

THE DREAM AS A PICTURE OF THE PSYCHOANALYTIC PROCESS

*Marc Hebbrecht*¹²

Résumé

«Le rêve comme image du processus» offre un aperçu sur l'ensemble du travail qui a été fait au cours de la psychanalyse. Le rêve aura un rôle crucial dans la thérapie ou dans l'analyse. La lucidité et la transparence sont essentielles pour le processus analytique. Même si le patient n'insiste pas sur l'importance du rêve pendant la séance, il/elle se rappelle ce rêve central, d'une manière claire et ne l'oublie pas ni dans l'analyse ni après son achèvement. Ce type de rêve a un impact significatif sur l'analyste. Bien que ce type de rêve puisse survenir au cours de n'importe quel processus analytique, c'est souvent au cours de la psychothérapie avec les personnes traumatisées et les personnes affectées d'un deuil non résolu. L'auteur utilise un matériel clinique de son travail. Le dégel d'un monde interne gelé est expliqué par un rêve et elle est liée à un changement dans contre-transfert. Le second rêve présenté illustre la mécanisation d'une analyse. Le dernier cas démontre

Abstract

“The dream as a picture of the process” gives an overview of the work that has been done during the psychoanalytic process. The dream is going to play a crucial role in the therapy or in the analysis. Its lucidity and transparency are characteristic. Although the patient doesn't stress the importance of the dream during the session, he/she remembers them clearly and also later in the analysis or after termination, he/she doesn't forget this central dream. This kind of dream has a special impact on the analyst. Although this type of dream may occur during every analytic process, it emerges frequently during psychotherapies with traumatized people or with people who suffer unresolved mourning. The author uses clinical material from his own work. The thawing of a frozen inner world is illuminated by a dream and linked to a shift in the countertransference. The second dream illustrates the mechanisation of an analysis. The last case demonstrates how changes in the

¹² Société Belge de Psychanalyse; marc.hebbrecht@telenet.be.

comment les changements dans les processus sont présentés par les élaborations analytiques du premier rêve analytique. Dans un des rêves, il y a une représentation visuelle de la compréhension inconsciente du processus analytique. L'autre rêve est une image de l'extension de l'espace intérieur.

process are portrayed by elaborations of the first analytic dream. In one of the dreams there is a visual representation of the unconscious comprehension of the analytic process. The other dream is a picture of the expansion of the inner space.

Mots-clés: contre-transfert, rêves, rêve gelé, processus psychanalytique.

Key words: countertransference, dreams, frozen dream, psychoanalytic process.

Introduction

Thanks to the work of Klein and Bion, dreaming is not regarded merely as a process for allaying tensions in order to maintain sleep; dreams are seen as pictures of dream life which is a process that goes on all the time, awake or asleep (Meltzer, 1984).

While referring to a dream as a picture or as a photograph, I mean that the dream is quite lucid and clear, characterized by a marked coherence; it is a snapshot of something going on, of a living and moving process - this in contrast with a film. Sometimes these dreams are the result of unresolved mourning or traumatic happenings. I follow Ogden (2004a) in this respect that coming to life emotionally is synonymous with becoming increasingly able to dream one's experience, that is to dream oneself into existence. In participating in dreaming the patient's undreamt and interrupted dreams, the analyst is not simply coming to understand the patient; he and the patient are living together the previously undreamable or yet-to-be dreamt emotional experience in the transference-countertransference.

In his *Interpretation of dreams* Freud (1900) teaches us to mistrust the coherence and the lucidity of dreams. It is always a result of a complex dream-work even when a manifest dream seems very photographic. The process of secondary revision gives the dream a misleading coherence and

transparency because it has to distract the dream censor. In his discussion of condensation as an aspect of the dream-work, Freud showed us the similarities of condensation with the construction of photographic images of families. By overlapping several photographs the commonalities become more salient, while contradictory images erase each other.

Freud's technique consists of breaking up the manifest dream in its different elements and listening to the associations of the dreamer, it is the dreamer who discovers the hidden meaning of his dream - the analyst can remove the obstacles during this gradual process of understanding while working on the resistances. Meltzer (1984) criticizes Freud because he developed the idea that dreams could never speak the truth directly, only indirectly, like a newspaper under a tyrannical regime. Freud could not accept the dream as a real experience, because he holds to the idea that dreams manipulate preceding psychic material. Meltzer reverses this aspect of Freud's dream theory by making the emotional experience precede ideation, in order to consider the dream as a form of unconscious thought. Dream-life is a creative activity in search of new meanings.

