how things feel'. However, it is not clear whether she makes a distinction between the two. This dance between them seems to hover between therapeutic progress and a psychic retreat that keeps hope alive by not testing it out.

The therapist's persistently thoughtful and benign approach provides a favourable setting for making this psychic situation 'visible' in words, something which may become a shared construct. However, the patient also feels endangered by the process because it represents a threat to her tried and tested omnipotent defence. Early on I wondered about what Steiner calls 'analyst-centred interpretations'. He makes the distinction between the patient's wish to understand about themselves and their wish to be understood. The latter requires the analyst to understand the unbearable anxiety that his/her understanding may arouse in the patient. Analyst-centred interpretations focus on the patient's experience of the analyst. This may feel less threatening to the patient. It represents a way of exploring the patient's projections *in situ* – that is, without feeding them back, which can be useful at appropriate points during treatment.

Perhaps the therapist and patient together are working their way towards some use of that approach. There seems to be evidence that the patient is less resistant to talking about the therapist than about herself. At the end of the first session they discuss whether she feels that the therapist is strong enough to resist being pulled down and has anyone to pull him/her out. In the second session, the material conveys a battle of projections in the patient's mind as

the unruly student sneers at the professor in the dream and he retorts that the student is feeble(minded). In the session itself, the patient's powerful position of disparagement is seen to render the therapist powerless. The therapist suggests that, as well as making people powerless to help, the dream also expresses sadness associated with a missing father figure. The patient responds that it is (not her but) the professor (that is, the therapist?) who misses his father. However she is also concerned about her ideas of the therapist's weakness and leaps to undo her projection, by 'knowing' that the therapist is not alone. The flow of the session seems inexorably to place the therapist at the centre of the patient's preoccupations.

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ARTS REVIEW

Eyes Wide Shut: Sex, death and knowledge in Kubrick's last film

NOEL HESS

Stanley Kubrick's last film, *Eyes Wide Shut*, was released in 1999 to almost universal disapproval. Various factors – Kubrick's death a few months before the film's release, the burden of expectation surrounding a new Kubrick film after many years' wait, as well as the specific expectation of a highly erotically charged film – may have contributed to this negative critical response. I want to argue that, although flawed, *Eyes Wide Shut* is a fascinating and penetrating work of art, worthy of serious analysis and consideration, and of interest to a psychoanalytically informed audience.

At its simplest level, *Eyes Wide Shut* is the story of the destruction and partial reconstitution of a marital relationship, brought about by the discovery of the unknowability of the object. At a deeper level, it is about a man's struggle to confront his fear of emotional and sexual intimacy, to achieve some degree of integration of the infantile and adult parts of himself, and to face up to the facts of life: sexuality, difference and death. Whether or not this is achieved is ambiguous. Overlaying these themes is a narrative structure containing elements of fairytale and dream. The film opens with the sounds of a Viennese waltz – Strauss reimagined by Shostakovich, just as Schnitzler's original novel (*Dreamstory*, written in Vienna in 1926) has been refracted through a modern lens by Kubrick, who locates the story in present-day New York. We see a young couple, Bill, a Manhattan doctor, and his wife Alice, dressing to go to a Christmas party while their young daughter is left with a babysitter. It is an ordinary and unremarkable scene of domestic life. Knowing, at this early stage, little about these people, we notice various things: the couple's attractiveness, their comfortable lifestyle and spacious, well-furnished apartment, and their comfortable intimacy with each other. This is important, because it is exactly this 'comfortable' quality of the relationship that will be questioned and deconstructed as the film progresses.

At the party, the couple are separated and each flirts with someone else: Bill with two young models (who tell him that they're going to 'where the rainbow ends'), and Alice with a wolf-like Hungarian count (Alice in Wonderland as Little Red Riding Hood). Bill is also called by the host of the

party, Ziegler, to help him with a young girl who he, Ziegler, has been having sex with, and who has overdosed. Her naked body, when we first see it, appears to be dead, and is the first of many references in the film to death as a fact of life – something which we, like Bill, 'should know'. The scene between Bill and Alice after the party, back at their apartment, when they are sitting together in their underwear smoking dope (another scene of apparent relaxed intimacy), is the first of three dramatic and emotional critical moments in the film, when Bill is faced with a profoundly disturbing but apparently unknown truth which shatters his narcissistic complacency. The couple discuss their flirtations at the party, and the conversation turns to question of fidelity; specifically, what degree of fidelity does each assume and expect of the other? Bill, with considerable assurance and security, says that he has never had cause to feel jealous, 'because you're my wife, the mother of my child, I know you would never be unfaithful to me'.

Alice is enraged that her husband's 'knowledge' and internal representation of her implies no sense of separateness. He thinks he knows her and her sex ('women basically don't think like that'), and she feels provoked – vengefully, perhaps – to show him that he doesn't know her at all. She tells him about her infatuation with a man she met when they were on holiday, whom she seriously contemplated leaving her husband and family for. Bill is appalled, rather as is a little boy to discover the reality of mother's sexuality, and with it the shattering of the narcissistic illusion of exclusive possession: the loved object cannot be fully possessed or fully known.

Because the film investigates Bill's intrapsychic conflicts rather than Alice's (and this imbalance is a major structural weakness), we do not have much to go on to make sense of Alice's account of her infatuation. She describes, in a trance-like monologue, how 'he glanced at me ... just a glance. Nothing more. But I could ... hardly ... move. I was ready to give up everything.' The only contact is whatever was transmitted in this transfixing, paralysing, penetrating meeting of eyes. The experience has a primitive, quasi-psychotic quality, as well as being obviously highly eroticized, and is possibly suggestive of the experience of a little girl who 'knows' from father's glance that he desires her sexually. If this is so, then it implies that Alice mirrors Bill's psychopathology: knowledge has the status of certainty, and cannot be questioned. However, as the film's focus moves to Bill, and we learn little more about Alice, it is difficult to be clear about what this might mean.

