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DREAMS AND THE MATERNAL IMAGINARY:
FROM NOSTALGIC INTERSUBJECTIVITY TO MOURNING

by

JULIE ACKERMAN

A dissertation submitted to the Graduate Faculty in Psychology
in partial fulfillment of the requirements for the degree of
Doctor of Philosophy, The City University of New York

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Julie Ackerman

This manuscript has been read and accepted for the Graduate
Faculty in Psychology in satisfaction of the dissertation
requirement for the degree of Doctor of Philosophy.

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ABSTRACT

Dreams and the Maternal Imaginary: From Nostalgic Intersubjectivity to Mourning

by

Julie Ackerman

Advisor: Elliot Jurist

This dissertation concerns the history of psychoanalytic thinking about dreams. It is about both the psychic function of dreams and their theoretical function, or the function that they have served within psychoanalytic discourse. It begins with a consideration of the significance of the dream in classical thinking, where it was conceptualized as a psychic emergence in the context of maternal absence. It traces the way in which the rise of object relational paradigms led to the reconceptualization of the dream in relation to the presence of the maternal mind rather than the absence of the maternal body. It describes how this reconceptualization led to the understanding of the analytic session as a waking dream and to the emphasis on reverie as a crucial component of analytic technique. It draws on contemporary feminist ideas to highlight the extent to which this theoretical trajectory reflects the influence of cultural fantasies and taboos, as a consequence of the link between dreams and what has been called the ‘maternal imaginary.’ It considers whether the dream has been recruited in the service of constructing the pre-oedipal mother as an object of nostalgia, and whether this nostalgia has fueled omnipotence and obscured the work of mourning. Finally, it explores the idea that psychoanalytic theories are vulnerable to collusion with sociocultural fantasies about mothers and motherhood when they do not preserve a space

for theorizing maternal alterity. It considers the relationship between maternal and oneiric alterity, and calls for a return to a conceptualization of the dream as an encounter with alterity and limitation that precipitates the work of mourning.

Preface

This dissertation was inspired in part by a series of dreams that I had about one of my patients early on in my training. I had the opportunity to discuss these dreams with several clinical supervisors over the years, and I became interested in the question of how they might reflect my mind's attempt to represent something that was unbearable for my patient, something that had been communicated unconsciously. I found myself drawn to the literature on reverie to try to make sense of this experience, and was fascinated by the ideas and clinical case studies that I encountered there. I began to play with understanding my own work in these terms, but with some hesitation, as I did not want to attribute too much to my patients that might be my own in the name of receptivity, especially given my inexperience. At the same time, there was something about this literature that gave me pause, something that was for a long time difficult for me to articulate. There is something so intuitive and appealing about post-Bionian ideas, something almost seductive. My experience was one of being simultaneously drawn to them and slightly suspicious of their appeal, suspicious of my own attraction to them. I was only able to understand this experience when I encountered the feminist ideas discussed in Chapter 4. In a sense, this dissertation reflects a process of articulating what does and does not work for me about post-Bionian theory.

I have long been interested in unconscious communication and attunement. Before beginning graduate school, I was involved in psychotherapy process research, and I was particularly interested in the non-verbal, affective dimension of the therapeutic process. I was drawn to the research group where I worked because they were exploring this non-verbal

dimension by combining psychotherapy research with social neuroscience. Through continuous monitoring of heart rate and skin conductance in patient-therapist dyads, they were able to identify a relationship between physiological concordance and patient-perceived empathy (see Marci & Riess, 2008). I remember watching a video from one of their studies that showed patient and therapist engaged in a session with moving graphs of their physiology juxtaposed beside it, so you could listen to the dialogue and watch their physiological arousal rise and fall together. I found it fascinating that the affective attunement between patient and therapist could be visualized in this way, and became interested in the question of embodied or presymbolic communication.

So perhaps it is no surprise that when I began studying psychoanalytic theory, I was drawn to some of Winnicott's ideas as well as to Kleinian and Bionian thinking about projective and introjective mechanisms. I first encountered these ideas while studying at the Anna Freud Centre in London, where the approach is thoroughly developmental and object relational. These perspectives formed the foundation of my psychoanalytic education, and I consider them to be my theoretical and clinical reference points. I suspect that this is precisely why I was struck by Green's critique of them, discussed in Chapter 1, and even more so by the feminist critique(s) discussed in Chapter 4. These critiques shifted my perspective on the very paradigms that I inhabit intellectually; they changed my relationship with the dominant ways of thinking in our field. This is not to say that I have had to find a new intellectual home, but rather that I now reside within them with an awareness of their limitations, of the risks involved in receiving and employing them uncritically. Thus writing this dissertation has been both a theoretical process

and a separation-individuation process, a process of differentiating myself ideologically and developing a theoretical voice.

Green has written that among the perils that face the ‘psychoanalyst who writes’ is the accusation of abstraction. This accusation is more likely to be waged when an analyst does not include clinical case material or technical considerations in his writing. It may be that this dissertation risks being accused of abstraction of this kind. In the process of seeking to understand the origin and significance of the notion of reverie, I came to believe that the only way to fully appreciate these things was to contextualize reverie within the theoretical trajectory of psychoanalytic dream theory. To do so is to reveal surprising continuities and discontinuities between the classical understanding of the dream and the contemporary conceptualization of reverie, and the significance of the contemporary view becomes legible in and through these continuities and discontinuities. While I began from a specific theoretical and technical question concerning countertransference dreams, my research brought me to consider much broader questions about the place of the dream in psychoanalytic theory and what it has represented. In the end, this dissertation is about both the psychic function of dreams and their theoretical function, or the function that they have served within psychoanalytic discourse. It is not about the interpretation of dreams or the meaning of their specific content. Nor is it about the technique of working with dreams per se. There is very little clinical material in it, and none of it is my own. My focus instead is on exploring the relationship to what Pontalis calls the dream-as-an-object, the dream as an experiential object for the dreamer and as a theoretical object for the theorist. In this sense, this dissertation is about the dream as a phenomenon as well as the theoretical process that has unfolded in relation to it.

Green argues that seemingly abstract theoretical work without case material remains *clinical* in the proper sense of the term “inasmuch as it stimulates associations in an analyst reader, in connection with his own experience or that of his patients (1986, p. 5).” This is the kind of writing that I have strived for, writing that, like a good interpretation, is generative of associations or intrapsychic work. I would also challenge the differentiation of the abstract from the deeply personal in the realm of psychoanalytic theorizing. Anzieu (1990) has described how his notion of the *skin ego* emerged in part out of memories of being a cosseted child, wrapped in layers upon layers—sweater, overcoat, beret, scarf—intended to protect him from the fate of his older sister who died in infancy. Green has linked his own formulation of the *dead mother complex* with the impressions left by his mother’s depression during his toddlerhood (Kohon, 1999). Pontalis (1993) connects his enduring interest in dreams and suspicion toward language with his childhood reaction to the death of his father. Lippmann (2001) writes that he brings to his theoretical work on dreams a long history of childhood nightmares that were embedded in his relationship with his father and the historical context of the holocaust. All of these links suggest that even the most abstract theoretical formulations are deeply personal. The enduring interest of all of these authors’ concepts suggests that when an author manages to put something personal into their work, it touches something personal in the reader, even if the reader does not know the depths from which it came.

So I ask the reader to permit me some abstraction. And when I engage with certain theorists critically, to remember that such a thorough engagement with any thinker’s ideas—even a critical one—is no less than a labor of love.

Acknowledgments

This dissertation took shape gradually over the course of several years, so there are many people toward whom I feel a debt of gratitude. I would like to thank first of all my advisor, Dr. Elliot Jurist, for his interest, availability, and care. I developed my ideas in and through a dialogue with him, and there were many times when a reading that he suggested or a comment that he made helped to organize my thinking and propel me forward. I am also grateful to my committee members, Drs. Lissa Weinstein and Diana Diamond, for their thoughtful comments and useful suggestions, which pushed me toward greater conceptual clarity and helped me to think through some of the implications and limitations of my arguments. I am similarly grateful to my external readers, Drs. Christine Anzieu-Premmereur and Katie Gentile, for their warm reception of my ideas and their intellectual challenges. The conversations with my committee were consistently encouraging and inspiring, and I feel that they laid the foundation for many years of theoretical work to come.

I was fortunate to be on fellowship at The Graduate Center's Student Counseling Services for several years during my training, and I would like to thank Dr. Robert Hatcher for making it possible for me to remain there an extra year while I worked on my dissertation. I have learned a great deal from my supervisors across clinical placements and would like to thank each of them for supporting my growth as a clinician, a theorist, and a person: Drs. Christa Balzert, Michèle Barnett, Phyllis Beren, Nicole Elden, Arthur Fox, Andrea Greenman, Carina Grossmark, Judith Lasky, Madeline Lippman, Ruth Livingston, Debbie Rothschild, and Marjorie Schwartz. I also owe my deepest thanks to my patients, who trusted me, in some cases for years, even as I learned

from them. Green writes that we consecrate the most precious parts of ourselves to our patients in and through the analytic exchange. I agree with this, and I see my theoretical work as part of the process of digesting the impact of these encounters, of this consecration.