Sometimes during the analytic process, the patient will create a dream which overviews the process. The dream represents in a visual and a theatrical form what is changing in the inner world due to the analytic work. Dreams may represent all kind of processes as a picture. The functional phenomenon of Silberer (1914) is an example of how a process may be represented in terms of images: waking may be symbolised as crossing a threshold, leaving one room and entering another, departure, homecoming, parting with a companion, diving into water etc.

Dreams are messengers about the analytic process. The message of the dream is never a monolithic, univocal message, but is always polysemic and ambiguous. Dreaming is a form of thinking, also a thinking about the analytic process, it is unconscious thinking about the emotional experience of being in psychoanalysis, which is also an aesthetic experience. The dream of the first patient I am going to present, had an aesthetic impact on me as if

I watched a painting. This is only one of the so many perspectives which may help to clarify the essence of dreams.

The narrative of a dream can be compared with bringing a picture to the session and sharing it with the analyst. The dream which has been dreamt is a living thing, a movement of the mind and in the mind. Between the dream and the narrative of the dream, there is a gap of time in which a whole series of perceptible transformations has taken place (Resnik 1987). Sometimes, the work of the resistance transforms the liveliness of the dream into the fixity of a picture.

Other analysts have used photographic metaphors to characterize dreams. Fairbairn (1952) conceives the dream as a film in which each character represents an aspect of the dreamer himself, who is both the director and the actor in a one-man show. A photograph is an immobilisation, a cessation of the film.

Some dreams have more impact than others on both patient and analyst.

During periods in psychoanalytic psychotherapy or in psychoanalysis, the analyst is confused about the direction of the process. After laboriously working through the resistances, guarding the analytic setting and the analytic role while surviving the attacks of the patient and metabolizing the projective identifications, our efforts are rewarded by the patient: he/she brings a dream which has an impact on us because it clarifies the psychoanalytic process. These dreams illuminate the process; they may be considered a picture (or a photo, an X-ray, a scan) of the process. There are some similarities with dreams that turn over a page, as described by Quinodoz (2002), but they have no paradoxical qualities. In his excellent contribution on this topic, Quinodoz states that in dreams that turn over a page, the primitive anxiety-inducing content frightens the dreamer, although the psychoanalyst sees them as sign of progress in psychic integration despite their regressive appearance. They are an indication that change has occurred. There are also some similarities with recapitulative dreams, described by Guillaumin (1979). Recapitulative dreams portray a sequence of episodes that recapitulate the dreamer's basic conflicts while at the same

time offering an active solution to them. They reveal “the subject’s” most important and fundamental problems, illuminating both the past and the future of the dreamer’s defensive organization, especially in the context of the transference and thus considerably facilitating the psychoanalyst’s task of interpretation.

“The dream as a picture of the process” is similar because of its lucidity and transparency. It is also a working-through dream which gives an overview of what already happened in the process, of the psychological work that has been done. It is not a nightmare; it is not anxiety inducing and it has no unpleasant content. The dream is going to play a crucial role in the therapy or in the analysis. Although he/she doesn’t stress the importance of the dream during the session, the patient remembers them very clearly and also later in the analysis or after termination, he/she never forgets these central dreams. This kind of dream has an impact on the analyst; it is a penetrating dream. The analyst is fascinated by them as if he watches a picture from an important emotional moment of his past. The analyst is put into the position of a spectator. Although this type of dream can occur in every analytic process, it emerges frequently during psychoanalyses or psychotherapies with traumatized people or with people who suffer unresolved or established pathological mourning. “Frozen dreams” as described by Volkan (1981) could fall in the category of dreams as pictures of a stagnated process. These dreams are composed of one tableau after another with no action. Sometimes patients liken these dreams to a slide series, or compare them to slices of bread slipping out of their wrapping. Associations to such dreams reflect fixation in the work of mourning, a defensive situation in which the patient tries to deny aggression toward the dead person while at the same time finding a way to bring the latter back to life. The conflict between the wish to do so and the dread of success is handled by “freezing” the conflict and averting resolution.