This traumatic discovery propels Bill on a nocturnal adventure of both revenge and self-discovery. Ostensibly he goes out into the night seeking sex, to get back at his wife, but as each opportunity presents itself – with the daughter of a patient he is called to see who has died, then with a chance meeting with a prostitute – he withdraws in fear, like a little boy who has gone too far. The culmination of his quest takes him to an orgy, at a secret location, involving masquerades, passwords and elaborate, enigmatic rituals: the stuff of children's play.

The orgy scene has acquired a certain notoriety, and was generally thought to be absurd and ludicrous, but if we think about it as part of Bill's dream narrative, the inherent absurdity has a justification. For what is an orgy, if not an (absurd) multiplication of the primal scene, an enactment of infantile fantasies of the parents engaged in perpetual, exhibitionistic, mutually devouring intercourse? Bill wanders through the scene, observing the various couples, unable or unwilling to participate. He is then threatened with being unmasked as an intruder (as he is!) and ordered to strip naked (meaning, exposed as a little boy) but is rescued by a woman, who is taken away, apparently to be killed. Analysing this as we might if it were dream material presents us with the idea that this sacrificial woman is an idealized version of mother, split off from the hated orgiastic mother, while at the same time her fate enacts the murderous impulses felt toward the sexual mother. The orgy and threatened unmasking is the second of the film's emotional peaks, as Bill is confronted with the gulf between infantile and adult sexuality. The sinister, persecutory atmosphere, most vividly represented by masks depicting twisted, psychotic faces, is important as a manifestation of the extreme paranoid anxieties pervading primal scene fantasies.

The third and final dramatic climax occurs in a scene between Bill and Ziegler. Bill has been preoccupied with the fate of the woman who rescued him at the orgy, and finds a newspaper report of a woman's death, then goes to inspect her dead and naked body at the hospital morgue. He is convinced that she was murdered in a satanic ritual at the orgy, and is summoned to see Ziegler, who we discover was present at the orgy.

Although the scene between them begins with these two men being amicable and apparently on equal footing, this defensive facade soon falls away to reveal the psychic reality of the relationship: a corrupt, omnipotent but also protective father and a bewildered, disturbed little boy. Bill challenges Ziegler with his theory of the woman's death; Ziegler replies that Bill has been 'way out of your depth for the past twenty-four hours'. The woman, he says, died of an overdose, 'there was nothing suspicious'. He then says: 'Listen, Bill. Nobody killed anybody. Someone died. It happens all the time. Life goes on. It always does until it doesn't. [pause] But you know that, don't you?' He should know; as a doctor, he should know about death. But we know how it is possible to know and not know. At each of these moments of revelation Bill is faced with a fact of life: that the object can never be fully possessed; that adult sexuality exists in a different realm from infantile sexuality; and that death awaits us all. Money-Kyrle (1971) defines the facts of life, which it is the aim of psychoanalysis to help the patient to accept rather than evade, as the love and need of the good object, the creativity of parental intercourse, and the reality of time and death.

The final scene of the film is an encounter between Bill and Alice in a toyshop, with their daughter. They have come together and are clearly struggling to integrate and make sense of the events and experiences of the past

few days. Their dialogue is full of apprehension and uncertainty, without the superficial comfortableness of the early scenes. They are relieved 'to have survived through all of our adventures, whether they were real or only a dream', while acknowledging that 'no dream is ever just a dream'. They agree that there is no such thing as 'forever', and Alice suggests that 'what we need to do as soon as possible' is 'fuck'. This reassertion of parental sexuality, and the fact that it takes place in a toyshop, suggests that some possible integration between the infantile and the adult has been achieved. The ending of the film has been seen as uncharacteristically hopeful, in the context of Kubrick's other work. I think it is deeply ambiguous. Certainly there is the sense of a dream having been awoken from, and taken seriously rather than dismissed. The fairytale atmosphere is dispelled by their rejection of 'forever'. And yet the very tentativeness of their relating offers no assurance that a more real and genuinely intimate relationship will be possible. A movement, however, has occurred, from what James Fisher (1995) describes as a delusion of intimacy, together with Bill's delusion of identity, based on certainty, narcissistic relating and denial of separateness, towards something that contains some of the elements Fisher lists as aspects of real intimacy: sincerity, humility, concern. On an intrapsychic level, it is a movement from omniscience to something more partial and human. It may be that the 'fuck' Alice prescribes for the couple at the end will be an intercourse not between 'strangers in the night' (one of the pieces of background music Kubrick ironically uses), or between fairytale 'babes in the wood', but between two adults whose eyes are open to how little they truly know.

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JOURNAL REVIEW

On reading a variety of journals that express the present thinking and clinical work of analytical psychology and psychoanalysis – the systems of thinking originated by Jung and Freud that are both represented in the British Association of Psychotherapists – I am going to focus on what I felt was one important overlapping area of discussion present in a number of recent journals. This will inevitably involve not writing about many other important issues and ideas also currently being written about.

What strikes me with some force is that the thinking that is happening in the psychoanalytic and analytical psychology journals is potentially very radical indeed, and rather sobering. It will need a great deal of careful digestion by all of us if psychoanalysis and analytical psychology are going to survive in this century as respected systems for understanding the mind.

David Tuckett in his final editorials as editor-in-chief of the *International Journal of Psychoanalysis* addresses why he thinks psychoanalysis has failed to become an effective system of understanding and suggests that urgent changes and reforms are needed. Barbara D. Stephens, in the *Journal of Analytical Psychology* (vol. 46, April 2001), in her article about the Martin Buber–Carl Jung disputations, addresses similar concerns in Jungian thinking. She talks about the dangerous yet creative function of dialogue and how, in the Jungian tradition, this has often led to impasse, withdrawal and schism. She thinks that open-minded and honest dialogue, both in Jungian thought and in psychoanalysis, is crucial for meaningful survival.