I am grateful to my family for their support, encouragement, and pride. I remember when my grandmother first asked me what I was writing my dissertation about, I responded by simply saying ‘dreams.’ She told me that she doesn’t dream, and this made sense to me in the context of her experience with her sister in the aftermath of the Holocaust, which suggests that survivors don’t dream and dreamers don’t survive. I’d like to dedicate this dissertation to her, for the losses that she endured, including the loss of her dream life. And I would like to thank my analyst, for helping me to leave behind the choice between unbearable dreams and dreamless survival.

I am someone who requires complete immersion to write— I lose track of time, I ignore the rituals that structure daily life, I can’t stop thinking about what I’m writing; in short, I have not been easy to live with during this process. I am therefore overwhelmingly grateful to Valerio for his patience with me and for the sacrifices that he made in the last few months to support me, even as he was working on a dissertation of his own. Above and beyond practicalities, he read every word and discussed every draft, in his characteristically thoughtful and devoted way. The fact that we can share our theoretical interests among so many other things feels like a rare and precious gift.

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Introduction

It is well-known that Freud (1900) saw the interpretation of dreams as the “royal road” to the understanding of unconscious processes. He considered his work on dreams to be “the most valuable of all the discoveries it has been my good fortune to make,” and maintained this view throughout his lifetime (1931, p. *xxxii*). Still, as early as 1932, he noticed that psychoanalytic interest was shifting away from the dream, as evidenced by the termination of a special section on dream interpretation in the *International Journal of Psychoanalysis* (Flanders, 1993). Sharpe (1937) similarly observed the dream’s loss of its singular status within the psychoanalytic community in her classic handbook on dream analysis. Pontalis (1981) found evidence of the demotion of the dream in the titles of two international conferences held in 1958 and 1971, respectively. While the first, entitled ‘The Use of Dream Material in Adult Psychoanalytical Therapy,’ presupposed the significance of the interpretation of dreams for psychoanalytic practice, the second, ‘Dreams in Therapy,’ left their privileged status open for debate. Around the same time in the United States, the Kris Study Group considered the question of the status of the dream, and concluded in a popular report that the dream no longer held a privileged position in the analytic hour (Waldhorn, 1967).

Over the past two decades, however, dreams have returned to the forefront of psychoanalytic theorizing— but not in their original form. Freud (1900) thought of dreams as discrete, intrapsychic, nocturnal events. He discovered that as with hysterical symptoms, he could use the method of free association to trace backward from the manifest content of the dream to its unconscious, ideogenic cause. In the case of dreams, he found that this cause was

always an infantile wish, which the dream sought to fulfill in a hallucinatory and disguised fashion. He saw sleep as providing the conditions for the emergence of repressed wishes because it involves motor inhibition, the relaxation of preconscious censorship, and the diminution of competing sensory information from the outside world. Freud emphasized that the primary function of dreaming is the protection of sleep from disruption by the return of the repressed. He did not consider dream-work a form of thinking, nor did he believe that it yields any new knowledge without an analyst's interpretation. Although he later realized that traumatic dreams posed a challenge to his hypothesis of wish-fulfillment and posited a form of dreaming 'beyond the pleasure principle,' he never formally revised dream-theory in this light.

For Freud, the dream was a disguised text to be decoded; if a dialogue at all, it was a dialogue between the conscious and unconscious systems of the mind. Many contemporary psychoanalysts, instead, think of dreams as the nocturnal expression of a continuous, intersubjective process of representation— a process in which two minds participate (cf. Brown 2011; Cassorla, 2013; Civitarese, 2013; Ferro, 2009, 2011; Grotstein, 2000, 2009; Ogden, 2003, 2004a, 2004b, 2007). This view derives from Bion's (1962a) re-conceptualization of dreaming as a form of unconscious psychological work engaged in 'digesting' or processing emotional experience. Ogden (2001) evocatively captures the continuity of this process when he likens dreams to stars: just as stars exist night and day but their luminosity is obscured by the glare of the sun, so dreaming is continuous but only visible when the light of consciousness gives way to the darkness of sleep. According to Bion, this process is not only continuous, but also intersubjective. It reflects a capacity developed in the context of the mother-infant relationship, and has an analog in the analytic setting in the form of reverie. In an often quoted passage

reflecting the technical implications of this theoretical development, Ogden (2005) defines psychoanalysis as “a form of psychological relatedness in which the analyst participates in the patient’s dreaming his previously undreamt and interrupted dreams (p. 24).”

This definition highlights how analysts influenced by Bion have expanded the notion of dreaming and displaced it from the netherworld of sleep into the developmental and clinical context. Today, the dream as a trope appears most often in the discourse surrounding reverie, which is the way in which the analyst participates in ‘dreaming the patient’s undreamt dreams.’ But whereas the dream in classical thinking represented an emergence out of solitude, reverie is often depicted as reflecting the attunement of two minds. For example, in a recent book situated within the post-Bionian tradition, Brown (2011) describes his work with an eighteen year old girl. As she speaks about feeling ‘inspected’ during a session in which she seems particularly self-conscious, he finds himself thinking about a trip he took to Russia. I quote his discussion of his intervention in full because it represents the contemporary literature well:

[At this point I remembered a trip to Russia a few years ago in which I visited an outdoor museum in Moscow that was like a graveyard for the discarded old statues of the former Soviet Union. The visual image was of overgrown grass, an untended place next to a new, well-maintained indoor museum. The words “Big Brother” came to mind, and I thought of saying something like “It feels like Big Brother is always watching you.” However, it felt that comment would be hackneyed, like much of what I had been saying that felt “correct” but did not make real contact with her. I debated whether I should share my memory with her and decided to do that.] I said that as she was talking I remembered a trip to Russia I had taken and that I thought my remembering it at this moment must have something to do with what she was telling me [her feeling of being inspected by friends and parents]. I related the memory to her, and immediately there was a palpable sense of her relaxing, as though her mind and body had suddenly been loosened from some hold. Sally quickly said that my memory reminded her of a recent movie she had seen, *Good Bye Lenin*, about a woman who had been in a coma while East Germany transformed into a non-Communist state. [I had also just seen this movie.] She noted that because of a recent heart attack the woman could not tolerate the loss of her beloved communist government, and so her family created a ruse to hide the shocking changes of a now-democratic, but more disorderly, society. I said that many people missed the strange kind of safety they felt during the Soviet era when they knew everything they were doing was inspected and watched. Sally said she had read about that, that it kept people in line and that some people could not handle the freedom of a democratic state. [I felt at this point that we were “clicking,” that real contact had been made.] The session as nearing an end and I wondered whether her near-constant feeling of being inspected may be similar: that although she felt uncomfortable feeling inspected, there might also be, at the same time (Grotstein 2009b, 2009c), some measure of safety that being watched offered that was hard to give up. This comment interested her, and she said she would have to give it some thought. (p. 96-97)

Brown's commentary emphasizes the extent to which he and his patient are 'on the same page': she responds to his memory with a softening of mind and body, she recalls a movie that he too has just recently seen, they begin to elaborate themes of safety, scrutiny, and loss together in a way that feels like they are 'clicking' or making 'real contact.' In post-Bionian thinking, the nocturnal dream is seen as one of many expressions of the internalization of this intersubjective, connected work of representation.

The mind of both patient and analyst are seen as engaged in this intersubjective work of 'dreaming' the interaction that takes place between them. Just as the analyst's reverie may be shaped by the patient's 'unthinkable thoughts,' so too may the patient's dreams and associations be shaped by the analyst's thoughts. To illustrate how the content of the analyst's mind can influence the patient's 'dream' (or, in the case of child work, play), Brown presents a moving session with a four-and-a-half year old boy. He describes how, amidst battle play with action figures, he suddenly noticed an incoming call from the hospital where his mother, who was very sick, was receiving care. His patient then decided to introduce a new play theme:

He said that he was going to be a "mummy," and I heard "mommy." "Mommy?" I asked, and he corrected me, "No, mummy— you know those creepy guys with the bandages wrapped all over them" and pretended to have unraveled, ragged gauze dropping off him... Sam said that the mummy had to be buried, lifting up the couch mattress, and began to inter himself between the mattress and the wooden slats it rested on. I was a bit disoriented, in the midst of what felt like an uncanny experience. I said something about how dead mummies are buried in a grave just like he was showing me and that's very scary and sad. Sam quickly replied that this mummy "wasn't really dead; it was an alive mummy that used to be dead." I was relieved at hearing this, though I was not aware in the moment why it affected me this way. I said, "when a mummy that used to be dead becomes alive again the people who love that mummy aren't so scared and sad anymore (2011, p. 2-3)."