In posttraumatic nightmares, the original traumatic event is visually present and recurs often in a rigid and fixed way, which is a signal that psychic metabolisation didn’t take place (Schreuder, 2003). The original

experience remains a sensuous, indigested impression which can not be transformed by alpha-function because alpha-function is not operative as a consequence of the trauma or because the emotional experience is unthinkable, it can only be managed by other way as there are evacuation via acting out or projective identification or somatisation (Bion, 1962). One of the functions of dreams is the pictographic and symbolic representation of originally pre-symbolic experiences. Their interpretation will facilitate the reconstructive process the psyche needs in order to improve its own capacity to mentalize originally non-thinkable experiences and hence to make them thinkable, even if not rememberable (Mancia, 2003). One of the main goals of the psychoanalytic enterprise is to enhance the patient's capacity to be alive as much as possible of the full spectrum of human experience.

As an illustration of "dreams as a picture of the process", I'll present three examples, chosen from three different analytic processes.

The dream as a picture of the unfreezing of established pathological mourning

Mrs. A., a teacher of 35 years old, asks for an appointment after a narcissistic injury: her school director (an older woman) made a hurting remark about her seriousness and her lack of humour. During the first meeting, I am impressed by the heaviness in the encounter, but there is something contradictory in her presentation, as if there is a dead part and a lively part: her face and the upper part of her body are very strict - as if she lives her life as a strict teacher - but she wears a short skirt with beautiful dark panties and very elegant red shoes, which gives her a more seductive appearance. My first hypothesis is that the conflict with her director reactivates oedipal anxieties which are followed by regression towards anal and oral fixation points. This could explain her obsessional character and her depressive attitudes. Her father died during her early adolescence but she tells me in a convincing way that she mourned this loss; she keeps a memory of a good and loving father

During the first months of the psychoanalytic psychotherapy (twice a week during three years), there is a stereotyped pattern of interaction. The non-verbal communication is much more impressive than the story she is telling. When I ask her to come in and leave the waiting room, she smiles gently as if she is very glad to enter, but once she has entered my office, she becomes very slow and takes all the time to open her coat, she walks slowly to the chair, sits down, sighs deeply, watches me with a rigid face and waits silently. As if she wants to explore the reaction she is going to provoke in me. She puts herself in an observing and watching position. After some time she starts speaking, mostly the last 15 minutes. She speaks softly, in a monotonous way, as if she considers every word she utters. At the end of every meeting, she starts crying. During our meetings she plays with her hands and her sleeves in a seductive way. When I tell her at the end of the session that her time is up, she looks at me disappointed and starts questioning me: "Is this all you had to say? Are you alive or dead?"

She presents herself as a sad little girl who dawdles and procrastinates; by behaving in this way, she makes me impatient and induces fantasies in me of shaking her but also of comforting her in a caring, fatherly way. Her enactments confuse my thinking and I am less occupied, more absent; I feel some kind of depersonalization. I see her enactments as a re-actualisation of a paternal transference (she is speaking to a dead body), but also of a maternal transference. She describes her older brother as the favourite child of her mother; compared to him, her mother named her a boring and complaining child. By making her sessions as boring as possible, she tests me if my benevolent, neutral attitude survives her passive-aggressive behaviour.

After this first period, she develops a new story which gives me the opportunity to make interpretations. I interpret her dawdling behaviour as a resistance and as a compromise between her wish to open herself and to show her deeper feelings of fear, anger and emotional closeness in a paternal transference. But there is also a wish to provoke me and to be accepted by me in a maternal transference but with a concomitant fear to be hurt by me or not to be loved anymore.

This time she brings new material. She thinks that an older man is watching her in the train from a certain distance. Progressively she creates a conviction that this strange man is her father, well disguised, who is trying to make contact with her. She already planned to encounter the older man, but she is afraid to destroy this illusion. During this phase, it becomes clear that she couldn't have mourned the loss of her father; she can't understand why she wept so little after his death. She was just sixteen. It was her mother who asked her to hide her sorrow because studies mattered; she had to be the strong role model for the younger children.

She brings dreams, not exactly real dreams, rather photographic images: a father who waves his arm, or her father who winks. She tells me these short dreams in a very neutral and monotonous way. In the countertransference I don't feel anger or irritation anymore, but there is a feeling of sadness which arises in me during her sessions, sometimes without a direct relation with the content of the sessions.

In the second half of the second year of her therapy, she tells me *a dream* which can be considered a picture of the change not only in the process, but also of her psychic functioning:

"I walk through a desolate landscape. It is very cold, nothing can be seen, it is under a thick layer of snow. In the middle of the landscape, there is a square where it didn't snow. On this square there are several statues; the statues are dead people who have been frozen or who are petrified. But suddenly these statues come to life again, they change into doctors with white coats and funny heads; they are mad and crazy doctors. And then I see how the sun rises and the snow melts and far away on the horizon I see how the landscape changes, it is green and beautiful. At the end of the dream I see my mother; I wake up, a little bit anxious."