There are also examples of this failure of dialogue in the psychoanalytic tradition. It is interesting how closely Tuckett and Stephens share many of the same concerns and how their views of remedial action overlap. Tuckett's last three editorials (*International Journal of Psychoanalysis*, 2001, vol. 82, issues 2, 3, 4) and the article by Stephens (*Journal of Analytical Psychology*, 2001) seem essential reading for us today. In this review I shall focus on the issues they raise.

In the April 2001 *International Journal of Psychoanalysis* (vol. 82, issue 2) Tuckett described the decision to internationalize the journal by loosening its ties to the British Institute of Psychoanalysis, which has until now edited and managed it. All editors-in-chief have been from the British Institute. There is now going to be a new Board of Guardians, an international group that will be

responsible for the *International Journal of Psychoanalysis* and its management and will appoint future editors. The board will report to the Trustees of the British Institute. This is an important structural move towards openness.

In the June 2001 *International Journal of Psychoanalysis* (vol. 82, issue 3) editorial, Tuckett wrote a brief but hard-hitting piece laying out the editorial policy in relation to the acceptance of articles. This followed the publishing of Sylvia O'Neill's paper about her once-weekly treatment of a male anorexic at the Tavistock Clinic (O'Neill, *International Journal of Psychoanalysis*, 2001, vol. 82, issue 3). 'What they argue' and 'how they support it', Tuckett writes, should be the criteria for work being accepted in the *International Journal of Psychoanalysis*. Work in the public sphere was deemed particularly important as it reached very different kinds of patients. He argued strongly for open-minded rational discussion and clarification to overcome prejudice and mindless conservatism:

> We need a rigorous and evidence-based argument within our intellectual community as to what is psychoanalytic treatment, what is psychoanalytic training, what (if anything at all) is the difference between psychoanalysis and psychoanalytic psychotherapy. It is no credit to us that over a hundred years since Freud founded the discipline we are still bickering about this in largely ideological terms and are unable to be clear about this controversy. (Tuckett, *International Journal of Psychoanalysis*, 2001: 82(3))

The August 2001 *International Journal of Psychoanalysis* was Tuckett's last as editor-in-chief. He wrote a parting editorial that is really a short paper about what he sees as the way forward for the *International Journal of Psychoanalysis*. It needs to be read in its entirety but the main thrust is a solid argument for a more scientific and courageous attempt to examine the subjective experience of the analyst in the here and now of the session, the basic data of psychoanalysis. He writes:

> My impression is that some arguments against making psychoanalysis an empirical discipline depend on forms of absolutism and perfectionism. Both would be the enemy of trying to ask and answer questions: they are enemies of curiosity. An investigator can only seek to make the best case he or she can – they need to worry at problems and constantly look at how their arguments are supported and where they may be flawed. Empirical investigation requires creative interaction with others and is not, therefore, likely to be done well in an isolated bunker. (Tuckett, *International Journal of Psychoanalysis*, 2001, vol. 82, issue 4)

One of his concluding remarks is about oversensitivity:

> The Journal has to reject four-fifths of the papers it receives at any one time – although many of these papers come back and are published in revised versions. Most authors deal with the pain and are eventually grateful. Some are not able to bear it. We need among us to respect the former category and to make sure that as a profession we do not pander to oversensitive narcissism. (Tuckett, *International Journal of Psychoanalysis*, 2001: 82(4)

There is a lot to digest in these last editorials.

Barbara Stephens starts her paper on 'The Martin Buber–Carl Jung disputations' (*Journal of Analytical Psychology*, 2001) with the following observations:

> As the new millennium begins there is increasing evidence of rapprochement between the Jungian and Freudian communities (Stephens 1999). (I am using the terms Jungian/Freudian very broadly to identify theoretical families within the depth psychology community, not specific clans within those families.) At the same time the 'splits' within the Jungian community itself seem to be growing more frequent and violent, often resembling Holy Wars accompanied by the brutality of inquisitional behavior erupting inside the walls of our Institutes. (Stephens, *Journal of Analytical Psychology*, 2001: 455)

I wondered about her first comment in relation to the British Association of Psychotherapists. Certainly, Jungians know the psychoanalytic language and understand and integrate the concepts in their work. I think that most psychoanalytic members are not so conversant with the Jungian language. Learning a language is the first serious step towards respect and interest in another country or psychoanalytic tradition. Although Stephens is examining intra-group conflicts in her paper, a lot of what she says sheds light on inter-group conflicts as well.

After her analysis of the Buber–Jung 'disputations' there is an interesting section in her paper, drawing on Seymour Cain's work on religious differences, that examines possible responses to religious difference: 1) ignorance and ghettoizing; 2) polemics or apologetics, which involve knowledge but only for the purpose of disproving your opponent's model of thinking; 3) eclecticism, which risks shallowness and dilution of important principles but which can lead to serious contact with other systems of ideas and to real mutual influence through 'the way of dialogue'. It is after this that Stephens moves on to share ground with Tuckett in her ideas of the sharing of the detailed analysis of the here and now of the session:

> ...excavating through the layers of words, thoughts, affects, reported dreams, observed behaviors of both analyst and analysand in search of mutual understanding and personal growth. This is peer group supervision (or process recording) of a very different order because it parallels the work of analysis. It is like a form of advanced control work with small groups of colleagues from our different Jungian 'tribes'. (Stephens, 2001: 484)

She appreciates the work of Stern, Grotstein and Davanloo on the question of what produces therapeutic change. She notes that they come from different 'therapeutic tribes' and she suggests that the Jungian community is moving in the same direction to try and answer questions such as:

> What are the necessary and sufficient conditions in a process of individuation in the clinical setting? What are the core traditions of analytical psychology? What boundaries are we really trying to protect in these Holy Wars?' (Stephens, 2001: 485)

It makes me realize that, having trained in the psychoanalytic tradition, I must push on with my reading of Jungian thought so that I can begin to

understand a bit more about what Jungians mean by, for instance, concepts such as 'individuation', or 'the religious function', and how they differ from, say, psychoanalytic ideas of 'integration' and Bion's 'transformations in O'.

