ORIGINAL ARTICLE

The organizing functions of dreaming: Pivotal issues in understanding and working with dreams*

JAMES L. FOSSHAGE

National Institute for the Psychotherapies (NYC), Institute for the Psychoanalytic Study of Subjectivity (NYC), New York University, New York, USA

Abstract
Although contemporary dream models differ, the view of dreams as centrally organizing information and regulating affect in keeping with shifting needs and motivational priorities is an increasingly convergent perspective evolving out of dream and neuroscientific research, contemporary psychoanalytic theory, cognitive psychology, and clinical work. The author's organization model of dreams is presented as a representative of our contemporary understanding of dreams. Pivotal issues concerning understanding and working with dreams are delineated, followed by a detailed clinical illustration.

Key words: Developmental function, imagistic mode, verbal mode, organization model, transference

I refer to my particular model as the organization model of dreams because the core process and function of dreaming is to organize data. I posit, more specifically, that dream mentation, like waking mentation, develops, maintains, and restores psychological organization and regulates affect in keeping with shifting motivational priorities (Fosshage, 1983, 1987b, 1997).

I wish to present my view of where we are today in understanding the functions of dream mentation and the implications for working with dreams.¹ Our understanding is informed by substantial changes in contemporary psychoanalytic theory, by the integration of cognitive psychology and its findings, especially the research-based conceptualization of the implicit and explicit domains of learning, memory and knowledge, and by developments in the psychophysiology of sleep and dreaming, dream-content research and neuroscience.

Most central is the question of what function dream-thinking provides. Let me provide you with a brief review of what psychoanalysts and researchers have suggested:

- **Freud** posited that dreams, through hallucinatory wish-fulfillment, provide an avenue of discharge of instinctual energies to serve as the guardian of sleep.
- **Jung** proposed that dreams correct or compensate for the conscious state of mind.
- **Fromm, French, and Fromm**, and the dream researchers/psychoanalysts **Greenberg and Perlman**, emphasize the problem-solving nature of dreams.
- **Fairburn** posited that dreams are representations of endopsychic situations over which the dreamer has got stuck (fixation points) and often include some attempt to move beyond that situation (Fairburn, 1944; Padel, 1978).
- **Kohut** held that self-state dreams serve to restore the self when the self is under threat of fragmentation or dissolution.
- **Ullman, Breger, Hartmann, Kramer, Palombo**, and the neurophysiologist **Jonathan Winson** emphasize that dreams process

¹ Portions of this section previously appeared in Fosshage (1997).

Correspondence: Dr J. L. Fosshage, 250 West 57th Street, Suite 501, New York, NY 10019, USA. Tel.: +1-212-765-2578. Fax: +1-212-586-1272. E-mail: fosshage@psychoanalysis.net

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Foshahe proposes that the supradimensional function of dreams is the development, maintenance (regulation), and restoration of psychological organization and regulation of affect.

EEG studies show that the brain is active twenty-four hours a day. The REM and NREM (slow-wave) dreaming take place during the intervals between REM and NREM. Although REM and NREM dreaming use both imagistic and verbal symbol systems, REM dreaming tends to involve more affect-laden imagistic scenarios, and NREM dreaming tends to be more similar to linguistically anchored waking thought.

During waking, we are always simultaneously processing implicitly and explicitly—i.e., the implicit at a nonconscious (that is, unconscious) and the explicit at a conscious level of awareness. The reason some theorists say that implicit processing occurs at a nonconscious level and not at an unconscious level is to differentiate it from Freud's dynamic unconscious that involves conflict and repressive forces. Regardless of terminology, recognition of the implicit dimension of learning, memory, and knowledge has exponentially enlarged the realm of unconscious processing far beyond Freud's dynamic unconscious.

Today, I believe that we can say with considerable certainty that dream mentation, a process that occurs during sleep, functions centrally, as waking mentation does, to process information and regulate affect in keeping with shifting motivational priorities. When we dream, we vary widely, as Freud (1900) suggested, dual modes of cognition. In contrast to Freud's energy-based conceptualizations involving the mobility of cathexis, however, we now view the dual modes essentially as the imagistic, sensory-dominated mode and the linguistically anchored mode. (Foshahe, 1985, 1994; Foshahe, 1983, 1987a, 1987b; Lichtenberg, 1983; McKinnon, 1979; McLaughlin, 1978; Noy, 1969, 1979).