Brown understands this interaction in terms of Sam having unconsciously perceived his distress and transformed it into an imaginative play theme. He highlights the similarity between this transformational work and dream-work by characterizing the image that Sam chooses, the 'mummy,' as a condensation of his worry about his 'mommy' and Sam's worry about his

distressed analyst/father. Brown describes the scene that unfolds as “born out of the analytic intercourse of the transmitting and receptive unconscious work we were doing together (*ibid*, p. 5).” Patient and analyst are both seen as struggling to represent for themselves an unbearable truth about their experience, and their unconscious communication yields the ‘waking dream’ embodied in Sam’s play about the ‘mummy.’

The purpose of this dissertation is to explore the theoretical and technical significance of this understanding of reverie as an intersubjective process of dreaming. In order to do this, I trace post-Bionian ideas back to their origin and contextualize them within the larger trajectory of psychoanalytic dream theory. Reconstructing this trajectory allows me to highlight the extent to which they reflect both continuity with, and a radical break from, tradition. When Bion’s reformulation of dreaming is discussed, the emphasis is often on his having shifted focus from the meaning of dreams to the function of dreaming (eg. Schneider, 2010). My emphasis here, instead, is on the way in which he maintained the historical link between dreams and the maternal object but replaced an absent maternal body with a present maternal mind. Understanding his contribution in this way helps to explain how the dream came to lose its classical connection with separation, loss, and mourning. It enables me to consider something that is seldom if ever considered in post-Bionian literature, which is whether something has been lost in the replacement of the nocturnal dream by the dream that takes place in the consulting room.

In a sense the first chapter stands on its own while the other three form one whole. In Chapter 1, I consider the place of the dream in psychoanalytic theorizing in the context of different ways of thinking about the dominant paradigmatic tensions in the field. I consider what

the dream represented in classical thinking, drawing primarily on the work of André Green. I observe a surprising similarity in the works of André Green and Steven Mitchell— from their disparate positions within post-Lacanian French psychoanalysis and American Relational psychoanalysis, respectively, both were concerned about the influence of developmental thinking on our understanding of the clinical process. André Green was alluding to this influence when he cautioned that psychoanalysis was at a crossroads and needed to choose its paradigm: either the child or the dream. This first chapter focuses on elucidating what Green meant by this forced choice and what its implications are. The third section of the chapter foreshadows the much more detailed consideration of post-Bionian theory in chapters two through four. The final section offers a glimpse of the way in which relational thinking has impacted dream interpretation and raises the question of whether a relational conceptualization of the dream can ever function as ‘the true paradigm of psychoanalysis’.

The second and third chapters together form a genealogy of dream theory that traces the trajectory from Freud’s interest in dreams as discrete, intrapsychic, nocturnal events, through the post-Bionian understanding of dreams as the expression of a continuous, intersubjective process. In Chapter 2, I focus on the ways in which dreams have been linked to the maternal object— first the absent maternal body, in and through Freud’s formulation of hallucinatory wish fulfillment, and eventually maternal subjectivity with Bion’s contribution. I emphasize the extent to which the dream has been understood as an expression of longing for a lost or impossible union with the maternal body, and I explore the significance of the shift whereby this impossible union becomes possible with the maternal mind in the form of reverie. I question whether Bion’s ‘sexual’ model reflects the movement of fantasies of union and dedifferentiation between infant

and maternal breast into the context of the relationship between minds, which are already less differentiated than bodies due to projective and introjective mechanisms. As a contrast to Bion, I discuss the way in which Laplanche links dreams and maternal subjectivity, and I raise questions about the implications of understanding the maternal mind as containing versus opaque and enigmatic.

In Chapter 3, I describe how Bion's thinking about reverie moved from the developmental into the clinical context. I focus on Bion's late work and then that of two prominent post-Bionian theorists, Thomas Ogden and Antonino Ferro. Through a close reading of their contributions, I argue that the image of the analyst who maximizes receptivity and minimizes otherness in order to make contact with the patient's waking dream is vulnerable to intermingling with fantasies of the analyst's power, which become evident through the occasional adoption of an oracular interpretive voice. When this happens, I suggest that waking dream thought has taken on the significance of a displaced maternal mind and body, which allows for the denial of limitations and of loss. I question whether Ogden's commitment to theorizing the limits of relatedness—the importance of privacy and of non-communication—protects his understanding of reverie from contamination by such fantasies. I consider some of the factors that may contribute to fantasies of the analyst's power, including patient projections, identifications that are implicit in the understanding of therapeutic provisions as compensation for early deficits in care, and what Lippmann has called the 'archetypal' transference to the dream interpreter.

Finally, in Chapter 4, I reflect on the genealogy of dream theory in the preceding two chapters from the perspective of its participation in what Mary Jacobus calls 'the maternal

imaginary’— ie, the repository of socioculturally constructed images of mothers and motherhood. I question whether dreams have been recruited in the service of constructing the pre-oedipal mother as an object of nostalgia, with the implication that they have become bound up with a denial of loss and thus a refusal to mourn. Drawing on the matricentric critique of object relations theory, I return to Bion and Laplanche and argue that Bionian theory brings maternal subjectivity into dream theory without maternal alterity. It makes dreaming into an aspect of maternal care in a way that appeases a nostalgic longing that is deeply rooted in our culture and leaves the terrors that this longing defends against unchallenged. I suggest that maternal alterity serves the essential purpose within psychoanalytic theorizing of keeping sociocultural fantasies and psychic realities from colluding at the level of theoretical discourse toward a preponderance of nostalgia and omnipotence. I consider the relationship between material alterity and oneiric alterity, or the way in which post-Bionian theory has obscured the significance of the dream as an encounter with our own alterity. Drawing on the archetypal psychologist James Hillman and the myths of Persephone and Orpheus, I suggest a return to an understanding of the dream as an encounter with alterity and limitation that precipitates the work of mourning.

A couple of caveats are necessary. By now psychoanalysis has been thoroughly critiqued for the ways in which it has tended to essentialize heteronormativity and related gender roles. By using the language of ‘the maternal,’ I risk raising the specter of this essentialism, even as I draw on feminist authors whose goal is to expose the historical and sociocultural embeddedness of this concept. For this reason, I underscore here that the theories that I discuss, in particular in Chapter 2, unfolded within a sociocultural context where the mother was and still is most often the

primary caregiver, and they should therefore be understood as exploring the intrapsychic consequences of this particular arrangement of care. In Chapter 4, I argue that theorizing these intrapsychic consequences is itself a process that is dependent on and reflective of sociocultural context. Although I have followed Jacobus in describing this context in terms of shared fantasies and taboos, it is worth noting that it could equally be described as patriarchal, and that this would underscore the political stakes in theorizing maternal alterity. I believe that these stakes include an implicit challenge to heteronormativity and related gender roles. This dissertation is by no means focused on these issues, and yet I would like to suggest that they are not entirely absent.

Some readers may be surprised to find so little about sexuality in a dissertation on psychoanalytic thinking about dreams. The simple explanation for this is that I have written a genealogy rather than a comprehensive history of dream theory; I have traced a particular trajectory, and have therefore been selective. However, it is also the case that encounters with post-traumatic symptoms— first Freud’s, and later Bion’s— loosened the link between dreams and sexuality and strengthened in its place the association of dreams with unbearable psychic pain. This is the wider theoretical context within which the story of dreams and the maternal object has unfolded. It is also a historical context, and there may be an interesting historical argument to be made about the theoretical turn toward the maternal in psychoanalysis during the post-war period, but this falls outside the scope of the current project. My aim, instead, has been to elucidate and then interrogate the subtle interweaving of dreams and the maternal object within psychoanalysis, and to suggest some of the technical implications of this pairing.

Chapter One: The Child or the Dream

Great things, she said, are ahead of you, or perhaps behind you; it is difficult to be sure. And yet, she added, what is the difference? Right now you are a child holding hands with a fortune-teller. All the rest is hypothesis and dream.

-From *Theory of Memory*, by Louise Glück

Psychoanalysis at a Crossroads

Over the course of twenty years, André Green repeatedly warned that psychoanalysis was at a crossroads (Caldwell, 1995; Green, 1979, 2000; Kohon, 1999). While accepting theoretical plurality, he argued that certain lines of psychoanalytic thinking were developing based on mistaken assumptions about the nature and limits of psychoanalysis as compared to other disciplines such as psychology. He saw these developments as initiated by “the challenge of the theory of object relations” and consolidated by the rise of empiricism within psychoanalysis, in particular the proliferation of infant observation and research. Green felt that this combination of theoretical and methodological developments was responsible for the oversimplification of psychoanalytic theory as a consequence of a number of displacements: the displacement of drives by behavior, of representation by interaction, of the intrapsychic by the interpersonal, of absence by presence. In this context, he argued that psychoanalysis needed to choose its paradigm: either the child or the dream.