Given the events of 11 September 2001, it is all the more urgent that we understand and try to deal with our conscious and unconscious urges for religious wars or crusades in our everyday lives. Religion can be so easily hijacked by our powerful urges for massive splitting and idealization, with all the possibilities for scapegoating and denigration of outsiders that goes with it. Most religions offer attractive solutions to humankind's fear of death and a seeming escape from feelings of depression and loss connected with mortality. This acts like a magnet to a great number of people. It is likely, however, that there is more than that to the spiritual dimension of life and it seems urgent that we explore and come to understand more about creative manifestations of spiritual and religious feeling. Buber and Jung turned away from each other over the question of the locus and nature of God, of the religious experience, differing over whether it is internal and psychological in origin, or whether it is something that is beyond man coming from the outside. But then it is not easy to stay in dialogue over differences like this.

Stephens concludes her paper with comments about the Buber–Jung disputations, which could just as easily have referred to the Freud–Jung disputations, or indeed the 'Controversial Discussions' (what a wonderfully expressive phrase) within the psychoanalytic community:

> (Jung) was angry and fell into frustrated repetitive statements laced with sarcastic *ad hominem* attacks when Buber did not get it. Buber grew progressively more silent as his reformulation of their differences met with the same old responses. Both of them walked away from creating dialogue, feeling unseen and misunderstood by the other. My real concern is when this happens in current disputations and 'Holy Wars' among Jungian 'tribes'. Professionally, I do not think we can afford to ignore, deny, trivialize or polemicize our differences. Nor can we afford to walk away ignoring our similarities. I am not suggesting that our disputations take on 'warm fuzzy' personas. That is destructive to any genuine dialogue. Rather I am suggesting that we attempt a sort of paradigm shift in the locus of theoretical discussions and move it more deliberately into the arena of dialogue about our actual clinical work, the 'sacred texts' of analysis. Focus on the clinical 'text' may not necessarily produce any more genuine dialogue than theoretical texts did, but mutual respect for the material may hold us in discussion a bit longer. Buber and Jung failed, perhaps we can do better. (Stephens, 2001: 487)

There is a lot of hope present if you read carefully the work that is being published in the journals.

In his 1911 essay 'Formulations on the two principles of mental functioning' Freud describes his view that human beings as babies and as adults have an unconscious preference for solving problems by hallucinatory wish fulfilment and that only under pressure of severe disappointment and the need to survive will they turn their attention outward to the realities of the external world. Bion took this further in his book *Learning from Experience* (Bion, 1962).

Looking through the writings in the journals of the present time makes you realize how powerfully depth psychology is turning towards external reality in its concern to survive and prosper in times ahead. In the process it is undoubtedly enriching itself.

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JOURNAL REVIEW EDITOR

BOOKS REVIEWED

Desire and the Female Therapist: Engendered Gazes in Psychotherapy and Art Therapy

By Joy Schaverien
London, Routledge, 1995, pp. 264, pbk £17.99

Desire and the Female Therapist, Engendered Gazes in Psychotherapy and Art Therapy explores the fascinating interface between art and analytical psychotherapy and takes us a step further into the concept and practice of analytical art psychotherapy, which Joy Schaverien introduced in her previous book *The Revealing Image*, published in 1991 and reviewed in the *BAP Journal*, vol. 39, issue 1.

This book is an investigation into the erotic transference and countertransference that can occur when a female therapist works in analytical art psychotherapy with a male patient/artist. Thoughts about the nature of desire and various ideas about 'the gaze' are the two central themes considered in the book, which is illustrated with artists'/patients' pictures, both in black and white and colour.

Joy Schaverien's background as an artist herself provides a solid footing for thinking in depth about the many layers of interaction between the artist/patient, their art and their therapist. The book discusses the two-way, self–other relationship of an artist engaged with his or her own art image and the potential for transformation into a three-way interpersonal relationship in the presence of a therapist, where the picture acts as the imaginative bridge between artist and therapist, at both a conscious and unconscious level. Pictures can fill a space where there are no words – the gap in understanding between container and contained and self and other. This is where the aesthetic effects of desire can become visible through art.

There is an important discussion in the book about eros and desire which challenges the notion that female therapists do not get sexually aroused in their work. Schaverien includes a brave and open account of an erotic close shave with a patient that triggered her subsequent thinking about the meaning and purpose of the erotic bond. In the heat of the moment, she was able to stop and think. What would the patient lose if the erotic feeling were acted

out? Who was she really in the transference? Perhaps this affect was erupting in the dangerous zone of incest and taboo. By not acting out erotic feelings, intense positive and negative feelings were allowed to be worked with and the inner world transformed. Joy Schaverien is to be applauded for bringing the live sexual feelings of the female therapist out of the closet, and for thinking about the purposive intent of eros, which can lead to individuation of both patient and therapist.

The book describes how a picture itself can act as a lure, enticing the observer to draw nearer and perhaps be seduced subtly, unconsciously, by its image. It invites the therapist to delve deeper, with the added bonus that if the artwork is collected, reviewing the progress of the unconscious at work and the development of the transference relationship together can produce additional insights. The zone of the erotic becomes embodied in the frame of the artwork.

The great strength and interest of this book is in the discussion of case studies. Three chapters are devoted to an analytical art therapy lasting 11 months with an anorexic male inpatient called Carlos. Carlos related to the world through food, denying his desire and existing in a frozen state, half-alive. He was a son eclipsed by an over-dependent relationship with his mother. In his artwork we see the gradual emergence of Carlos' own self. Unique to this study is the inclusion of comments that Carlos himself wrote on the backs of his pictures as well as Joy Schaverien's discussion and amplification of the 33 pictures he made in pencil, pen, crayon, felt-tip colours and paint during his stay in hospital. The pictures reveal the unconscious at work and the impact and importance of the therapist. Idealization was broken down, as art, instead of food, became the transactional object and it became possible to experience aggression – first in relation to the artwork and later to the therapeutic team. The triangular pattern of child–food–parent was replaced with patient–picture–therapist. It is a privilege to witness the creative efforts of the psyche within Carlos and his gradual development through analytical art therapy from the concrete to the symbolic.