Her associations: "In the dream, it is very cold, but I feel happy... I can't see the sex of the dead people... Now I think of Eric Clapton's song: Tears In Heaven... Once I dreamt about my father who danced with angels in Heaven. In the past I dreamt a lot about statues or frozen people, these dreams recurred, but now it is different. The statues come to life. It is

thawing. You know, I experienced you from the beginning as a dead body... You were just sitting there without moving, sitting in silence. But I don't want to ridicule you, but you have a funny head, your eyes are laughing... but it is crazy.”

I respond following her associations by stating that she made her father and me alive again, we both are lively present, not dead anymore; she feels the warmth. But when the sun starts shining and it becomes even warmer between us, her mother comes on the stage who makes her anxious and serious again. After this interpretation, she looks at me in a very serious way.

This session is followed by a remarkable change; she starts playing the piano again. Her children are more joyful and they are glad that mommy changed; she is less serious. During the therapy, she is much more alive than before. The dream was the marker of a moment of change. Showing me her dreams she had a transference quality of sharing pictures with a father-substitute which created an intersubjective experience by which I was deeply touched.

Some reflections about the process:

In the intake-interviews I thought that my patient had sufficiently mourned the death of her father which was not the case. After the establishment of a relation of trust and empathy, my patient enacted her difficult, boring character aspects towards me which stood for the dead father as well as for the rule-giving mother who was provoked by her. These enactments were followed by a showing of her dead inner objects. The first phase of the treatment was characterized by projective identification, brought forth by non-verbal communications. She projected her dead father-introject into me and exerted pressure on me to take it in. This explains why the first months of therapy were heavy. I was fixed in a role of a frustrating, absent, half dead person, for whom she felt a lot of aggression. It was as if she tried to keep an internal object, half-alive, half-dead, in a fixed position in her inner world; this half-dead object was projected into me. Thanks to my survival as an analytic object, she could use me because she discovered that I stayed alive, well and awake. I remained available for her as a living

object that could be used, that could contain her destructive wishes and that mostly could be used to reanimate the image of her father.

In terms of Racker (1968), in the beginning I was put in a complementary countertransference position; she evacuated in me her internal object and I was treated by her as a dead object. The dream can be seen as a picture of the process (the dead father introject which is transferred on me- “the silly doctor” - is coming to live; father sun is coming up, but than she has to face the oedipal rivalry with her mother).

Following the dream, the countertransference is concordant; I am identified with the self of the patient: I feel her warmth and sorrow, I am no longer identified with the dead or frozen introject. An important aspect of the process is the shift in the countertransference position; she must have felt that because of our common work, I felt more open and empathic towards her.

The dream of thawing is characterized by a remarkable lucidity. We could conceive the dream as a picture of the process of bringing the dream presentation into a dialectical one, thereby creating meaningful emotional experience where there had only been static coexistence of bits of data (Ogden, 1986). Her previous dreams could not really be conceived as dreams...no associations could be made on them. They were visual images composed of elements that could not be linked and upon which no unconscious psychological work could be done. The thawing dream is a genuine dream in which we observe the psychological work that has been done: it changes something and it goes somewhere (Ogden, 2003). Her coming to life emotionally was synonymous with becoming increasingly able to dream her experience: She dreamt herself into existence and her dream awoke the analyst. The dream was also a richer, bigger and more detailed picture than before. During a long time, she was trapped in a cold world ruled by her mother and filled with frozen father-objects but thanks to our common efforts her containing capacities expanded: a new kind of dream emerged in relation to which we both had associations that felt real and expressive of what was happening in the analytic relationship (Ogden, 2004b).

The dream as a picture of the routinization of the process

The dream which I'll mention here has been taken from an analysis of a female doctor, that lasted four years, three sessions a week. Mrs. B. consulted me, because of chronic and deep seated feelings of guilt concerning professional achievement which started after her marriage.

She suffered from a phobia to intrude on her patients, a fear of giving injections and performing minor surgery. In these cases she always needed her husband to do the necessary painful procedures. Shortly after the death of her father, her marriage broke up. This loss meant to her not only a severe narcissistic blow but also an attack on her anal character defences with temper tantrums, rage and sadomasochistic struggles with her husband followed by self-accusations.