Not long after Green first warned of this forced choice, Greenberg and Mitchell (1983) observed that “the problem of object relations” had become “*the central conceptual problem within the history of psychoanalytic ideas. Every major psychoanalytic author has had to address himself to this issue, and his manner of resolving it determines the basic approach and*

sets the foundation for subsequent theorizing (p. 4, italics in the original).” They identified a dialectical tension between contributions that sought to account for object relations while preserving drive theory and those that abandoned drive theory in favor of an alternate model, and they designated these opposing approaches the *drive/structure model* and the *relational/structure model*. Wachtel (2008) notes that their text served as a political intervention as much as an intellectual one and launched the American relational movement. From his position twenty five years on, he reconsiders their “very strong statement” about the most significant tension in the history of psychoanalytic ideas, and concludes that this statement remains “very largely accurate, at least as a description of the intensity of the controversy and the dominant lines of cleavage in the field (p. 77).”

It is tempting to bring together these two perspectives on the ‘dominant line of cleavage’ in the field, and to read Green’s distinction between the child and the dream as a metaphorical description of the choice each theorist must make with respect to the intellectual inheritance of drive theory. In classical psychoanalytic thinking, the dream is intimately linked to the drives; it is the imaginative elaboration of the drives, the fulfillment of wishes. The close historical link between the drive and the dream suggests that their fate as objects of theoretical attention may also be linked; the rise of the relational and the fall of the drive may equate to the fall of the dream. There is some evidence for this in the commonly held view that the transference has replaced the dream as the *via regia*. Flanders (1993) summarizes this view when she writes: “the focus of a contemporary analysis is emphatically on the dreamer, not the dream. The aim of an analysis is to facilitate emotional growth through understanding derived principally from the interplay of the transference and counter-transference (p. 20).” She goes on to emphasize:

“Stated more classically, the psychoanalytic process fosters the development and resolution of a transference neurosis, and it is this process which is the fundamental concern of the analyst (*ibid*).”

However, while Wachtel (2008) recognizes that the drive-relational distinction “works exceedingly well” at the political level, he also expresses concern that it obscures significant differences regarding how psychological development is conceived and how the therapeutic process is understood. Some of these differences are captured in Mitchell’s (1988) further differentiation of the drive-relational distinction into drive-conflict, developmental-arrest, and relational-conflict models. Here, the categorizing principle has changed; while the drive-relational distinction was largely a metapsychological one, or a question of the origin of psychic structure, this further differentiation is made according to *organizing metaphor*. Mitchell sees Freudian theory as organized around the ‘metaphor of the beast,’ which becomes the ‘metaphor of the beastly baby’ in the context of Freud’s infantilism. Developmental-arrest models, by contrast, such as Balint’s, Guntrip’s, and Winnicott’s, are organized around a distinctly more ‘modern’ baby, which Mitchell calls a ‘sleeping beauty baby.’ While the character of the baby changes in the shift from the ‘beastly’ drives to the relational ‘beauty,’ the central importance of the infantile remains consistent from Freud through object relations theory.

For Wachtel (2008), this distinction helps to illuminate how some relational models focus on personality factors that emerge from within, independent of context, in a manner similar to drive theory; while they see psychic structures as shaped by relationships in childhood, they also see these structures as functioning as relatively autonomous phenomena in adulthood. From his perspective, both drive models and developmental-arrest models are characterized by an

‘acontextual’ perspective on personality development and clinical process; they emphasize how ‘archaic’ modes of relating are ‘transferred’ or ‘projected’ onto the present, rather than how they emerge in and through a real relationship with another person in the present. Developmental-arrest models address “the problem of object relations” from within the ‘archeological vision’ of classical Freudian theory, leading to a privileging of the infantile, or a view of the adult as “stuck with an incorporated infant, like a fishbone in the craw of his maturity (Levenson, 1983, as quoted in Wachtel, 2008, p. 81).” Relational-conflict models, by contrast, reject the metaphor of the baby and are grounded in the assumption of the contextuality, mutuality, and co-constructedness of psychic reality.

Grouping drive models and developmental models together in this way, according to organizing metaphor, suggests an alternate ‘line of cleavage’ in the field: rather than the drive-relational divide, the acceptance or rejection of the metaphor of the baby. This comes very close to Green’s forced choice between the child, *l’enfant*, and the dream. From opposite sides of the drive-relational divide, Mitchell and Green were both predominantly concerned with the theoretical and technical consequences of developmental and object relational thinking. Mitchell warned of the reification of what was originally an experiential or phenomenological metaphor, such that “psychodynamically speaking, the analysand *is* the baby (p. 128).” He saw this as a risk for both analyst and patient alike; for the patient, too, the metaphor of the baby or the idea of an ‘inner child’ may be a compelling one. He argues that the metaphor has persisted largely for this reason, because it has served an explanatory function for analysts and a representational function for patients. At the same time, he argues that when the inner child is reified, it serves a defensive

function, enabling contemporary relational desires and needs to be ‘displaced’ onto this child rather than owned and integrated by the patient.

Green also felt that there had been a reification of the child, and he believed that this was driven by empirical research into infancy as well as infant observation within the Tavistock model. Regarding the former, he argues that the circumscribed focus on observable behavior and interactions in the name of scientific objectivity is incompatible with the psychoanalytic study of subjectivity. He captures the conflict between observable and unobservable phenomena when he asks, “what of the researcher who no longer calls the parent of the infant the love object, but rather the “caregiver”? Do caregivers have sexual desires, do they love, do they hate, do they have fantasies, do they dream... (2000, p. 58)?” Green felt that this form of research, reflected in the work of Tronick, Stern, and Bowlby, among others, belonged to psychology rather than psychoanalysis; it taught of consciousness rather than the unconscious mind. Regarding psychoanalytically-informed infant observation, which seeks to use observation as the basis for inferences about unconscious processes, Green felt that the constructive nature of this process was often forgotten. He emphasized that the ‘observational’ component of this activity does not add a measure of objectivity; the interpretation of child observation is as subjective a process as the interpretation of clinical material.

Green suggests the following thought experiment: gather Spitz, Mahler, Lebovici, Winnicott, Emde, Fonagy, and Stern together and show them a video of Freud’s grandson playing *fort-da* with his cotton reel. Ask each what they see. Inevitably, there would be little agreement between them. Each would see evidence of their own theories and constructs, some of which emerged from the analytic setting. As Mitchell (1988) puts it, “our images and

understandings of babies are theory saturated, serving *themselves* as metaphors laden with meanings and assumptions (p.133).” No observer would see the ‘child in itself,’ the real child, the developing child. A group of non-analytic researchers may see this child, but not from the vantage point of the unconscious, which is the psychoanalytic vantage point. For Green, ‘scientific research in psychoanalysis’ is at best a fine course between Scylla and Charybdis, between focusing on the observable and thus transforming psychoanalysis into psychology, and constructing the unconscious and thus doing precisely what takes place in the analytic setting but under the guise of ‘science’ and ‘empiricism.’ At worst, the phrase is a contradiction in terms, an impossible synthesis, a confabulation. Green observed that in spite of these complications, the findings of observational research into normative developmental processes were increasingly being used as a lens for understanding the therapeutic process, and this was having the effect of ‘oversimplifying’ and ‘concretizing’ clinical theory. Mitchell was also concerned about this phenomenon, and cautioned against the “overly concrete use of developmental concepts and metaphors as explanations for clinical data (*ibid*, p. 133).”

Mitchell (1988) argues that the rise of developmental thinking, in particular in the form of developmental-arrest models, was not only a consequence of methodological pressures and subsequent conceptual confabulations, but also of political dynamics. He describes how the conflict that analysts faced between introducing new relational concepts and preserving the intellectual inheritance of Freud led to a compromise formation that he calls ‘the developmental tilt.’ According to this ‘strategy of accommodation,’ relational needs are located ‘prior’ to drive-based conflicts developmentally. The hallmarks of Freud’s theory, including neurosis, the pleasure principle, and the tripartite structural model, are seen as developmental achievements

contingent upon certain environmental provisions. This “introduction of the modern baby *beneath* Freud’s baby,” amounts to a designation of theoretical territories along temporal lines; the ‘preoedipal’ as a conceptual space, as a temporally-defined object of study, is opened up for relational theorizing, while at the same time the ‘oedipal’ years, and those pathologies associated with them, are left untouched, a kind of living museum of Freudian conceptions. That this strategy has had a pervasive impact on contemporary psychoanalytic discourse is evident in the dichotomies that have by now become deeply embedded in the language of the field: conflict versus deficit, wishes versus needs, oedipal versus preoedipal. For Mitchell, these dichotomies reflect theories that are politically palatable at the expense of internal consistency. They are evidence of a paradigm shift that is in process, or perhaps one that has partially failed.

Mitchell (2000) would later call this paradigm shift ‘the relational turn.’ It may be that its partial failure explains why Green saw it as a crossroads. And yet, Mitchell also wrote that “*we have been living in an essentially post-Freudian era,*” and few contemporary analysts would disagree. Both Mitchell and Green suggest that this post-Freudian era is stuck in developmental considerations and infantilizing metaphors. Mitchell believed that the solution was to expand the domain of relational theorizing from the preoedipal years to the rest of life— to adopt a lifespan perspective on relational desires and needs, even if this means challenging some of Freud’s fundamental assumptions. This has been the approach of the American Relational movement. Green believed, instead, that something had been lost in the relational obsession with the child, something that a lifespan view of relationality would not be sufficient to resurrect. He designated this lost center of psychoanalysis ‘the dream.’ He argued that the survival of the discipline depended on a return to the dream as the “true paradigm of psychoanalysis.” In addition, he

believed that the psychoanalytic understanding of childhood itself had been misled by developmental thinking, and that no less than a return to the dream could restore its true significance.

