International Forum of Psychoanalysis. 2007; 16: 213–221

Routledge
Taylor & Francis Group

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

*Portions of this paper were presented at an Invited Plenary Session, Annual Conference of the International Federation of Psychoanalytic Societies, May 26, 2006, Rome, Italy.

(Received 16 April 2007; accepted 2 May 2007)

ISSN 0803-706X print/ISSN 1651-2324 online © 2007 Taylor & Francis
DOI: 10.1080/08037060701442166

information and serve a primary integrative, adaptive function.

- **Stolorow and Atwood** posit that dreams serve as guardians of psychological structure.
- **Fosshage** proposes that the supraordinate 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. Thus, during sleep, rapid eye movement (REM) dreaming occurs in approximately ninety-minute cycles with non-REM (NREM) dreaming taking place during the intervals. Although REM and NREM dreaming use both imagistic and verbal symbolic modes of processing, REM dreaming tends to involve more affect-loaded 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—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, rather than 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 domain 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 variably use, as Freud (1900) suggested, dual modes of cognition. In contrast to Freud's energy-based conceptualizations involving the mobility of cathexes, however, we now view the dual modes essentially as the imagistic, sensory-dominated mode and the linguistically anchored mode (Bucci, 1985, 1994; Fosshage, 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 further affective-cognitive processing (Fosshage, 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 powerful. 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, I believe, an increasingly convergent perspective evolving out of dream and neuroscientific 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 elemental cognition (for example, a momentary replay of an event for the purposes of logging in memory) to the most highly complex forms of mentation (for example, efforts at 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. work to resolve problems
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 (see Fosshage, 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-percepts 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 Fosshage, 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 when learning unfamiliar tasks (Fiss, 1990; Greenberg & Perlman, 1993; Lucero, 1970; among others) and when coping with traumatic experiences (Greenberg, Pillard, and Perlman, 1972). To make clear that REM dreams, and not just REM sleep, increase learning, a study was devised to demonstrate how the incorporation of a presleep story in dreams also facilitated recall (Fiss, Kremer, and Litchman, 1977).

REM sleep begins *in utero*, suggesting that organizing processes begin *in utero* (confirmed by the well-known Dr Seuss study of DeCasper & Spence, 1986). This early appearance of REM sleep suggests that what I (1983) call imagistic symbolic mentation, and what Bucci (1985) and Pavio (1971) call nonverbal 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 sleep time in REM sleep, adults 25%, and older people 15%. Extrapolating from these research findings that REM quantitatively decreases during our life span, a number of theorists, including Meisner (1968), Breger (1977), and Reiser (1990), suggest that dreaming fosters structuralization 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 posited overarching motivation to develop or "self-right" (Jung, 1960 [1916]; Kohut, 1984; Lichtenberg, Lachmann, and Fosshage, 1992, 1996), can contribute to the *development* of newly emergent psychic organizations. New images of self and other and new ways of interacting are imagistically portrayed. Dream mentation continues unconscious and conscious waking efforts at conflict resolution or problem-solving—through restoring a previous state, using defensive processes, or creating a new solution. For example, a dreamer can overcome prohibitions through experiencing new moments of vitalizing expansiveness. Kramer (1993, p. 187) notes: "A successful night's dreaming, which occurs about 60 percent of the time, is the result of a progressive-sequential, figurative problem solving occurring across the night."

The following clinical vignette, first published in Fosshage (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. A friend of his, and former student of mine, had 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 of me was that I was a charlatan and not to be trusted. 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 this corresponded with 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 percepts. To view dreaming and waking states as different self states (literally, different states of mind) highlights their similarities and differences and avoids invalidating either. In this instance, these states were quite disparate. Interpretively, we were able to note the difference between his waking and dreaming percepts without invalidating either.

From a conscious waking perspective, distrust 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 them was at best far in the background in his waking

states. While presumably the therapeutic interaction must have fostered the development of the relatively new percept, it was in his dream state that the patient was able on this occasion to envision far more fully and definitively the analyst as trustworthy, a developmentally needed experience with an idealized (self-object) other. The patient was in his dream experience envisioning and consolidating this new percept. Relating and affectively connecting to the dream in a waking state facilitated integration of the developmental movement emergent in the dream.