Using illustrations from further case studies, the book goes on to comment on the way that the image of a fetus or child frequently appears spontaneously at the beginning of an art therapy, as it often does in dreams in an analysis, and is indicative of the transference to the therapist. The child-hero, divine child or abandoned child all act as images of the self that can be made visible, tangible and can be experienced and re-experienced. It occurs to me that it may also be important that the image is located in art, on paper and also in time.

The dance of the couple on paper, illustrated by Harry's artwork (familiar from *The Revealing Image*), and ideas about the figure and ground of a picture in relation to what might be going on in the foreground, background or space in between in a therapy, are also presented as topics for further debate.

Another patient/artist, Elizabeth, drew on both the front and back of the paper. Her pictures reveal another important possibility in analytical art psychotherapy to do with 'centrifugal re-tracing'. Over time, with the therapist alongside, a series of pictures may spiral around a forgotten traumatic event, stating, in sometimes encoded imagery, what words or clear-sighted consciousness cannot.

Another very interesting chapter of the book considers 'the gaze' in all its manifestations and its relation to narcissism and mirroring. There is the inward gaze of imagination, the perceiving gaze that looks out, sees and takes in, the gaze of the patient in transference, the gaze of the therapist in counter-transference, the reflective gaze that wonders. Gazes can be blank, hostile, warm or seductive. As patient/artist and therapist gaze together at/into the 'pool' of the picture, there is a potential meeting point and a chance that the gaze of the picture itself, 'the gaze behind', might be seen.

It is clear from Joy Schaverien's scholarly approach, her original thoughts along with those drawn from Jung, Lacan, Cassirer, Freud and Hillman (to name just a few), and the enthusiasm with which she writes, that the clinical and theoretical seams of this rich and fascinating area are far from exhausted.

Desire and the Female Therapist is essential reading for anyone interested in the unconscious power of imagery, art and individuation. Whether you are an art therapist, psychotherapist, artist or observer, this book provides an intimate view of the fascinating dynamic relationships at work in analytical art therapy.

MARILYN MATHEW

Sexuality: Psychoanalytic Perspectives

Edited by Celia Harding
Brunner-Routledge, 2001, pp. 201, pbk £15.99

The book begins with a useful introduction by the editor that sets the historical context for the contributions. Several themes recur throughout the chapters: The nature of phallic sexuality in relation to adult, loving relationships; the idea of the internal parental couple; the relationship between sexuality, drive theory and object relations theory; reassessment of the linear Freud-Abraham developmental hierarchy; the part played by polymorphous sexuality within normal, adult sexuality; the correlation of the Kleinian depressive position with loving sexuality.

Robert Young's chapter draws on his experience as a historian of ideas. For him the sexuality debate in psychoanalysis is embedded in a wider context. It is historical (influenced by social factors) 'rather than purely biological'

(p. 32). He asks whether the concept of the centrality of the Oedipus complex is outmoded and asserts that it is not. It has, he says, been necessary to replace the rigid developmental schema proposed by Freud with a more flexible picture of sexual development. Young emphasizes Freud's enlightened attitude to homosexuality as distinct from perversion, in contrast to many Freudians who followed him, and cites Stoller, in his attitude to homosexuality, as a true follower of Freud. He traces the change of emphasis from aim to object, which has been the result of object relations theory replacing libido theory. Young sees the criticisms of the cultural relativists, who would do away with all concepts of normality (because the exceptions to 'normality' far outweigh the rule), as being met by the fluid contemporary Kleinian notion of the interplay between the paranoid-schizoid and depressive positions. This is the affective theatre of love and hate within which the drama of the Oedipus complex is continually reworked.

For Robert Royston the shift from Freudian theory to object relations theory was a revolutionary one. It questioned the absolute centrality of sexuality in psychoanalysis and replaced the idea of a sexual baby with a 'starved or motherless baby, or with luck a contented baby' (p. 36). Royston contrasts Freud's assumption that the role of the father is central with the marginalization of the paternal in much of object relations thinking. He pinpoints Klein's 'almost accidental', profound revision of Freudian theory when she proposed that the innate awareness of the object exists along with the drive (the oral-sexual drive). Royston shows how this led, in the case of extreme followers of Klein, to the view that the history of the patient is irrelevant and that the patient's problems are entirely the result of internal dramas in which fantasy objects are attacked, or repaired and loved. In Kleinian theory there is no extensive theory of sexuality other than that proposed by Freud. The sexual drive as an oral drive and the aggressive drive are taken for granted. Royston contrasts the Kleinian view with that of Fairbairn, who 'de-eroticized' libido. Royston believes that Fairbairn 'reintroduced the real-world-as-causal into psychoanalysis for the first time since the abandonment of seduction theory and reinvented psychoanalysis as a type of social psychology' (p. 43). Real disturbing 'bad' experiences are dealt with by the child by 'vacuum cleaning the world and using the self as a rubbish bin' (p. 44). The bad external world, now internalized, is defended against within the drama of each of the unfolding Freudian developmental stages. Symptoms particular to each of these stages are seen not as manifestations of erotic discharge but as ways of dealing with bad internal objects. The unconscious is seen not as a reservoir of repressed, sexual component drives but as one of dynamic relationships. In Fairbairn's work the Oedipus complex is seen not as central to development, but, as Royston puts it, as activated as a 'lifeline to an unresponsive loved object' (p. 45). Royston emphasizes the way that in clinical object relations work manifestations of sexuality need to be viewed in a relational context. Sexual theory and object relations theory should be seen as complementary and not

as mutually exclusive. He ends with an interesting and provocative question: 'Could one argue that Freud's view, though scandalous, is less threatening than that of object-relations theory – vulnerability, dependency and need are the states against which the strongest defences are erected' (p. 51).