The Child as a Dream

Both Green and Mitchell were critical of the transposition of developmental findings into hypotheses about the clinical process. They agreed that this tended to ‘concretize’ the analytic process by shifting the focus from unobservable aspects of the relationship, such as transference and countertransference, onto observable aspects of the ‘interaction.’ Green adds to this critique that the application of developmental findings to the clinical setting reflects a fundamental misunderstanding about the object of psychoanalytic inquiry. He writes:

A major concern has been, since the time that Anna Freud remarked on it, to oppose the reconstructed child of psychoanalysis to the “real” child. In my view, as far as psychoanalysis is concerned, the “real child” is not our concern. Dialectically, I would oppose the real child to the “true” child. Where does the difference lie? The true child is based on psychic reality, a concept that has lost its original meaning. I refer here to Freud’s definition of it, which rests on unconscious fantasy, dreams, and the like¹... In an analytic relationship, the real child of the past is definitely lost. What survives is a mixture of the real and the fantasized, or, to be more precise, a “reality” reshaped through fantasy. (2000, p. 51-52)

Green’s belief that knowledge regarding development is irrelevant to psychoanalysis is based on this distinction between the “real” and the “true” child. With this distinction, he preempts one of Stern’s (2000) main defenses of infant research. Stern argues that the validity of any theory is based partly on its plausibility, and that empirical facts about development dictate the limits of plausibility for analytic speculation. In this way, from his perspective, infant research is not “directly,” but rather “indirectly,” relevant to psychoanalysis. However, what is plausible in the realm of psychic reality is not limited by the parameters of objective reality. Green argues that

¹ In *The Interpretation of Dreams*, Freud writes, “the unconscious is the true psychic reality; *in its innermost nature it is as much unknown to us as the reality of the external world, and it is as incompletely presented by the data of consciousness as is the external world by the communications of our sense organs* (p. 613, italics in the original).”

the empirical focus on the developing child has led to this confusion of internal and external realities, with devastating consequences for psychoanalysis. The same confusion can be seen in Beebe's statement that infant research confronted her with "a picture of early development that was radically at variance with the psychoanalytic view (Beebe & Lachmann, 2002, p. 21-22)." According to Green, psychoanalysis has theorized the "true" child, and the concepts employed for this purpose would not be expected to apply to the observable, developing child.

It is significant that Green does not adopt Anna Freud's term, "reconstructed," to describe the child of psychoanalytic concern. Instead, he uses her dichotomy but replaces the "reconstructed" child with the "true" child. Elsewhere, he explicitly challenges the notion of reconstruction: "The inferences made by the analyst are known and the analyst knows that he is constructing the patient's mind more than he is reconstructing the patient's infancy (Green, 2000, p. 58)." Green goes on to say that the analyst's focus is on "the infant in the adult, which may have very little to do with the question of what really happened to the patient in infancy (*ibid.*)" He distinguishes between the "infant" and the "infantile," where the infant can be studied, perhaps even reconstructed, but the "infantile" can only be *constructed* in the analytic setting because it is an aspect of the patient's mind. While the language of the 'infant in the adult' suggests the kind of reification of the 'metaphor of the baby' that both Green and Mitchell are critical of, Green's emphasis on the infantile as 'an aspect of the patient's mind' underscores the fact that he is describing a representation rather than a thing, and with full awareness of its representational status. He sees psychoanalytic interest in infant research as the consequence of a misinterpretation of the analytic project in terms of reconstruction. Reconstruction implies an

object with a pre-existing form which is sought again. Green argues that this is not the nature of the psychoanalytic object, which is formed in the analytic setting as part of the process.

To designate the child that is constructed as part of the adult mind and is in a dialectical relation with reality, Green prefers the term “true.” While he explicitly links this notion of the “true” child to Freud’s understanding of psychic reality, it is also implicitly an invocation of Winnicott, whom Green cites often and who introduced the idea of a ‘true’ self. Mitchell includes Winnicott among the theorists who reify the metaphor of the baby, but Green sees him as fully aware of the metaphorical dimension of his formulations. Winnicott (1960) describes the true self as closely linked to primary process, originating in “the aliveness of the body tissues and working of body-functions (p. 148).” He links the distinction between true and false self to “Freud’s division of the self into a part that is central and powered by the instincts... and a part that is turned outwards and related to the world (*ibid*, p. 140).” He emphasizes that the true self is a “theoretical position” that may or may not become a “living reality” depending on environmental conditions (*ibid*, p. 148). All of this is contained via allusion in Green’s idea of the “true” child— the close connection with the body, the centrality and inwardness, the existential precariousness. It is this child that develops according to parameters of its own and that cannot be observed in the chronological unfolding of maturational time.

Herein lies the significance of the dream paradigm according to Green. The “true” child, or the “infantile” within the patient’s mind, comes into existence through the same unconscious intrapsychic work as the dream. The “true” child is a representation, it is a dream. Further, this intrapsychic work proceeds along temporal lines that are different from those of development. While development can be understood according to the phenomenological conception of linear,

chronological time, intrapsychic work necessitates a notion of time that allows for retroactivity and discontinuity. For Green, as for many French analysts, Freud's notion of *nachträglichkeit* meets this need, and is therefore essential to psychoanalysis. He argues that the insufficiency of psychoanalytic models based on development stems in part from their failure to appreciate the importance of this concept. He writes:

The dream model is of cardinal importance because we only know *après coup* (*nachträglich*) what has been important during the day previous to the session and which escaped our attention— an evanescent fantasy, which has been repressed, sorted out through the dream work into latent thoughts and returning to consciousness through secondary revision, into a manifest content artificially narrated. *It is exactly the same with childhood*— one only knows what has been really important, from the point of view of the unconscious, in the analysis of the transference... Any method that aims at following, step by step, the stages of the building of the "Self" is bound to result in misunderstanding as far as the unconscious is concerned. (Green, 2000, p. 63, italics added)

While developmental perspectives characterize the "real" child in terms of trajectories organized into stages and punctuated by milestones, the dream model characterizes the "true" child as constituted in retrospect by moments unnoticed at the time. According to Freud's understanding of *nachträglichkeit*, not all lived experience goes through later revision; it is only "whatever has been impossible in the first instance to incorporate fully into a meaningful context (Laplanche and Pontalis, 1973, p. 112)." These preserved but unincorporated moments require either the dream or the transference to re-emerge and retrospectively become what they always were. They cannot be observed, or inferred on the basis of observation, in part because their existence in the past depends on their redefinition in the future. Eickhoff (2006) notes that the idea of *nachträglichkeit* "adds the future perfect to the dialectic of temporality: reality is not but it will have been (p. 1456)." The same can be said of childhood from a psychoanalytic perspective: it is not, but it will have been.

Although Winnicott never used the term himself, several authors cite his posthumous work, *Fear of breakdown*, as one of the clearest articulations of the concept of *nachträglichkeit* (Faimberg, 2005a; Eikhoff, 2006). Winnicott (1974) hypothesizes that patients who are afraid of impending breakdown have already had this experience in the past, at a time when they could not yet incorporate it into the realm of personal experience. He writes:

[The result is a breakdown] near the beginning of the individual's life. The patient needs to 'remember' this but it is not possible to remember something that has not yet happened, and this thing of the past has not happened yet because the patient was not there for it to happen to. The only way to 'remember' in this case is for the patient to experience this past thing for the first time in the present, that is to say, in the transference. This past and future thing then becomes a matter of the here and now, and becomes experienced by the patient for the first time. This is the equivalent of remembering, and this outcome is the equivalent of the lifting of repression that occurs in the analysis of the psychoneurotic patient (classical Freudian analysis)(p. 105, as quoted in Eikhoff, 2006, p. 1460)

Winnicott's focus here is on the specific experience of breakdown, but his description of the circular temporality of the therapeutic process captures an important aspect of Green's critique of developmental models. By decoupling the 'happening' of an event from the 'being there for it,' and by challenging the status of the former in the absence of the latter, Winnicott locates his interest firmly within the realm of psychic reality. His theoretical work on the fear of breakdown is concerned with a reality that is more closely linked to experience than to events. Both Winnicott and Green invoke the idea of "truth" in relation to this reality, echoing Kierkegaard's famous dictum that truth is subjectivity. Both emphasize the irreducibility of this subjective truth to objective fact, and Green argues that it is this irreducibility that gets lost when developmental models enter psychoanalysis. The "true" child may or may not have 'been there' for the 'happenings' of childhood, and this will only be determined in retrospect. No knowledge about the facts of childhood can help the analyst construct the history of this subjective reality; it can only be revealed through the products of the unconscious, though dreams and the transference.