One analyst questioned whether the patient was "struggling in the dream with the awareness of his envy, evident in the struggle in the dream and his devaluing associations still manifesting his distrust and suspicion" (Melvin Lansky, personal communication). Rather than "struggling with awareness" of envy that is conflictual, the content and mood of the dream are calming and self-enhancing, corresponding with an idealized self-object experience. To the extent that there is conflict, it is, in this instance, between two states of mind: the dreaming and waking states. The patient's waking devaluation of the analyst was, I believe, an expression of a primary pessimistic view of the other, which had taken form through his early relational experience that had led to his dejection and despair. The maintenance of his pessimistic view provided a stable psychological organization as well as possibly providing protection against hoping for an idealized other who could help, a protection needed in light of the patient's expectancies (learned from past experience) to be disappointed.

Dream mentation, like waking mentation, can serve to *maintain* and *restore* psychological organization and self-cohesion. Maintenance and restoration are closely related functions and cannot always be distinguished. Maintenance refers to the modulation and continuation of ongoing psychological organization, whereas restoration addresses a more severe state of psychological disorganization. Regulation of affect (Kramer, 1993) in these dreams is central. When we have, for example, insufficiently expressed our anger and aversiveness in reaction to a perceived threat during the day, we may attempt to set the situation right (self-righting) in our dreams through an expression of anger (regulating affect) and a restoration of self-equilibrium. Kohut's (1977) self-state dream addresses the dreamer's efforts at restoration when the dreamer's self is under threat of fragmentation or dissolution. An example is Freud's Irma dream in which Freud discredited in his dream those who during the previous day had been critical of his treatment of Irma. Discrediting his critics served to restore his self-esteem.

In dream mentation, as in waking mentation, we use (and reveal) our primary patterns of organizing experience (Atwood and Stolorow, 1984; Fosshage, 1994; Piaget, 1954; Stern, 1985; Stolorow and Lachmann, 1984/85; Wachtel, 1980). Images of self, other, and self-with-other are intricately revealed. Dream mentation, like waking mentation, can reinforce, transform, or develop patterns of organizing experience.

Restoration of psychological organization, however, does not always involve movement toward "health." One can re-establish and fortify a familiar, but more problematic "mental set" (organizing pattern) in dreaming as well as in waking mentation. For example, a person's success may be experienced, based on the past, as threatening to the other and, therefore, to the needed self-object (vitalizing) tie. A dream may serve to reassert the more familiar, less anxiety-producing negative view of self as inadequate, restoring the self-object tie and a modicum of psychological equilibrium. We can only discern this occurrence through understanding the dreamer's characteristic self-view, combined with a close tracking of the day's events that led up to the dream event. In the previously reported physician's dream, for example, the roles of waking and dream mentation were disparate. When the new image of the analyst as trustworthy emerged in the patient's dream (a developmental thrust), the patient was quick to return in waking to the older image of the analyst as untrustworthy (restoration of the more familiar organization).

What is the research evidence for a regulatory function of dreams? On the basis of his research, Kramer (1993) concludes that the mood-regulatory function in dreams in central. Additionally, it is well established that REM deprivation results in a rebound effect; that is, REM compensates and increases when the opportunity presents itself. The rebound effect indicates that there is a neurophysiological need for REM sleep. Findings generally indicate that REM deprivation affects mood and psychological organization. REM deprivation studies show, however, that there is a considerable individual variation in response to REM deprivation (Cartwright, Monroe, and Palmer, 1967). This variability is probably related to the finding that, for some people, REM deprivation results in a compensatory increase in fantasy life (Cartwright & Retzel, 1972) and in NREM dreaming (Ellman, 1985; Webb & Cartwright, 1978). To explain these findings, Ellman (1985) suggests that the mechanisms setting REM in motion are not specific to sleep but occur in phases throughout the twenty-four-hour day. In summary, the evidence indicates that REM

sleep and REM-like activity are essential for maintaining neurophysiological and psychological equilibrium.

Similarly, research focused more directly on dreams also suggests regulatory and restorative functions. Dreams frequently include the more intense emotional experiences of the day (Piccione, Jacobs, Kramer, and Roth, 1977) and the thoughts prior to going to sleep (Piccione et al, 1977; Kramer, Moshiri, and Scharf, 1982). A number of studies of dreams use an "incorporation paradigm" (Fiss, 1986), in which presleep stimuli are presented to influence the dream. The effects of dream incorporation are then investigated. In a classic study (Cohen & Cox, 1975), subjects were exposed to a stressful failure experience just prior to going to sleep. Those subjects who incorporated the failure experience in their dreams felt better the following day and were more willing to face the failed task again than were those who did not dream about it.