With her marriage she gradually lost her autonomy and her capacity for independent functioning without the active support of her husband. Without his support, she remained passive. In her dreams she showed me the idealization of the penis, her wishes to get and to incorporate the paternal penis, or to be a penis herself. When she does get the penis it turns into something filthy, disgusting or into faeces. Another element in her analysis was the deep seated guilt of having surpassed the mother and her sisters after her graduation as a doctor. Shortly after her graduation she had a brief affair with her supervisor, a father-substitute, which was followed by guilt feelings and regression to passivity. Her graduation and the sexual transgression with the supervisor meant the castration of the father, the possession of his penis and the dispossession of the mother.

After the summer interruption in her second year, her analysis takes progressively more stereotyped characteristics: she begins every session by telling two or three dreams, she waits patiently for my questions, she presents her associations and sometimes I make some comments. Although she was a fascinating patient, I became progressively more passive. Her reporting of dreams, became a routine, which can be described as an ego-syntonic character resistance (Greenson, 1967) or a silent resistance (Glover, 1955).

After some time, she presents a dream which can be conceived as a picture of the process.

This dream helped me show her how she devitalized her analysis. Devitalisation, taking the life out of something or someone, was a problem in her whole life: her marriage, her job as a general practitioner.

Her dream report:

“There is a bakery in a cellar; the bread is delicious. The atmosphere in the bakery is pleasant, warm and cosy. But instead of buying her bread in this bakery, she takes the bread out of a bread dispenser.”

This dream made me more active again and was a welcomed opportunity to show her what has been characterizing the process for weeks. The dream awakens the analyst and it precedes an important change of the patient.

Instead of enjoying the warmth of her desires, she transforms the analysis into something mechanical. My interpretation is followed by memories of her father, a quiet and silent man, always kind to her, but not actively interested in her.

Her father didn't mirror sufficiently her authentic female qualities and capacities; he showed more interest in men, work and football.

In retrospect, my passivity which I experienced during weeks before this dream was her way to push me in the role of the distant father who didn't accept her idealizing needs sufficiently. I was in a complementary identification with the father-object; the weak and not very ambitious man, who avoided his clever and beautiful daughter. But in a concordant identification I was identified with parts of her self too: the doctor who doesn't dare to give the necessary injections.

With the progress of this analysis, the patient became more and more active and could use her analysis as a way to fertilize her whole life. She could take the warm bread from the bakery in the cellar (on two levels: 1. the establishment of the good object in the inner world 2. the internalisation of the phallus/the penis of the father) and enjoy it, and become stronger because of this experience.

Swimming pool dreams: pictures of the process in motion

Mrs. C has been undergoing psychoanalysis, four times a week, for six years due to incapacitating panic attacks and multiple phobias: phobias for escalators, for finding herself in a traffic jam while driving, also a severe flying phobia. The main theme of the phobia is an anxiety of being incarcerated, of being enclosed and not having any possibility to escape or to be ruled by others and to depend on them. Her mother had told her that she was an ugly baby - in contrast with her sister, the first child - who was very beautiful. As a child she was seen as an obedient and perfect girl who never created problems. In front of relatives the patient was praised by her mother for her kindness and caring capacities although she felt very insecure when she had to baby-sit for neighbours at a young age. She was attached to her extremely dominant and explosive mother in an ambivalent way; her mother used her as an audience for her own sad stories about a childhood full of anxieties caused by the grandmother who suffered from paranoid schizophrenia, but she was not allowed to share her own feelings with her mother; at that moment she had to behave firmly and self assured. The father is described as a kind man, very silent and distant, and difficult to get in touch with because her mother always stood in between them. In explosive situations caused by the mother he always took her mother's side and he was afraid to defend his daughter in a direct way. In early puberty she has been sexually abused by a priest who was asked by her parents to help her study French. At 18, she starts studying languages at the university, but because of crippling anxieties she is cooped up in her room and develops a railway phobia on her way home.

Mrs. C is a hysterical woman: seductive without being exhibitionistic, in a very discrete way: it is the way she shakes hands, her smile, her hesitation, the way she looks. During the first three years of the analysis, she was very defensive, a real master in letting me wait: her attendance was very irregular, long silences, sometimes she reported a dream but with no associations, or dreams which seemed very clear to me but she rejected my interpretations.