This is the basis of Green's (2000b) complex definition of 'the historical.' He describes the therapeutic process as a 'historical' process, or one that concerns the way in which "history is constituted in a person: how it works, how it becomes effective (p. 2)." In order to differentiate his view from a developmental perspective, he writes that 'the historical' is composed of the following elements: what has happened, what has not happened, what could have happened, what has happened to someone else, what could not have happened, and finally, "to summarize all these alternatives about what has happened—a statement that one would not have even dreamed of as a representation of what really happened (*ibid*, p. 3)." For Green, childhood—in the psychoanalytically relevant sense—is the combination of all of these possibilities. As is obvious, most of them cannot be observed, especially those that are defined by negation. Green gives the 'negative' as a category of experience enormous importance in his work, and it is intimately linked to his understanding of the dream. He defines the dream as "the *negative* of the event," where the 'positive' is the event itself, the 'happening' (*ibid*, p. 3). Like a photographic negative, the dream inverts reality, and in doing so, it renders visible structures and patterns that otherwise remain hidden.

Green suggests that the 'negative' can also be understood as an indirect mode of representation centered around something that is missing, something that cannot be represented directly. Using a prehistoric method of painting as a metaphor, he writes:

Let us go back for a while to prehistoric representation... Prehistoric man designed all sorts of drawings in his caves: finger paintings, representations of women with large breasts, wild animals, mammoths, rhinoceros, lions, etc. But on some parts of the ceiling of the caves there were other representations: what prehistorians call *negative hands*.

To represent the hands, prehistoric man used two devices. The simplest was to paint the hand and to make an impression on the wall, leaving a direct trace of it. The second was more indirect and sophisticated. Here the hand that draws does not draw itself. Instead it places it [*sic*] on the wall of the caves and spreads the colors all around it by spitting the colors on the wall. Then the hand separates from the wall, and a non-drawn hand appears... (2000b, p. 105-6)

Dreams are like the colors on the wall that reveal in an empty space the true object of analysis—the unconscious wish, the “true” child, the history of subjective reality. According to Green, analytic work aims to construct this object, through attention to the intrapsychic work that represents its absence but also reveals its form. Objective facts, on the other hand, including facts about development, are like the impressions left by the ‘hand that draws itself’: they are direct traces and thus self-evident, they cannot be elaborated, they have the definitiveness of concrete reality rather than the ambiguity of subjectivity. For Green, *negative hands* is an essential metaphor for that which is unincorporated, unelaborated, present through absence—the hollow center of the visible.

Green argues that when research findings regarding the observable relationship between mother and baby are applied to the therapeutic process, they shift the focus from dreams and the transference onto the “real” relationship between patient and therapist. Attachment processes, dyadic emotion regulation, and non-verbal communication are all components of this “real” relationship. According to Green, when the therapeutic ‘interaction’ becomes the focus, attention to unconscious intrapsychic work is lost; the *negative hand* is replaced by the *hand that draws itself*. He writes: “when you derive the unconscious from the model of the child... the work of inner transformation which is characteristic of the psyche does not appear (Caldwell, 1995, p. 32-33).” Green implicates in this critique not only developmental models based on empirical research, but also Kleinian approaches. He sees in the focus on the here-and-now and the systematic interpretation of the transference another dissolution of the intrapsychic into the interpersonal. He asks, “Can you observe a dream? How can you think of a dream exclusively from the angle of the transference? ... How could you apply the inter-subjective or the object

relational perspective to the explanation of the dream? It is impossible, absolutely impossible (*ibid*, p. 22-33).” Green sees in the Kleinian tendency to impose a transference meaning onto the dream an intolerance of the ambiguity of the negative. He views the dream, as Freud did, as a private creation of the dreamer’s unconscious, layered with meanings that can only emerge tangentially through associations.

Green cautions that the relationally inspired emphasis on what takes place between patient and analyst risks obscuring “the specific task of psychoanalysis... the analysis of intrapsychic work (2000, p. 69) .” It is in this context that the dream emerges as a paradigm centered around the unconscious work of transformation. He writes:

The ‘dream’ is the true paradigm of psychoanalysis. If Freud had to save one thing, and only one, it would be the dream. It wouldn’t be *The Three Essays*...; the dream develops outside of consciousness, it is a true unconscious event. There’s the diminution of censorship, and therefore there’s the emergence of desire (Kohon, 1999, p. 50)

Green prioritizes Freud’s work on dreams over his work on infantile sexuality because he sees the latter, like childhood more generally, as constructed through the same intrapsychic work as the dream. Within the dream model, the transference is understood as akin to the manifest content of the dream— both enable the retroactive construction of psychic reality.² According to Green, when the transference is understood in terms of the here-and-now, by contrast, it becomes a slippery slope in the direction of the real relationship. Green argues that object relations theory posed a significant challenge to drive theory, one that has not yet been sufficiently addressed. However, he maintains that the theoretical trajectory from dreams through transference to the real relationship reflects an oversimplification and concretization of the psychoanalytic process

² Freud first used the term ‘transference’ in *The Interpretation of Dreams* to designate the displacement of affect from an unconscious idea onto preconscious day residue, and he understood the transference onto the analyst in terms of a similar displacement (Laplanche and Pontalis, 1973).

in response to this challenge, according to which the psychical status of the object is lost, along with the dream and the true meaning of childhood.

The Dream as the Child's

It would be reasonable to assume, based on Green's forced choice, that the 'dream' and the 'child' have undergone relatively autonomous theoretical trajectories, like oedipality and preoedipality, conflict and deficit, wishes and needs. But the fate of the dream in the face of the relational turn was not only that it was cast out of the spotlight that it had held in classical drive theory and left to be conceptualized on the margins of psychoanalytic discourse. It was also re-conceptualized within the framework of the child paradigm, woven into relational scenarios and formulations. As Pontalis (1981) observed more than thirty years ago, "dreams are no longer what they used to be (p. 126)!" Litowitz (2016) confirms this in her introduction to a special section on dream interpretation in a recent issue of the *Journal of the American Psychoanalytic Association* when she notes that contemporary dream theory has been shaped by the post-Freudian recognition of "the crucial role of "the other""— that is, by the "problem of object relations." This raises questions about the place and function of the dream in contemporary theorizing; does the 'relational' dream still represent 'the true paradigm of psychoanalysis'?

One of the striking features of the 'relational' dream is how closely it is linked to the preoedipal mother. There is some precedent for this in Freud's work; Freud (1900) associated the dream with the absence of the breast through his formulation of hallucinatory wish fulfillment, and he (1916) likened sleep to a regressive return to the womb. However, he did not elevate these aspects of his thinking relative to others; the former remained the quiet backdrop of his theory

and the latter a passing remark made during a lecture. Several early Freudian thinkers expanded these ideas but did so within the classical language of frustration, orality, and wish fulfillment (see, for example, Isakower, 1938; Lewin, 1946, 1948, 1953). Their focus was on the maternal breast as an object of desire, on the infant's 'dream' of the maternal body. In this way, their theoretical contributions remained within the classical paradigm, but their increasing emphasis on the preoedipal mother as the guardian of sleep and dreams foreshadowed the relational formulations to come.

The elevation of the maternal in relation to dreams reflects both this theoretical precedent and the wider implications of the paradigmatic shift toward the child model. The rise of developmental and object relational thinking gave the preoedipal mother an unprecedented status within psychoanalytic theory; the technical implications of these theoretical developments are often referred to as the "maternalization of the analyst" (Luepnitz, 2003). This phrase refers to the extent to which therapeutic provisions have come to be understood in terms of maternal care, but perhaps it also alludes to the way in which the fantasmatic mother in the transference has been replaced by the maternal function of the analyst. While the 'dream' of the maternal body, like the dream of childhood, exists in the realm of representation and psychic reality, the provision of maternal care exists in the realm of action in the developmental and clinical contexts. And yet, the dream has increasingly become associated with maternal care, with this domain of action between mother and infant or patient and analyst. In this sense, there has not only been an elevation of the maternal in relation to the dream, but a change in its nature; the dream of the maternal body has been replaced by the 'maternalization of the dream'.

Indeed, changes in thinking about the dream have followed and echoed changes in the psychoanalytic understanding of maternal care. For as long as maternal care was understood in terms of the provision of nourishment, the dream was associated with the representation of the breast. But as this care came to be understood in terms of increasingly complex environmental provisions, the dream was re-conceptualized with respect to these provisions. For example, after Winnicott (1971) formulated his ideas about the importance of the transitional space that unfolds between mother and child, Khan (1974) differentiated between the process of dreaming and the constitution of dream-space. He argued that while dreaming is a biological given, the constitution of dream-space is a developmental achievement that depends on experiences of good-enough mothering. The inability to dream, like the inability to play, reflects deficits in early maternal care. Similarly, after Klein (1946) characterized the early mother-infant relationship in terms of a preponderance of projective and introjective mechanisms, Bion (1959, 1962a) formulated his notion of reverie as a fundamental aspect of maternal care. He argued that successful dreaming depends on the internalization of the dreaming function of the maternal mind, and that the inability to dream reflects the impact of deficits in the mother's capacity for reverie.