Although we may attempt in dreaming, as in waking mentation, to develop, maintain, and restore psychological organization, we vary as to the efficacy of our efforts. Affects are central in assessing the efficacy of a dream or dream scenario. The nightmare, for example, reveals a poignantly unsuccessful attempt to cope with a high-anxiety producing stimulus or conflict.

In addition, a dreamer's overall motivational aims may shift in priority. Developmental strivings may be thwarted as strivings to maintain familiar psychological organizations and corresponding attachment patterns gain in priority. For example, a dreamer may first dream of empowering acts of self-assertion and, subsequently, in reaction to anxiety return to a disempowered, victimized position that is familiar and habitual, yet at a considerable cost in terms of vitality.

Dream content

Freud's postulation that dreams usually involve a defensive (disguising) transformation of the underlying latent content into the manifest content is unique to the classical model, differentiating it from all other dream models. Once drive and energy theory is eschewed, it is no longer theoretically necessary to posit the ubiquity of defensive or disguising operations in dream formation (Fosshage, 1993). While Erikson (1954) noted that the manifest content is also revelatory of the dream and dreamer, the utilization of the manifest–latent content distinction and the perceived need to uncover the latent content in dream interpretation remains dominant in classical psychoanalysis and is embedded in psychoanalysis at large. As a consequence, analysts often translate images rather than seek the meaning contained within the images when interpreting dreams. The manifest–latent content distinction contributes to ubiquitous translations of dream imagery that, from my perspective, increases the analyst's influence, at the expense of the dreamer and the dream experience, in understanding dreams.

In my view, dreams more directly reveal—through affects, metaphors and themes—the dreamer's immediate concerns. Fromm (1951) spoke of symbolic (forgotten) language not as a language that disguises but as a "language in which we express inner experience as if it were a sensory experience" (p. 12). French and Fromm's (1964) problem-solving efforts, Fairbairn's (1944) object-relational processes, Kohut's (1977) self-regulation, Erikson's (1954) individualized ego modes of experiencing and relating, and what I posit to be developmental and regulatory processes, are all viewed as directly (manifestly) observable in dreams (Fosshage, 1983). Defense organizations, what we refer to as aversiveness (Lichtenberg et al, 1992, 1996), are one route of protecting self-cohesion and may appear directly in dreams or not, but they do not necessarily result in disguised stand-ins.

Rather than assuming a distinction between manifest and latent content and corresponding disguising processes, I use the term *dream content* (Fosshage, 1983, 1987a, 1987b). This phenomenological concept easily incorporates the notion of various meanings that are associatively connected without assumptions about defensive transformations or levels of meaning. I believe that dream images are chosen primarily not for the purposes of disguise, but for their evocative power and actual usefulness in thinking imagistically about the issue at hand, much as a waking person selects words to further the process of thinking meaningfully about internal concerns.

In eschewing the manifest–latent content distinction and positing that dream content is more directly revelatory, I am not suggesting that dream meanings are readily apparent. Dreams are often elusive and difficult to understand. Their elusiveness, in my view, is related to a variety of factors including: poor dream recall; lack of clarity in the dreaming process itself; the metaphorical nature of the dream (Ullman, 1969); difficulty in understanding the meanings of images from a waking perspective; difficulty making sense when juxtaposing two different (that is, waking and sleeping) mentational states; a conflict between dreaming and waking mentation; and a less than optimally facilitative intersubjective context in which the dream is told and explored.

The idea that dream images are chosen as the best imagistic and linguistic language available to the

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 transformations 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 others, self-with-others, and 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 mentation, as waking mentation, varies in significance to the dreamer. Dreams range from comparatively simple thoughts involving the completion of daily tasks, for example, 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-loaded, 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 (Kuiken & Sikora, 1993). Recognizing the variability in significance of dream mentation clinically frees the analyst and analysand from what can become a burdensome and daunting pursuit of a significant latent meaning in every dream.

Guidelines for working with dreams[2]

In these times of constructivism, we recognize that patient and analyst variably 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 (Fosshage, 1997).

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, as fully as 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 dream—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 waking construal of the dream—particularly important when it is divergent from the metaphorical and thematic structure of the dream. This focus on the dreamer's experience implicitly validates its importance and increases the dreamer's conviction about the meaningfulness of the dream experience.