During sessions sometimes I had fantasies of trying to open a hermetically locked black box, but there was no keyhole - as if a secret code was necessary before it might be opened, but there was no bottom to push. Or I had very violent fantasies of trying to cleave a large piece of wood, but there was a hard and callous part which resisted all my efforts. The problem in this analysis was how to enter, how to come in - I had also fantasies as if I was a patient husband married to a vaginistic woman. At some point I've decided to take on an accompanying attitude without becoming detached and being aware of not being too charming; the best way to reach her during the first years was to listen to her as a mother who listens patiently to an anxious child and who mirrors, contains and expresses sympathy. Every interpretation which added something new was responded with strong resistance manifested through silences, not coming, suddenly changing the topic of discussion.

Her first dream of the analysis is a swimming pool dream:

"I am swimming, it is dark and there is no one present. Next, I am entering a bank office. Inside there is a swimming pool. I start swimming but then I realize that I am in your house. But the house is in a different environment, it is built in a hilly landscape with forests- at some distance, there is a big tower visible. You ask me to visit the house, you show me one room but after a while your wife takes over."

Her associations: "My father was a bank director. I worked in a bank before my marriage.

When I was a child I dreamt of burglars entering the house and forcing her to give the key of the safe. I promised to get them, but in the other room I phoned and informed the police who caught the thieves. I woke up with a feeling of victory and joy.

At the end of the session she tells me that when she was 10, she had recurrent dreams of a murderer who had killed her younger sister and cut her in small pieces. With the large heap of flesh, the family made a fondue."

In May 2002 she had *a second swimming pool dream*:

“I am with a group in a swimming pool. Everyone in turn has to dive and to bring a message to the bottom. But it is not very clear. It is possible that everyone has to read the message and bring it to the surface. While we are diving one after another, someone has to be on the lookout for others. Because our activities happen secretly; what we are doing may not be seen.”

Her associations:

“In the dream everyone had to bring a little piece to the bottom. Small parts of mosaic and put them side by side. And slowly, a message became visible. But up to that point we don’t know what we will see. Analysis is similar, it is putting little parts of a jigsaw puzzle side by side. But we never know what kind of building will be created. Some years ago I dived in the Silver-Lake. We are obliged to dive as a couple. I never left my companion out of sight; I had to watch him constantly. But don’t think it is so poetic, diving in the Silver-Lake...there is nothing to see...only mud, cloudy water, dirty things. When we reached a certain depth, I wanted to rise to the surface as soon as possible.”

My interpretation: “After diving, you come very quickly to the surface. We could stay together at the bottom and explore the depth and take our time to read the hidden messages.”

Her associations: “I only saw a brick of concrete. I tried to look if there was something underneath, but the brick was too heavy to lift. But I liked diving; it is necessary to communicate in code under water, with signs and gestures. During diving lessons, I played as if I had no oxygen anymore. My companion reacted with an obscene gesture and we laughed, we enjoyed ourselves enormously. But afterwards we were reprimanded by the instructor; because we enjoyed ourselves too much. You know: diving is a serious thing.”

My intervention: “Oh, you are on the lookout for the instructor, what a pity!”

Patient: “Now I have another memory. At home there is a proverb on the wall of the room; it is about love. If love is blind, how can it find you?”

Do you want to know what my husband wrote under it? He wrote: Only by touching.

I think of my mother. She has changed; she is becoming friendlier and more accepting. For Mother's day my daughter drew a picture of me: I was a saint, no devil traits. My daughter finds me too obedient."

In April 2003 she had *a third swimming pool dream*:

"I am in the swimming pool with other people. At the edge of the pool, the lifeguard orders us to dive and to enter a hole at the bottom of the pool. This hole is the entry in a tunnel which brings us into another compartment, a very narrow space but with quite enough air above the water surface. He reassures us that we'll find a staircase which leads to a door and that he will open the door from the outside. But I don't trust him. I ask him to show me how to do it, to dive first and enter the tunnel before I do it."

Discussion with Mrs. C:

The first dream predicts what will happen in the analysis; she has to face loneliness, darkness. The analysis with me is going to awake memories of being together with her father (the bank) and sharing the penis (the big tower), but then comes the mother (my wife) on the stage, who takes over. Underneath this peaceful picture and her friendly and kind appearance there are cruel, sadistic and cannibalistic tendencies. Her associations on the first dream help me understand that my attempts to open her inner world will be followed by her temptations to triumph over me (the burglar), which really happened later during the process.