These modes of processing appear in dreams in the form of sensory images and spoken and unspoken words. Just as words are placed in a logical, coherent order to shape meaning and cognitive focus, so too are images sequentially ordered to express meaning and to facilitate processing (Foshahe, 1983). Importantly, these images are not chaotic or without logic but have their own sequential order that captures meaning. Sensory images (right brain processing; Schore, 2003) tend to evoke more affect (see Epstein, 1994, for a review), which clarifies why dreams (especially REM dreams, which are more imagistically dominated than NREM dreams) can be so emotionally unfamiliar. Although contemporary dream model does differ, the view of dreams as centrally organizing information and regulating affect in keeping with shifting needs and motivational priorities is, I believe, an increasingly convergent perspective evolving out of dream and neuronal research, contemporary psychoanalytic theory, cognitive psychology, and clinical work.

In its variable use of imagistic and linguistic modes of mentation during REM and NREM cycles, dreaming, like waking mentation, ranges from elements of cognition (e.g., a momentary replay of an event for the purposes of logging in memory) to the most highly complex forms of mentation (for example, either as a complex emotional as well as intellectual problem-solving).

Note that dreaming and waking mentation are similar in the following ways:

1. Both waking and dreaming mentation function to process, organize, and integrate data into memory that provides an overall adaptive function.
2. Both waking and dreaming mentation range in their complexity, from elemental to complex processing.
3. Both waking and dreaming mentation function to regulate affect.
4. Evidence suggests that REM cycles occur in both dreaming and waking states (the latter in the form of daydreaming).

I will briefly delineate the organization model and some of the research that supports a model of this kind (Foshahe, 1997, for a more comprehensive review of REM and dream research). Then I will offer analytic guidelines, based on this model, for working with dreams, and will conclude with a clinical illustration.

Dream functions

Dream mentation, like waking mentation, can contribute to the development of psychological organization (for example, the establishment of categories and expectancies) and the consolidation of memory that involves a wide range of affective experience. For example, dreams can contribute to the consolidation (in memory) of negative or positive self-perceptions that have emerged out of relational experience. In addition, dreaming can further log in memory traumatic or vitalizing events.

Research amply demonstrates that REM sleep and dreams contribute to learning (see Foshahe, 1997, for a review), one aspect of what I call the developmental function of dreaming. Numerous animal and human studies demonstrate that REM sleep increases neuronal conduction (Greenberg & Perlman, 1993; Lucero, 1970, among others) and when coping with traumatic experiences (Greenberg, 1988, and Perlman, 1972). To make clear, REM dreaming, it is now clear, is not just REM sleep, increase learning, a study was devised to demonstrate how the incorporation of a pre asleep story in dreams and dream recall (Foshahe, Tenner, and Litchman, 1977).

REM sleep begins in the nervous system, suggesting that organizing processes begin in the (as confirmed by the well-known Dr. Steers study of DeCasper & Spence, 1986). This early appearance of REM sleep suggests that what I (1983) call imagistic symbolic mentation, and what Eysenck (1985) and Pavlov (1971) call non-verbal symbolic mentation, begins in utero and is operative at birth. Experiences are logged in memory through the use of images, smells, physical touch, and kinesthetic and proprioceptive experience. Babies spend 50% of their time in REM sleep, adults 25%, and older people 15%. Extrapolating from these research findings that REM quantitatively decreases during the first year of life span, a number of theories, including Meins (1968), Breger (1977), and Reesor (1995), suggest that dreaming fosters systemic development of the nervous system through the establishment of neural memory networks or maps. Babies apparently spend more time in REM in order to establish maps and corresponding categories of organization.