Susan Budd counters this with a firm 'not so'. She is critical of what she sees as the 'English tendency to interpret material within a rather de-instinctualised version of the mother-baby transference' (p. 63). In this technique all communications are treated as if they are transference manifestations of early infancy, thus ignoring the later developments of the individual's instinctual life and the fact that analyst and patient are, in fact, both adults. She is particularly critical of the view that suggests that once object relations are sorted out, then sexuality will somehow fall into place. Her intelligent contribution argues that the sexual instinct is a crucial aspect of our nature but that particular aspects of our Britishness with its 'national uneasiness about genital sexuality' (p. 61), cultural relativism, and the dominance of the social sciences in Britain, have tended to obscure the significance of the sexual body in modern British psychoanalysis. She also refers to contributory factors in the British class system. (I would add the prevalent British trans-generational trauma of sending middle-class and upper-class boys to single-sex boarding schools at an early age; an unstudied phenomenon whose consequences are seen by us in our consulting rooms.) Just as Royston characterizes the extreme Kleinian view as one in which all aspects of the psyche are internally derived, Budd characterizes an extreme version of object relations theory in which everything is externally derived, as is there is no instinctual force *and no body*. She argues passionately that object relations cannot be considered separately from the sexual instinct and the desire for the other.

Jean Thomson's argument is that the distorted idea of Jung as deviant and sexually transgressive has come to represent an object into which psychoanalysis can project its own unwanted fear of blurring the sexual boundaries between patient and analyst. In this way, she argues, psychoanalysis can keep itself 'pure' while Jungian ideas are seen as deviant or mad. Although I do think that analytic institutions have a tendency to regard themselves as divine, I found her argument unconvincing. (If Thomson is right it will have become harder for psychoanalysis to see itself as pure since the Masud Khan affair became public. In its struggle with this issue there may be those who attempt to blame a particular theoretical approach in psychoanalysis alongside those who will consider how vulnerable all analytic relationships are to live sexuality.) Thomson asserts that analysis is suffused with sexuality and that the therapeutic relationship is intrinsically available for the upwelling of Eros. She uses attitudes to the history of C.G. Jung's relationship with Sabena Spielrein to illustrate this. Thomson admires Jung for admitting his sexual vulnerability and points out that in spite what she regards as the demonization of Jung, many of his ideas have come to be incorporated into psychoanalytic thinking.

Anne Horne takes us back to basics by delineating the developmental stages from birth to adolescence and the way that infant and child observation shows that the individual, as he or she develops, is constantly having to deal with the reality of the changing body, its sexuality and the fantasies about this. Her developmental view is that ideas about sexuality change as the child grows and matures. The implication of this would be that the adult carries within himself or herself the residues of all these stages and therefore not all manifestations of sexuality in adult analysis can be reduced to early infantile (oral) phenomena. I found this chapter an important reminder that patients and psychotherapists may sometimes resort to the safe haven of infantile sexuality as a refuge from the repressed sexual life of puberty and adolescence, with its own residue of shame and guilt. As Evelyne Kestemberg (1998: 111) says, 'while it may be true that everything is prepared in infancy ... in adolescence everything comes together'.

Marie Maguire's chapter can be paired with Stephen Mendoza's (see below) contribution. Both believe fervently that psychoanalysis lacks a 'non-pathologising theory of homosexuality' (p. 106). Maguire, like Mendoza, believes that sexual maturity means not the achievement of a mythical heterosexual genital maturity, but the ability to 'move through a range of cross-gender identifications' (p. 105). Maguire represents the extreme culturalist view that Robert Young regrets. She is sure that 'we are formed primarily through culture'. (I think one has to ask at this point, 'what is culture?'.) Maguire believes that it is the task of psychoanalysis to allow women to regain ownership of their own desires, an ownership that has been hindered by patriarchal society. She is critical of ideas that overvalue either the maternal relationship (Klein and object relations theory) and those that overvalue the paternal (Lacan). She concludes that:

> It is necessary then to combine the object relations emphasis on how women's second-class status is structured into the personality through early maternal identifications, with a feminist analysis of the Oedipal phase, where the girl's perception of sexual difference becomes distorted. At these two points of interaction between culture and psyche fundamental questions arise about the girl's capacity to symbolise and act on her own desires. (p. 113)

She uses the clinical example of a lesbian patient to illustrate the way that is possible for psychotherapy to help such a person negotiate the denigration of the father and the various unconscious, sometimes repudiated identifications with both parents. This chapter, with phrases like 'women need ...' or 'women must ...', does read at times as if it were a social manifesto.

In what is for me one of the highlights of the book Warren Colman gives a robust account of male sexuality and its essentially phallic nature as embedded in biology. The form and style – writing with balls! – reflect the content. He says that no apologies should be made for the fact of the male's phallocentric nature; Freud was right in saying that 'Biology is destiny'. For Colman (as for

all the contributors) this is not the whole story. It is the way that this fact of anatomy is used and accommodated by the psyche that is crucial. Colman emphasizes the undeniable (but often ignored) way that evolution has organized the genital zones of men towards rapid excitation and insemination and that this gives rise to a quite different self-perception from that of women. This view is quite contrary to one that would emasculate men by asserting that all later disturbance should be seen exclusively as a reworking of early, oral anxieties. Colman believes that this crucial difference accounts for the way that men, much more than women, use sexual excitement in defensive and perverse ways. The complex task for the male is to learn to deal with anxieties about the power of the phallus, to come to relate to the feminine-as-other by means of disidentifying with the mother and reidentifying with the father, and ultimately to learn to identify 'with the internal couple in creative intercourse'. Only then can he shift from the phallic to the genital. (It is interesting to consider this chapter alongside Dana Birksted-Breen's 1966 paper 'Phallus, penis and mental space', in which she distinguishes the idea of the phallus as a defensive idea from the penis as a creative, linking concept.)