Within these formulations, the framing of dreaming as a developmental achievement and the centrality of the notion of deficit suggests the extent to which dream theory has been shaped by developmental-arrest models, along with the 'metaphor of the baby.' Post-Bionian thinking takes this one step further by framing 'dreaming,' in the form of reverie, as a maternal provision in addition to a developmental achievement. Dreaming together is a fundamental aspect of early maternal care; dreaming alone is the goal of internalization. This echoes Mitchell's description of the positioning of the 'modern' baby *beneath* Freud's baby— the relational need for a partner in

dreaming is developmentally ‘prior’ to dreaming on one’s own in the service of pleasure. While Bion argues that there is always a psychotic part of the personality that needs assistance in dreaming undreamt dreams, his understanding of this assistance in terms of early maternal care frames the need for it as a regressive phenomenon in accordance with the ‘developmental tilt.’ In this way, the dream came to belong to ‘the child’.

Bion’s ideas reflect not only a relational reformulation of dreams, but an intersubjective one (Brown, 2011). For Bion, reverie represents the sharing of an emotional burden, as well as the interpenetration of two minds. The dream, long considered one of the most inward and private of experiences, comes to be conceptualized as an unconscious experience of union. In post-Bionian literature, it is often invoked to capture experiences of synchronicity, of being ‘on the same page’ in an almost uncanny way. Brown (2011) illustrates this in the two clinical case examples discussed in the Introduction above. While Bion described reverie in terms of the detoxification of negative affect and further elaborated this idea using the wartime metaphor of ‘containment,’ contemporary discussions of reverie often revolve around harmonious moments. In this way, they evoke the ‘sleeping beauty baby’ of developmental-arrest models— the held, mirrored, contained, mutually regulated baby, the baby that Mitchell (1988) describes as “more botanical than zoological, preconflictual, innocent (p. 130).” Perhaps Pontalis (1981) had this movement away from the ‘beastliness’ of the dream in mind when he asked, once the intersubjective turn in dream theory was already well under way, “is not the wildest dream already tame?” Certainly botanical dreams sound tamer than zoological ones.

Mitchell (1988) warns that developmental-arrest models with this image of the botanical baby may lend themselves to a collusion between the analyst’s theory and the patient’s

unconscious fantasy. Drawing on Fairbairn's notion of the "exciting object," he describes how a patient who has suffered relational trauma in childhood will enter treatment with a "fantasy of an impossible, unreachable nurturance which sustained him or her in the absence of real relationships (*ibid*, p. 171)." He contrasts this idealized object with the "good object" that the analyst must aim to be, which is "something real, something authentic, which makes possible the leap out of the closed world of the patient's fantasied object ties (*ibid*)." When analytic provisions are understood in terms of replacements for what was missing in childhood, the analyst risks unconsciously identifying with the exciting object, seeing his own care as ideal in some real sense, and thus keeping the analytic dyad in the 'closed world' of defensively-constructed fantasies, leading to analysis interminable and limited therapeutic gains. Mitchell writes that the conception of compensatory environmental provisions may "actually [be] coterminous with the analysand's own infantile fantasy of a magical cure (*ibid*)."

Through the movement of dreams into the developmental context, dreaming became one component of the role of the good object. But perhaps it was also offered up to the unconscious identification with the ideal object, as a form for the fantasy of a magical cure. Bion's link between dreams and reverie in the analytic setting shifted the dream from the developmental into the clinical context, from the space between mother and child to the space between patient and analyst. When the discourse surrounding reverie emphasizes synchronicity and attunement, it appears as though the fantasy of union and de-differentiation between dreamer and maternal breast has also been transposed from the developmental into the clinical context. Thus in contradistinction to the classical view of the dream as an emergence out of solitude, Ogden

(1997) describes the dream as an emergence out of the “dialectical interplay of subjectivities of analyst and analysand resulting in the creation of an “intersubjective dream space” (p. 108).”

Similarly, as noted in the Introduction, Brown (2011) describes reverie as “born out of the analytic intercourse of the transmitting and receptive unconscious work [done] together (p. 5).”

When the dream is linked to the idea of compensatory environmental provisions, it comes to represent a healing form of union, a perfect receptivity on the part of the analyst’s unconscious, a kind of psychic merger on the border of the thinkable.

From one perspective, the contemporary intersubjective view on dreaming may seem to be the realization of Green’s return to the dream; it has brought the dream back to the center of psychoanalytic theorizing, and it has restored the significance of unconscious intrapsychic work, albeit the work of both patient and analyst, an intersubjective work. Along these lines, Brown (2011) argues that Bion’s theory of dreaming actually illuminates the processes at work in *nachtraglichkeit*, that retroactive signification happens in and through the mind of another. However, it is also the case that the dream arrived in the clinical context via a conceptual sojourn in the developmental one, and that the link between dreams and reverie was first made in the context of the mother-infant relationship. For this reason, the contemporary formulation may be seen as carrying some of the fantasies underlying developmental-arrest models into its apparent focus on the work of representation in the analytic relationship. In this sense, the intersubjective dream is still the child’s dream. It is seen as compensation for something that was missing in childhood, and thus betrays— by inversion, in the manner of the photographic negative— the fantasy of a magical cure.

That Which is Beyond Appropriation

The impact of the rise of the child paradigm on contemporary dream interpretation is abundantly evident in a recent issue of the *Journal of the American Psychoanalytic Association*. The editors invited five senior analysts to comment on a clinical case presentation revolving around ten dreams dreamt by a patient over the course of a six year treatment. The dream imagery is richly evocative; the patient dreams of light houses and traffic jams, of farm animals both dead and alive, of chain gangs and missing keys, of hearts transplanted and shit sprayed. Her mother makes several appearances in the dreams, at first dying of ‘cancer of the hands,’ and later using these same hands to choke the patient to death. The analyst also appears repeatedly; at one point he is ‘driving a big tractor’ and ‘harvesting ripe bananas,’ at another the patient is trying to find her glasses in his ‘Lost and Found.’ The editors’ intention was to elicit different perspectives on contemporary dream work, so the commentators represent a diverse range of theoretical orientations. They draw on ego psychological, self psychological, contemporary Kleinian, and Bionian contributions to highlight different aspects of the sample dreams and the clinical process surrounding them. The result is fascinating collection of converging and diverging readings of the dream material that functions as a representation of dream interpretation today.

Perhaps the most striking convergence amongst the commentators is that all five of them understand the dreams with respect to the transference. Dunn (2016) describes the series of dreams as a “narrative of the treatment, a parallel case report written by the patient in the language of the dream (p. 47).” Stern (2016) writes that he thinks of all dreams as “messages in a

bottle to me— about feelings the patient cannot otherwise put into words, often regarding something I have done or said, understood or misunderstood (p. 72).” More specifically, he considers “any dream in an analysis to be the patient’s imaginative response to the most recent session (*ibid*, p. 81).” Similarly, Zeavin (2016) writes that she thinks of dreams as “a reflection and commentary on the ongoing psychoanalytic process, representing the patient’s internal world as it plays out in the workings of the transference and countertransference (p. 85).” While she acknowledges that dreams have reconstructive value, she argues that “the dream is first and foremost an opportunity to explore its meanings in the immediate moment of the analysis, between patient and analyst (*ibid*, p. 86).”

The transference interpretations offered by the commentators are often derived from a symbolic or metaphorical reading of the manifest content; the focus on the transference goes along with the rejection of the need for associations. Several commentators note this explicitly. Stern (2016) writes, “when I suspect that a dream indeed speaks to the way the patient is feeling about me, I often don’t wait for her associations, or at least not for many. I tell her what I think the dream is saying and then let her tell me what she thinks (p. 72).” Friedman (2016) sees this setting aside of associations as imperative in certain circumstances: “when the analyst knows a patient well, or when the content of a dream directly conveys its meaning, I believe it is essential that the analyst not revert to asking for associations to each and any element of the dream (p. 67).” He explains that “to do so is to reinforce the idea that the analyst’s role is a passive one that leaves him unable to suggest the obvious meaning, even when it is hovering before both participants in the analysis (*ibid*, p. 67-68).” Zeavin (2016) notes that the risk of asking for associations when a transference meaning is evident, especially with particular kinds of patients,

is that the associations may “lead nowhere.” Ferro (2016) agrees that an analyst need not ask for associations, but he is not concerned that any lines of inquiry will lead ‘nowhere’ because he views “everything the patient says or expresses before or after recounting a dream [as] an association (p. 56).”