In addition, dream mentation, in keeping with a postulated overarching motivation to develop or "self-right" (Jung, 1960 [1910]; Kohut, 1984; Lichtenberg, 1978, 1992; Foshahe, 1992, 1996), can contribute to the development of newly emergent psychic organizations. New images of self and other and new ways of interacting are imaginatively portrayed. Dream mentation continues unconscious and conscious waking efforts at conflict resolution or problem-solving—through restoring a psychodynamic balance, using defensive processes, or creating a new solution. For example, a dreamer can over- come prohibitions through experiencing new modes of role expression (Kramer, 1993, p. 187) and "a successful night's dreaming, which occurs about 60 percent of the time, is the result of a progressive-segmental, figurative problem solving occurring across the night." The following clinical vignette, first published in Foshahe (1997), illustrates an ongoing profound unconscious shift in the patient's experience of the analyst, a shift that first emerges in a dream. The patient was a young physician. While competent in his work, he experienced a debilitating malaise or deadness and was having difficulty finding the right woman. To enliven himself, he had tried a number of Eastern practices. As a graduate student of mine, I strongly recommended that he see me. Although considerably skeptical about psychoanalysis and psychotherapy, he decided on the strength of her recommendation to give it a try—after all, what did he have to lose? He did not think that psychoanalysis worked, and his primary perception was that she was a woman I was too trusting. Only once during the first three months of treatment did he mention seeing me as solid, married, and having a home (I saw him in my home office), aspects of life that he wanted for himself. The patient told me:

The dream took place in your driveway. A young man was moving into your basement as a form of treatment. I told him that he's very lucky to have you—you were fair, reliable, trustworthy, had integrity and were not a charlatan. I was showing my old house where I grew up. I was selling it. Somehow I was going to move into here, your house, too.

We both recognized with surprise what a changed percept and experience of the analyst this dream was conveying. I asked whether he was experiencing any waking thoughts he had had about our relationship and me. Without a pause he answered with conviction, "No." He said that in the dream he was moving in to live with me, but consciously he was only aware of his doubts. I highlighted that he was in his dream envisioning our relationship and me very differently compared with his waking perspective. I understood the dream and process material to illustrate the emergence of new images of the analyst and of the dreamer in relationship with the analyst that contrasted strikingly with his conscious waking perceptions. To view dreaming and waking states as different self states (literally, different states of mind) highlights their similarities and differences and avoids invalidating either state. In this instance, these states were quite disparate. Interpretively, we were able to note the difference between his waking and dreaming perceptions without invalidating either.

From the perspective of the construct of the analyst was typically in the foreground. Previously the patient had only once hinted at an idealized self-object transference (Kohut, 1971, 1984), in which the analyst was viewed as having qualities that matched some of the patient's sought-after ideals. Presumably these ideal qualities served as the basis for him to seek and remain in treatment, although his experience of the analyst was at best far in the background in his waking
In dream mentation, as in waking mentation, we use (and reveal) our primary patterns of organizing experience (Atwood and Stolorow, 1984; Foshaige, 1984; Piaget, 1954; Steiner, 1985; Stolorow and Lachmann, 1984/85; Wachtel, 1980). Images of self, other, and self-with-other are intricately re-created. Dream mentation, like waking mentation, can reinforce, transform, or develop patterns of organizing experience.

Restoration of psychological organization, however, does not correspond to an idealized "healthy" or "normal" state. Rather, restoration is achieved through an awareness of one's own underlying processes of self-definition and self-organization, and the recognition of the need to adapt to emotional experience and to change. The process of restoration involves a reorganization of the self, which may be achieved through the use of imagery, metaphor, and personal narratives.

In the case of trauma, the process of restoration may involve the use of imagery and narrative to reorganize the self and to achieve a sense of coherence and meaning. The process of restoration may also involve the use of creative and expressive activities, such as writing, drawing, or dance, to explore and express emotional experience and to achieve a sense of healing.

The process of restoration may also involve the use of cognitive and affective strategies, such as mindfulness meditation, guided imagery, and emotional processing, to achieve a sense of emotional regulation and to achieve a sense of personal growth and transformation.

The process of restoration may also involve the use of interpersonal strategies, such as therapy, counseling, or support groups, to achieve a sense of connection and to achieve a sense of personal growth and transformation.

The process of restoration may also involve the use of natural and artificial resources, such as nature, music, or technology, to achieve a sense of well-being and to achieve a sense of personal growth and transformation.