Dream imagery is not to be translated or seen as standing for something else but is to be understood in terms of the meanings captured metaphorically and thematically—*the third guideline*. When dreaming is viewed as an integrative and synthetic mentational process, the task is to illuminate more fully, through the dreamer's associations and elaborations, the particular meaning of an image as it is used *within* the context of the dream. Each image is like a word within a sentence, and sequences of images are like sentences and paragraphs that tell a story. Waking clarification of the meaning of a dream image is facilitative of understanding, yet the image can be understood fully only as it is used within the dream context, for the context shapes the meaning.

Affect-laden images of self, other, self-with-other, and relational scenarios can all be identified. The overall drama from beginning to end can reveal starkly and powerfully the dreamer's innermost struggles and strivings. Once the dream's scenarios have been identified, our analytic task shifts to identifying (when unclear) if, where, and when these themes have emerged in waking life or how they are connected to waking experience—the *fourth guideline*.

When defining transference in the broadest sense as referring to the patient's experience of the analyst (Gill, 1994), it follows by definition that all dreams reported to an analyst have transferential meaning. We need to assess, however, whether the *content* of the dream is applicable, or whether the *process* of communicating the dream carries the primary meaning for the analytic relationship (Fosshage, 1994).

[2] Portions of this section previously appeared in Fosshage (1997).

Most commonly, the content of the dream is understood as reflective of the transference. Facile translations of dream images as stand-ins for the analyst aid applying the content of the dream to the transference and, in my judgment, potentially undermine capturing meanings of dream images and their dream contexts, as well as their meaning for the analytic relationship.

As a *fifth guideline*, I never assume that the *content* of the dream directly relates to the transference unless the analyst appears in the dream or the dreamer immediately associates to the analyst. Otherwise, the *process of communicating* the dream—rather than the content—to the analyst most likely carries the transferential meaning. In analyzing a dream, relational patterns emergent in the dream need first to be identified and subsequently to be connected by the patient to waking life. If we sense that a relational pattern is occurring in the analytic relationship as 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.

This 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 drama. Importantly, the dreamer can begin, or can continue, to rely more on his or her own dream experience—rather than on the analyst's interpretive 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 senior self-psychological and object-relational psychoanalysts. In my discussion I will focus on three different understandings of the dream that emerged at that meeting to illustrate the clinical ramifications of the more traditional models compared with a contemporary organization model of dream interpretation.

Jessica, a woman of 38 years of age, had entered analytic treatment for depression.[3] Within the first three to four months, she formed an intense mirroring 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 her self. 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 diminished 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. They were 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 inconsolable. I realized that he was going to writhe in pain forever. 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 to deal 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 spoke. He saw the dream as showing "what she does to her men," that is, "she destroys them." Note 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, injects aggression into the dream and has the dreamer torturing 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

[3] This case illustration is a compilation of several patients and is, therefore, not identifiable.

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 "hating others' neediness," which could be viewed as aggression based, understanding that aggression is activated in the service of protection against what is experienced as overwhelming neediness of the other (in this case, her father's depression) is markedly different than from the view that Jessica aggressively destroys her men.

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 that conclusion (and many others), however, through the use of the manifest–latent 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 amply 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-with-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 in keeping with 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 that Rebecca realized 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 inconsolable person, which was related to her experience with her father. To remain closer to the patient's experience within 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

Atwood, G., & Stolorow, R. (1984). *Structures of subjectivity.* Hillsdale, NJ: Analytic Press.

Breger, L. (1977). Function of dreams. *Journal of Abnormal Psychology, 72,* 1–28.

Bucci, W. (1985). Dual coding: a cognitive model in psychoanalytic research. *Journal of the American Psychoanalytic Association, 33,* 571–607.

Bucci, W. (1994). The multiple code theory and the psychoanalytic process: A framework for research. *Annual of Psychoanalysis, 22,* 239–259.

Cartwright, R. D., Monroe, L. J., & Palmer, C. (1967). Individual differences in response to REM deprivation. *Archives of General Psychiatry, 16,* 297–303.

Cartwright, R. D., & Retzel, R. (1972). Effects of dream loss on waking behaviors. *Archives of General Psychiatry, 27,* 277–280.

Cohen, D., & Cox, C. (1975). Neuroticism in the sleep laboratory: implications for representational and adaptive properties of dreaming. *Journal of Abnormal Psychology, 84,* 91–108.