David Morgan authoritatively delineates the concept of the internal couple, the attacks upon it, and its necessary acceptance for psychic stability. His starting point is the earliest phase of infancy, in which the individual struggles to manage its anxieties. For Morgan the way that the infant projects into the mother and the way that the mother receives the infant's projections constitute a paradigm for penetration and later fantasies of sexual intercourse. In keeping with his Kleinian perspective Morgan is placing the origins of later disturbance very early, and for him the early Oedipus complex is a central, organizing concept. He shows how transference and counter-transference may be used to help a patient and analyst understand the way that his sexuality has been influenced by early anxieties that have led to an inability to manage the Oedipal situation. By being available as a secure recipient of powerful projections, the therapist helps the patient become able to cope with previously unacceptable exclusion and dependency, and to accept the reality of the parental couple. In the context of this book, Morgan's contribution is a familiar, orthodox view. This is psychoanalysis with its slippers on and its feet up, a little self-satisfied. Adult sexuality is reduced to derivations of early oral-Oedipal fantasies. The depressive position and recognition of the parental couple, for both therapist and patient, are upheld as the pinnacle of developmental achievement. Other chapters, such as Maguire's and Mendoza's, try radically to push analytic theory towards new, more fluid, less comfortable, but nevertheless clinically testable hypotheses about sexuality. The more radical view would be that it might be a developmental achievement to be able to, for example, temporarily unconsciously identify with the child watching parental intercourse.

Steven Mendoza extends Robert Young's comments on the attitude of psychoanalytic orthodoxy to homosexuality. His aim is to distinguish between

perversion and homosexuality, which may or may not be perverse. Unless this is done, he argues, it is too easy for psychoanalysis to project unwanted aspects of the self of the analyst into the idea of homosexuality. His view is that homosexual patients can be properly treated only if psychoanalysis elasticizes Abraham's concretization of Freud's hierarchy of phases culminating in the genital as representing maturity, and only if analysts are comfortable with their own residues of homosexual object relationships. Like Robert Young he raises the standard for polymorphous sexuality and bisexuality as a normal, *essential* part of adult sexuality and different from perversion. He adds, using Meltzer as support, that homosexuality is useless as a diagnosis. The term should, he thinks, be used instead to denote a state of mind or an unconscious object relationship that may be used as a hostile defence (in the paranoid-schizoid position) or as part of a loving relationship (in the depressive position). Mendoza distinguishes between the phallic and the genital by saying 'While the phallic knows only drive satisfaction, the genital, in its love of the other, is committed to object relations' (p. 162). Mendoza takes the argument further than Meltzer: apparent homosexual acts may in fact be *psychically heterosexual*. The reader may or may not find some of this contentious. I found this chapter uncomfortable. It made me think about my own attitudes. Is having something sexual in mind, consciously or unconsciously, different from doing it? Is a homosexual fantasy different from a homosexual act? Is Mendoza idealizing homosexuality? Mendoza says our concern should be not with what we do in sex or whom we do it with but why we do it:

> If we do it to revenge ourselves upon or to control, or to humiliate, or to appropriate the object we are perverse. If we do it out of love and the innocent pursuit of pleasure, our own or the other's, then we merely draw upon our healthy polymorphy. (p. 159)

(I worry about the word 'innocent'. Stoller and Freud would say that no form of sexual relationship is entirely innocent – that is, without a degree of hatred or aggression and therefore without guilt.) This is an interesting and complex chapter that deserves more than one reading, and it is, I think, an important contribution to the ongoing, highly uneasy task of re-evaluating the attitude of psychoanalysis to homosexuality. Mendoza's contribution deserves to be the subject of debate and argument. Mendoza does not mention the issue of psychoanalytic training. The logical conclusion of his argument is that trainings should not rule out homosexuals solely on the grounds of sexual orientation.

At the end of the book Celia Harding appears again with a closing chapter that looks at sexuality and power. She examines the way that adult sexuality is patterned by the experiences of infancy and childhood so that adult sex may be used to try to rectify, for example, a sense of being a helpless victim in infancy (which might be due to a combination of an actual situation and fantasy). The behaviour of adult lovers replicates the intimacy between mother and baby and reactivates body-memory traces and the accompanying fantasies. Inhibitions in the area of 'letting go' during sex are related, therefore,

to early anxieties. Adult sexual arousal therefore is likely to make some adults feel overwhelmed, frightened or sadistic.

I am grateful for the amount of thought that these papers have instigated. Celia Harding has done a more than competent job in compiling this collection, which ranges across the psychoanalytic sexuality debate from the orthodox to the provocatively radical.

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SIMON ARCHER

Mistress of Her Own Thoughts: Ella Freeman Sharpe and the Practice of Psychoanalysis

Edited by Maurice Whelan
London, Rebus Press, 2000, pp. 258, pbk £19.99

This book, edited by Maurice Whelan, is an excellent introduction to Ella Sharpe and her contribution to psychoanalytic theory and practice. The book is divided into two main parts; the first part consists of Sharpe's seven Papers on Technique and the second part, under the heading 'Contemporary Perspectives on Technique', consists of five papers by contemporary psychoanalysts from the Independent Group, illustrating how their understanding of their clinical work parallels Ella Sharpe's approach and ideas. Whelan contributes the introductory chapters as well as the concluding chapter of the book.

Whelan begins by posing the question, who was Ella Sharpe? Who was this woman who found her way from a coal-mining area in provincial England to psychoanalysis? Born in 1875 she was able to attend university where she studied literature. By the time she was 29 years old she was already a deputy headteacher at a teacher training college. She was a late starter to psychoanalysis and it was not until the age of 43 that she moved to London and started analysis with James Glover. By the time she became a Full Member of the BPS in 1923, she was 49 years old. Whelan suggests convincingly that her late journey to psychoanalysis had in no small way been nurtured by her love of literature.

As a newcomer to Ella Sharpe's Papers on Technique, I was struck by her ability to combine the rigour of scientific enquiry with a humane hands-on approach to her analytical work. She conveys a belief that psychoanalysis is indeed *both* a science and an art. She states that 'Psychoanalysis ceases to be a

living science when technique ceases to be an art. The body of knowledge increases by increase of technical skill, not by speculative cunning' (p. 44). The papers show in different ways how she considered personal creativity and the imaginative use of the self as being at the core of the analytic process.