The particular importance of the first dream in analysis has been recognized by Stekel (1943), who pointed out that 'the first dream already contains the important secret, around which the neurosis is crystallized, revealed in symbolic language. It is often impossible for us to understand this first dream, and only in the course of the analysis will it become clear to us what the analysand wanted to say with the first dream. Other analytic authors also showed that it can serve as a guideline for the analyst with respect to the evolution of the analytic process (Beratis, 1984).

The second dream shows very clearly that she has an unconscious comprehension of the analytic process although one of her major resistances was that she consciously did not understand what it meant to do analytic work. There is a tendency to keep it clean and to leave the dirty, ugly things in herself out of her awareness. There is also shame about being in psychoanalysis; someone has to be on the outlook, not to be discovered. And there are others too; she is not alone anymore but being with others confronts her with rivalry and envy.

The third dream shows us that there has been an expansion in her inner space; there is another compartment. The dream is a picture of this expansion. It is also an encouragement to go deeper and to explore the primitive mother images, the re-entry in the mother body, being close to her mother because it means being sucked in and incarcerated. She hopes that I will be capable to open her when she feels incarcerated in the analysis because of the reactivation of primitive anxieties which are linked to the pre-oedipal mother, but she doesn't trust this. Since this last dream, there is a change in the analytic alliance: she is less resistant, her anxiety and phobias disappear. She internalized the analyst (the lifeguard).

Occasionally a patient brings forth lucid and fascinating dreams which appear very exciting to the analyst and stimulate his curiosity. This often happened with this last patient. It was her way to seduce me while she stuck at the surface and didn't bring associations or kept silent when I tried to make a comment on her dream. It was her way to stimulate in the transference, the attention, the sympathy of her silent father who had a secret private life and who didn't show his interests sufficiently towards her. She stimulated my curiosity but punished me by making herself inaccessible. I felt rebuffed; she turned into active what she had experienced in a passive way during her childhood: her father had not been sufficiently accessible towards her.

Conclusion

Some dreams are pictures of the process. I gave three clinical illustrations to demonstrate my opinion.

The thawing in an inner world which was frozen by unresolved mourning was illuminated by a dream and linked to a shift in the quality of the countertransference. The second case was an illustration that a dream brings to light how a patient mechanizes her analysis and her whole life. The last case shows how changes in the process are portrayed by repetitions and elaborations of the first analytic dream.

Finally, we may wonder when a dream acquires “picture like” qualities. There are several psychodynamic mechanisms which freeze the dream into a picture. From a classical Freudian point of view, as a result of the “secondary revision”, the dream loses its appearance of absurdity and disconnectedness and approximates to the model of an intelligible experience. It is as if these dreams which seem faultlessly logical and reasonable, have already been interpreted once, before being submitted to waking interpretation. This fourth factor of the dream-work seeks to mould the material offered to it into something like a day-dream. If a day-dream of this kind has already been formed within the nexus of the dream-thoughts, the secondary revision will prefer to take possession of the ready-made day-dream and seek to introduce it into the content of the dream. This is what Freud writes in his chapter on the secondary revision (Freud, 1900). He concludes that the secondary dream-work is also to be held responsible for a contribution to the plastic intensity of the different dream-elements.

Secondly the work of the resistance transforms the liveliness of the dream into the fixity of a picture. Obsessive-compulsive personalities sometimes are so preoccupied with orderliness, perfection and mental and interpersonal control, at the expense of flexibility and openness that they present their associations and dreams in a more schematic way. They present their dreams as pictures.

As a result of unresolved mourning or traumatising, the alpha-function is not ready to transform overwhelming emotional experience which has the quality of beta-elements. The intolerable beta-elements are projected either into the soma or into images of internal or external objects (Grotstein, 2004). These images evoke no associations. The analysand needs the alpha-function of the analyst to transform these overwhelming emotions. The analyst has to dream the patient before the patient can bring meaningful dreams and do associative work on them. This is illustrated in my first and my third case vignette. Thanks to the transformative work over months which is mostly silent, difficult and not very gratifying for the analyst, the analyst is rewarded with a very lucid dream with picture qualities and connected with deep emotions. This dream portrays the work that has been done; it is an overview of the previous process - portrayed as a picture - and gives a sudden flash of insight to the analyst. The dream becomes an important good object in the inner world of the patient and will be remembered as a moment of change even years after the termination of the analysis.

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