DeCasper, A., & Spence, M. (1986). Prenatal maternal speech influences newborn's perception of speech sounds. *Infant Behavior and Development, 9,* 133–150.

Ellman, S. (1985). Toward a psychoanalytic theory of drive: REM sleep, a CNS self-stimulstion system. *Clinical Psychology Review, 5,* 185–198.

Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *American Psychologist, 8,* 709–724.

Erikson, E. (1954). The dream specimen of psychoanalysis. *Journal of the American Psychoanalytic Association, 2,* 5–56.

Fairbairn, W. R. D. (1944). Endopsychic structure considered in terms of object-relationships. In *Psychoanalytic studies of the personality* (pp. 82–136). Boston: Routledge & Kegan Paul.

Fiss, H. (1986). An empirical foundation for a self psychology of dreaming. *Journal of Mind and Behavior, 7,* 161–191.

Fiss, H. (1990). Experimental strategies for the study of the function of dreaming. In S. Ellman (Ed.), *The Mind in Sleep: Psychology and Psychophysiology.* New York: John Wiley and Sons.

Fiss, H., Kremer, E., & Litchman, J. (1977). The mnemonic function of dreaming. Paper present at meeting of Association for the Psychophysiological Study of Sleep, Houston, Texas.

Fosshage, J. (1983). The psychological function of dreams: a revised psychoanalytic perspective. *Psychoanalysis and Contemporary Thought, 6,* 641–669.

Fosshage, J. (1987a). New vistas on dream interpretation. In M. Glucksman (Ed.), *Dreams in new perspective: The royal road revisited.* New York: Human Sciences Press.

Fosshage, J. (1987b). A revised psychoanalytic approach. In J. Fosshage, & C. Loew (Eds.), *Dream interpretation: A comparative study,* Revised Edn (pp. 299–318). Costa Mesa, CA: PMA Publications.

Fosshage, J. (1988). Dream interpretation revisited. In A. Goldberg (Ed.), *Frontiers in self psychology, progress in self psychology,* Vol. 3 (pp. 161–175). Hillsdale, NJ: Analytic Press.

Fosshage, J. (1989). The developmental function of dreaming mentation: clinical implications. Reply. In A. Goldberg (Ed.), *Dimensions of self experience. Progress in Self psychology, Vol. 5* (pp. 3–11, 45–50). Hillsdale, NJ: Analytic Press.

Fosshage, J. (1994). Toward reconceptualizing transference: theoretical and clinical considerations. *International Journal of Psycho-Analysis, 75*, 265–280.

Fosshage, J. (1997). The organizing functions of dream mentation. *Contemporary Psychoanalysis, 33*, 429–458.

Fosshage, J., & Loew, C. (Eds.) (1987). *Dream interpretation: A comparative study*, Revised Edn. Costa Mesa, CA: PMA Publications.

French, T., & Fromm, E. (1964). *Dream interpretation, a new approach*. New York: Basic Books.

Freud, S. (1900). *The interpretation of dreams*.

Freud, S. (1986 [1923]). Remarks on the theory and practice of dream interpretation, SE 19. London: Hogarth Press.

Fromm, E. (1951). *The forgotten language*. New York: Grove Press.

Gill, M. (1994). Transference: A change in conception or only in emphasis? *Psychoanalytic Inquiry, 4*, 489–523.

Greenberg, R. & Perlman, C. (1993). An integrated approach to dream theory: contributions from sleep research and clinical practice. In A. Moffitt, M. Kramer, & R. Hoffmann (Eds.), *The Functions of Dreaming*. Albany, NY: State University of New York Press.

Greenberg, R., Pillard, R., & Pearlman, C. (1972). The effect of dream (stage REM) deprivation on adaption to stress. *Psychosomstic Medicine, 34*, 257–262.

Hartmann, E. (1973). *The Functions of Sleep*. New Haven: Yale University Press.

Jung, C. G. (1960[1916]). General aspects of dream psychology. In *The structure and dynamics of the psyche. Collected Works* (pp. 237–280). New York: Pantheon Books.

Kohut, H. (1959). Introspection, empathy and psychoanalysis. *Journal of the American Psychoanalytic Association, 7*, 459–483.

Kohut, H. (1971). *The analysis of the self*. New York: International Universities Press.

Kohut, H. (1977). *The restoration of the self*. New York: International Universities Press.

Kohut, H. (1984). *How does analysis cure?*. Chicago: University of Chicago Press.