The process of restoration may also involve the use of spiritual and religious practices, such as prayer, meditation, or reflection, to achieve a sense of meaning and to achieve a sense of personal growth and transformation.

The process of restoration may also involve the use of social and political strategies, such as advocacy, activism, or community organizing, to achieve a sense of justice and to achieve a sense of personal growth and transformation.

The process of restoration may also involve the use of personal and collective strategies, such as self-care, self-help, or community-building, to achieve a sense of empowerment and to achieve a sense of personal growth and transformation.
Dreamer at that moment to express and facilitate what the dreamer is thinking about profoundly affects our work with and understanding of dreams. Dream images need to be assessed for what they reveal, metaphorically and thematically, and not for what they conceal. Although I may refer to these images as symbols, I understand symbols not in terms of defensive mechanisms and stand-ins for "something else," but in terms of poignantly capturing meanings (more similar to memory nodal points). With this emphasis, each dream image as used within the context of the dream scenario can be appreciated better for what it conveys. For example, the "I" in the dream identifies the dreamer, and the object images represent the dreamer's images of the other. Not assuming that these object images are projections of the dreamer's self gives us access to the dreamer's images of the other and, with others, important relational patterns. Exploration may reveal that aspects of the dreamer are projected onto the other; but eschewing the common assumption that object representations are self representations enables us to illuminate the patient's self-with-other relational patterns as well as the aspects of the self projected onto the other.

Dreaming, as waking mending, varies in significance to the dreamer. Dreams range from comparatively simple thoughts involving the completion of a piece of work or mowing the lawn or completing a paper, to dreams that are richly significant, providing sweeping renditions of the dreamers' lives. Research has demonstrated that affect-laden, imagistically dominated REM dreams are more important than NREM dreams in consolidating memory and in dealing with emotional issues, and that the effect of dreams on waking thoughts and feelings varies (Kluiken & Sikora, 1995). Recognizing the variability in significance of dream mending clinically frees the analyst and analyst from what can become a burdensome and daunting pursuit of a singular latent meaning in every dream.

Guidelines for working with dreams

In these times of constructivism, we recognize that patient and analyst variability co-contribute to understanding the patient's dreams. In attempting to maximize the influence of the dreaming experience itself in arriving at a co-constructed understanding, I have suggested five guidelines for analytically working with dreams (Foshaage, 1997).

1. Dreaming is an affective-cognitive organizing experience that is at times continuous with, yet often divergent from, preceding and subsequent waking states. We need, therefore, to illuminate the transferential to the possible the patient's dream experience. The first guideline is to listen as closely as possible to the patient's experience within the dream (an extension of Kohut's, 1959, empathic mode of perception to working with dreams). Analytic inquiry is initially aimed at filling out the dreamer's experience within the context of the second guideline. In a like manner with a waking narrative, I might ask, "What were you feeling when that occurred in the dream?" "What were you experiencing?" Inquiry into the dreamer's experience facilitates the dreamer's affective reconnection with the dream experience itself and potentially counters the dreamer's wakeful discontinuity of life. If we see that a relational pattern is occurring in the transferential relationship well, even though the patient has not mentioned it, we can simply inquire, "I wonder if you are experiencing that here too?" The transference, in the sense of applying the content of the dream to the analytic relationship, can thus be addressed without translating dream imagery and without minimizing the patient's dream or associated experience involving relationships outside the analytic relationship.

The phenomenologically grounded approach to dreams validates the dreamer's experience within the dream and enhances conviction as to the meaning of the dream. Dream images are appreciated for their communicative value within the structure of the dream. Importantly, the dreamer can begin, or can continue, to rely more on his or her own dream experience—rather than on the analyst's interpretative translations—to understand the dream. All of this facilitates an empowered and vital sense of self.

Conclusion

In conclusion, I will present a dream that served as a focus of discussion at a meeting in London some years back, involving the dream's psychological and object-relational psychoanalytic. In my discussion I will focus on three different understandings of the dream that emerged at that meeting to illustrate the clinician's range of perspectives. The following dream is compared with a contemporary organization model of dream interpretation.