Whelan brings to life Sharpe's quality of independence of mind. At no point is this more aptly illustrated than by her stance and contribution to the so-called 'Controversial Discussions'. During this time of schism, Sharpe was one of the first to understand that these discussions were not just about 'scientific' differences. She took an anti-dogmatic approach towards the conflict and did not align herself with either party. She pointed out the allegiances that people might have to their former analysts and how unresolved transferences could affect an institution. Hers was a voice of reason and moderation, a voice that suggested that opponents should also be aware of the premises which they shared as well as the issues that divided them. One can well imagine that such a voice would have been drowned out by the passions at the time. As Whelan says, 'she appreciated how psychoanalytical discussion can only take place productively if democracy and freedom of thought are truly respected' (p. 22).

Perhaps this ability to see the larger picture together with a sense of moderation might, in part, explain why her contributions to analytical theory and practice have been long overlooked. As Eric Rayner writes in his paper in the second half of the book, 'Ella Sharpe might appear ordinary and sensible, but her imagination and wisdom are undeniable' (p. 139). What this book shows is that Sharpe was no meek-voiced liberal who advocated acceptance for its own sake. On the contrary, she suggested that intolerance of diversity is due to the absence of inner freedom in the analyst. She warned analysts of the inherent danger of omnipotence and argued that analytical interpretations belonged in the professional setting of the consulting room and should not be used between colleagues. She simply took it for granted that this quality of 'inner freedom' would be common among analysts.

Sharpe's 1930 paper, 'The Dynamics of the Method – The Transference' is of particular interest as she in this paper not only places the interpretation of the transference at the centre of psychoanalytical technique but also indicates her notion of what, many years later, will be referred to as projective identification and counter-transference. This paper gives a strong sense of the modernity of her thought and how in many ways she was ahead of her time. Sharpe saw transference as part of daily life, 'because everyone has thoughts about another human being when brought into close contact' (p. 85). She urges the analyst not to be frightened of the transference as it might lead to a stultification of the analysis. Here, she shows her awareness of the necessity for space for the projections of the patient's own thoughts and feelings on to the analyst. As both Whelan and Michael Brearley point out, this was 16 years before Melanie Klein explicitly coined the term 'projective identification'. She takes this idea further by saying that 'We accept the roles in order to analyse them,

but we cannot analyse them if unconsciously any role becomes psychically our own' (p. 88). In other words, she is talking about an implicit understanding of the concept of counter-transference.

In the second part of the book, each author explores different aspects of Sharpe's papers through the spectre of his own clinical work. What these papers have in common is a discussion of clinical material characterized by curiosity and honesty. The papers convey Sharpe's spirit of stringent analytical self-discipline on the one hand, with an open-minded exploration of different ideas on the other.

For example, Eric Rayner chooses in particular to focus on Sharpe's idea that the patient needs to find his or her own 'justification for existence' of the self. The aim of analysis is then to enable the patient to find this justification in reality. Rayner questions the common technique that advises exclusive use of the 'here and now' or, as he calls it, 'you mean me' interpretations, as 'unilateral' and questions the overuse of it. His concern is that a psychoanalytic culture that specifically excludes 'past to present' transference work can breed narrow-mindedness and tunnel vision.

Frances Thomson-Salo discusses analytical work with a six-year-old adopted girl. She focuses on a clinical dilemma where she was pushed to do something that, from the perspective of accepted technique, would be met with disapproval. She shows how she had to think through for herself what was appropriate with this particular patient rather than side-stepping the issue with an unthinking reliance on the rules.

In his chapter 'Separateness and pseudo separateness' Victor Sedlak refers to Sharpe's paper 'Technique in character analyses'. He illustrates with a detailed clinical example Sharpe's thinking on how unconscious hostility and the corresponding severity of the superego were fundamental in the disturbance of various types of neurotic patients. Michael Brearley uses a case illustration to think about Sharpe's emphasis on the need to respect the patient's pace. He discusses how this covers a multitude of possibilities, from the analyst's recognizing what is too big a step for the patient's present stage of understanding, to the analyst's failing to recognize the patient's narcissistic demands because of his own resistance and lack of courage and conviction. He asks how does one know how to distinguish when 'respecting a patient's pace' becomes a collusion with the patient's resistances. Sharpe's approach would be to use what she knew of the patient's history to understand the unconscious repetition, and this understanding opens the analyst to the nature and infantile power of the feelings involved.

David W. Riley writes about the dilemma facing the analyst with regard to extra transference interventions. He explores how leaving the safe ground of the transference gives rise to anxiety and this may be defended against by idealization of the transference itself. He echoes Sharpe's emphasis on the necessity for continuous self-scrutiny in respect of our chosen interventions and sees the interaction between transference awareness and non-transference

exploration as a potential experience of integration for both patient and analyst alike.

In the far-reaching and thought-provoking concluding chapter Whelan sets out some of his own thoughts on what it means to be an analyst. In the tradition of Ella Sharpe he draws inspiration from a diverse group of people from different artistic fields – the poet Seamus Heaney, the Victorian poet and critic Matthew Arnold, the Socratic scholar Gregory Vlastos, the philosopher Bernard Lonergan, the essayist William Hazlitt and, of course, Ella Sharpe herself. He considers the potential pitfall of being preoccupied with a search for the correct interpretation. Instead, he advocates the importance of providing a context for thought, not instruction, and of a broadness of vision in 'which curiosity knows no bounds' (p. 223). He considers Sharpe's ability to think for herself and explores what is meant by 'independence of mind' and how this demands more, rather than less, intellectual rigour and application. As Whelan observes, the ability to be independent is not determined by an institutional or group affiliation.

This is a highly readable and rewarding book which grapples with the intricacies of working with patients while exploring Ella Sharpe's humane and clear-sighted contribution to our understanding of the therapeutic process.

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