Kramer, M. (1993). The selective mood regulatory function of dreaming: An update and revision. In A. Moffit, M. Kramer, & R. Hoffman (Eds.), *The functions of dreaming*. Albany, NY: State University of New York Press.

Kramer, M., Moshiri, A., & Scharf, M. (1982). The organization of mental content in and between the waking and dream state. *Sleep Research, 11*, 106.

Lichtenberg, J., Lachmann, F., & Fosshage, J. (1992). *Self and motivational systems: Toward a theory of technique*. Hillsdale, NJ: Analytic Press.

Lichtenberg, J., Lachmann, F., & Fosshage, J. (1996). *The clinical exchange: technique derived from self and motivational systems*. Hillsdale, NJ: Analytic Press.

Lucero, M. A. (1970). Lengthening of REM sleep duration consecutive to learning in the rat. *Brain Research, 20*, 319–322.

McLaughlin, J. (1978). Primary and secondary process in the context of cerebral hemispheric specialization. *Psychoanalytic Quarterly, 47*, 237–266.

Meissner, W. (1968). Dreaming as process. *International Journal of Psycho-Analysis, 49*, 63–79.

Noy, P. (1969). A revision of the psychoanalytic theory of the primary process. *International Journal of Psycho-Analysis, 50*, 155–178.

Noy, P. (1979). The psychoanalytic theory of cognitive development. *Psychoanalytic Study of the Child, 34*, 169–216.

Ornstein, P. (1987). On the self-state dreams in the psychoanalytic treatment process. In A. Rothstein (Ed.), *The interpretation of dreams in clinical work* (pp. 87–104). Madison, CT: International Universities Press.

Padel, J. (1978). Object relational approach. In J. Fosshage, & C. Loew (Eds.), *Dream interpretation: A comparative study*, Revised Edition (pp. 125–148). New York: PMA Publishing.

Palombo, S. (1978). The adaptive function of dreams. *Psychoanalysis and Contemporary Thought, 1*, 443–476.

Pavio, A. (1971). *Imagery and Verbal Processes*. New York: Holt, Rinehart & Winston.

Piaget, J. (1954). *The construction of reality in the child*. New York: Basic Books.

Piccione, P., Jacobs, G., Kramer, M., & Roth, T. (1977). The relationship between daily activities, emotions and dream content. *Sleep Research, 6*, 133.

Reiser, M. (1990). *Memory in mind and brain*. New York: Basic Books.

Schore, A. (2003). *Affect regulation and the repair of the self*. New York: W. W. Norton & Co.

Stern, D. N. (1985). *The interpersonal world of the infant*. New York: Basic Books.

Stolorow, R., & Lachmann, F. (1984/85). Transference: The future of an illusion. *Annual of Psychoanalysis, 12/13*, 19–37.

Stolorow, R., Branchaft, B., & Atwood, G. (1987). *Psychoanalytic treatment: An intersubjective approach*. Hillsdale, NJ: Analytic Press.

Ullman, M. (1969). Dreaming as metaphor in motion. *Archives of General Psychiatry, 21*, 696–703.

Wachtel, P. F. (1980). Transference, schema and assimilation: the relevance of Piaget to the psychoanalytic theory of transference. *Annual of Psychoanalysis, 8*, 59–76.

Webb, W. B., & Cartwright, R. D. (1978). Sleep and dreams. *Annual Review of Psychology, 29*, 223–252.

Winson, J. (1985). *Brain and Psyche*. Garden City, New York: Anchor Press/Doubleday.

Author

James L. Fosshage, PhD, is President of the International Association of Psychoanalytic Self Psychology (IAPSP) and Past President of the Association for Autonomous Psychoanalytic Institutes (AAPI). He is a Co-founder and Board Director of the National Institute for the Psychotherapies (NYC), Founding Faculty Member of the Institute for the Psychoanalytic Study of Subjectivity (NYC), and Clinical Professor of Psychology at New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. His books include *Dream interpretation: A comparative study, Revised Edn*, co-authored with Clemens Loew, and *Self and motivational systems: Toward a theory of technique, The clinical exchange: Technique from the standpoint of self and motivational systems*, and *Spirit of inquiry: Communication in psychoanalysis*, all co-authored with Joseph Lichtenberg and Frank Lachmann. He is in the private practice of psychoanalysis and psychotherapy in New York City and Tenafly, New Jersey.