Jessica, a woman of 38 years of age, had entered analytic treatment for depression. Within the first three to four months, she formed an intense mirror- and idealizing self-object transference connection with me in the analytic relationship that included romantic and erotic fantasies. Over the next several years, Jessica emerged from her depression, feeling that I liked her and feeling much better about herself. As she had consolidated a more positive sense of self, she began to idealize me less and to see me as more human, which I understood to be both a maturation of an idealized self-object connection and a deliberate need for idealization serving a protective function.

One day, Jessica correctly perceived me as being more anxious (concerning a personal matter that had just occurred). Rather than a romantic figure, I suddenly became a "dying old man" whom she hated, related to her experience of her father who was quite depressed throughout her childhood years. As she was in the throes of this transference configuration, she reported at the next session the following dream:

There was a family crisis and I was called to a mortuary. I entered the room and found my uncle dead, yet writhing in pain. My two sisters were kneeling next to him, dutifully staying with him. They were frozen and looked near dead themselves. I first tried to comfort my uncle who was in such pain, but found that he was incomprehensible. I realized that I had to write for pain. It was terrible and hopeless. There was nothing that I could do. I knew that I must leave.

Rebecca immediately associated to the anxiety in my voice in the previous session and felt that I had been vulnerable and in need. She noted that her uncle had died about 6 months before. Previously, he had been anxious and depressed. "I feel hostile toward others' neediness," she stated. "I need to keep you idealized because I find human pain so scary and overwhelming with." Differences in understanding this dream became quite evident in the discussion between the object-relational and self-psychological analysts. First, a respected Kleinian analyst discussed the dream as showing "what she does to her men," that is, "she destroys them." Not that the analyst initially remains within the structure of the dream, that is, he understands that this is about Rebecca's relationship to a man. The Kleinian analyst, however, infers aggression into the dream and has the dreamer tormenting and killing off her uncle. Although not a surprising interpretation in light of the Kleinian emphasis on aggression, I suggest that there is no evidence whatsoever of aggression in the structure of the dream. The dreamer's primary affects reported
In the dream were, instead, fear, compassion, hopelessness, and relief when she decided to leave. The analyst, on this occasion, adds aggression that fundamentally shapes his understanding of the dream. Although Jessica reported "having others' neediness," which could be viewed as aggression based, understanding that aggression is activated in the dream, what it is experiencing as overwhelming neediness of the other (in this case, her father's depression) is markedly different from the view that Jessica aggressively destroys him.

Then a noted object relations analyst said, "I think this dream is about the patient's depression." Note the analyst is suggesting that the patient is projecting her depression onto the dying (dead) old man, a not uncommon assumption. Once again, there is nothing in the structure of the dream that suggests this projection. One can arrive at this conclusion (and many others), however, through the use of the manifest-content distinction that enables facile interpretive translations of dream images. Does the notion that the dream reflects (through projection) the patient's depression have validity in clinical material? Although it is true that Rebecca had come into treatment suffering from depression, it was simply clear in the presented clinical material that she was at this time no longer depressed. In my view, there was no evidence in the dream or the clinical material that supported the interpretation. It is my contention that, when an analyst sharply deviates from the dreamer's experience in the dream, the analyst invalidates as well as potentially undermines the dreamer's conviction about her own dream experience. In addition, to translate an object image to be a self image forecloses further investigation of the self-other-relational scenario as portrayed in the dream.

I then said: "In my view, this dream was about Rebecca's struggle with a deeply depressed other." Note that my understanding is in keeping with the structure of the dream itself and with the affective tones (fear, compassion, hopelessness, and relief) of the dream. It is also informed by the patient's associations about her struggle with a depressed "neediness" in the other, now activated in the analytic relationship. The new element in the dream is the dreamer. The analyst recognizes that, in this circumstance, she "must leave." This was viewed as a developmental movement, for the dreamer now had an option to leave instead of becoming "frozen" and "near death," as her sisters, in attempting to console an incorporeal person, which was related to her experience with her father. To remain closer to the patient's view of her dream and to the structure of the dream tends, in my view, to validate the dreamer's experience, increases the dreamer's conviction about her dream experience, and reveals more accurately the dream's meanings.

References