The commentators understand the patient’s dreams not only as communicating something about the therapy, but also as reflecting a communicative intention on her part. This is reflected in the theme interwoven throughout the commentaries of the dreams serving a supervisory function for the analyst. Dunn (2016) expresses this view most clearly when he considers the patient’s second dream in analysis, which she reported as: “I was lying in bed and had a hose in my hand... and I was spraying shit all over the walls... it did not bother me at all. I was pleased to be doing it (p. 18).” Like all the commentators, Dunn understands this dream as reflecting the patient’s aggression toward the analyst; his neutrality makes him seem like a blank wall and makes her feel that she is being treated ‘like shit,’ and as a consequence, she would like to ‘shit all over’ the analysis. After tracing evidence of these feelings in the content of the sessions surrounding the dream, Dunn writes: “[the patient] wanted to communicate all of this to the analyst through the dream, both as a way of attacking him and as a way of alerting him to what she was doing so that he would not be harmed, but also, I think, as a way of providing the analyst the information he needed to help both of them escape the deadlock they were in (*ibid*, p 50).”

The idea that the dreamwork may be guided by a wish to communicate, to render visible rather than invisible, is a long way from Freud’s understanding of the manifest content in terms of disguise. It brings to mind Green’s *hand that draws itself*; sometimes a cigar is just a cigar, shit is just shit. The commentaries illustrate that this idea is closely linked to the interpretation of

symbolism in the context of the transference, as well as to a focus on the patient's *telling* of the dream, which Litowitz (2016) describes as a consequence of considerations of the place of the "other" in the process of dreaming. As discussed previously in this chapter, Green was strongly critical of the tendency to resolve all lines of interpretation in the direction of the transference; he saw in it an intolerance of the ambiguity of the negative, or a foreclosure of the possibility of something unforeseen emerging from associations. Perhaps he would have noted that, in not gathering associations, each of these authors would have used their theoretical assumptions as the 'royal road,' and in doing so, would have learned what they already knew, rather than facilitating the emergence of something new.

Green was not the only one to take this view. Pontalis describes the unrelenting focus on the transference as a kind of 'interpretative terrorism' (Flanders, 1993, p. 16). Lippmann (2000) characterizes this analytic approach alternately as 'narcissistic' and 'paranoid'. He caricatures it in the following account of a dream, with a hypothetical analyst's hypotheses about the latent content interpolated parenthetically:

I was dreaming about a train. And the conductor [=analyst?], or ticket taker [=analyst?], or engineer [=analyst?] stopped me. Someone else riding on the train [=analyst?] spoke to me and asked about my partner [=analyst?]. The tracks were taking us [=analysis?] to the city for a performance [=analysis?] of an opera [=analysis?]. The fat soprano [=analyst?] sang off key, and I left early [=analysis?]. (Lippmann, 2000, p. 95)

While this caricature is exaggerated for effect, it resembles the gist of the *JAPA* commentaries when taken as a whole. In discussing the brief dream, "I gave birth to a baby with a heart defect... a doctor performed a heart transplant and the baby was alright," the commentators collectively see the analyst as represented by the doctor, the baby, the absent father of the baby, and a hypothetical less successful colleague of the doctor. While all of these interpretations seem plausible based on the material and useful in highlighting different aspects of the patient's

experience, they also suggest a determination to find the analyst in the material, or a subtle transformation of dream interpretation into a variant of *Where's Waldo?*

To be fair to the commentators, their interpretations were limited by the material provided. As Dunn notes, one of the challenges of the format— and of comparative psychoanalysis more generally— is that “the information of most importance to analysts of one school is often missing in the clinical material from another (2016, p. 47).” In the case presentation provided, the analyst notes that the patient often ‘refuses to free associate,’ so the commentators are left to work primarily with the manifest content of her dreams as well as her analyst’s descriptions of his interactions with her around them. Dunn writes that this information “is of most use in understanding dreams in which the patient’s wish to communicate something to the analyst about the analysis is a dynamically important element of the latent content (*ibid*).” By designating such a category of dreams, he implies that not *all* dreams are structured around such a wish, and in this way, he distances himself from some of the other commentators who view all dreams as concerned primarily with the analytic relationship. Dunn’s qualifying remarks suggest that there may be an overrepresentation of transference interpretations in the commentaries due to the nature of the material provided, regardless of the commentator’s orientations.

However, with this caveat in mind, it is also the case that more than twenty years ago, Flanders (1993) observed that the transference had replaced the dream as the ‘royal road’ to an understanding of the patient’s unconscious processes, and she went so far as to suggest that the dream might be seen as the ‘royal road’ to an understanding of the transference. In addition, as I have already discussed, the “maternalization of the analyst” (Luepnitz, 2003) led to an increasing

emphasis on the interaction between patient and analyst, the site of compensatory maternal care. These theoretical developments have shifted dream interpretation toward the symbolic reading of manifest content in the context of the transference. But perhaps this tendency to interpret dreams in the light of the transference also reflects processes at the level of fantasy that have gradually shaped theory and technique, as with the metaphor of the baby. Lippmann (2000) explores the experience of the analyst when being told a dream, in the context of his belief that the dream is “among the most private of human experiences (p. 143).” He notes that the patient has a relationship with his own dreams, and that the analyst’s experience of hearing them may be a feeling of being excluded. Does this feeling of exclusion cause the analyst to interpolate himself into the latent content, like the proverbial child who convinces himself that he is part of the primal scene rather than peeping through the keyhole?

Both in the tendency toward transference interpretation, and in the understanding of the analytic process in terms of reverie, the analyst takes some ownership over the dream. In this way, the “other” has not only been brought into the dreaming process, but has claimed the dream. Ogden (1997) alludes to this when he asks, “do we mean the same thing that we did even a decade or two ago when we speak of the patient’s dream as “his” dream? ... In other words, does it any longer make sense to speak of the patient as the dreamer of his dream... (p. 140)?” His answer is that a ‘dream dreamt in analysis’ is a ‘dream of the analytic third,’ or a product of the dialectical interplay of the patient’s and analyst’s subjectivities. This resonates with some of the *JAPA* commentators’ views about patients’ dreams as reactions to and commentaries on the analytic process. By contrast, Lippmann (2000) and Pontalis (1981) are concerned with the fundamental privacy of the dreaming experience. Both are sensitive to the danger of the dream

being colonized— by language, by the analyst’s theoretical assumptions, by the analyst’s neurotic style. As a consequence, both set out “to locate what cannot be stolen from the patient— what, in the dream, is beyond appropriation (Phillips, 1995, p. 72).” The trajectory of post-Freudian dream theory raises the question: can the dream be conceptualized relationally without being appropriated?

Chapter Two: Dreams and the Maternal

The night Max wore his wolf suit and made mischief of one kind
and another
his mother called him “WILD THING!”
and Max said “I’LL EAT YOU UP!”
so he was sent to bed without eating anything.

That very night in Max’s room a forest grew...

-From Maurice Sendak’s *Where the Wild Things Are*

It is of importance to underline that for Winnicott, just as for Freud, the main basis for emotional development and the building of the psyche is *fantasy*, or, as he calls it, *imaginative elaboration*... imaginative elaboration is very much linked with absence. I have said elsewhere that the psyche [is] the relationship between two bodies, one of them being absent.

-From André Green’s lecture, *The Posthumous Winnicott*

Perhaps ‘Dreams and the Maternal’ seems an unlikely conjunction, especially at the beginning of a discussion of Freudian theory. It is true that Freud struggled to conceptualize the role of the mother beyond being an object of oedipal desire, and that this limited his theory and kept him from appreciating the importance of preoedipal relations. This seems to have been overdetermined, shaped by historical as well as autobiographical and dynamic factors. There was a lack of knowledge about child development at the time, as well as the fact that Freud did not work directly with children. However, there was also an element of active denial, a defensive repudiation that was likely one of the consequences of early trauma (Whitebook, in press). This repudiation is evident in Freud’s claim regarding the oceanic feeling that he could find no traces of it within himself, as well as in his report that he could not enjoy music because he was “incapable of obtaining any pleasure” when he could not understand something discursively, because “some rationalist, or perhaps analytic, turn of mind in me rebels against being moved by

a thing without knowing why I am thus affected (1914, p. 211).” As Whitebook notes, this ‘analytic’ turn of mind “can be understood as a refusal to allow any resonances of the early mother-infant relationship (in press).” And yet, as every psychoanalyst knows, that which is repudiated has a tendency to return in unexpected ways that may be simultaneously subtle and glaring, and this was the fate of the preoedipal mother in Freud’s thinking. Unsurprisingly, the return of the repressed took place repeatedly in connection with none other than Freud’s ‘greatest discovery,’ his theory of dreams.

Dreams and the Absent Maternal Body

From the beginning, Freud located the emergence of thinking and dreaming in the infant’s experience of the nursing couple. He did so in and through his formulation of hallucinatory wish fulfillment, an idea that was already emerging in the *Project* and would later be elaborated in the *Metapsychological Papers*, but was most importantly explicated in Chapter VII of *The Interpretation of Dreams*. There it functions as a kind of myth about the origin of psychic processes. Freud imagines that an infant in the grips of hunger and without any means of satisfying himself will experience the hallucinatory revival of memories of being sated, driven by the urgency of bodily need. He describes this hallucinatory revival as the infant’s first ‘wish,’ as well as the instantiation of the pathway through which somatic sensations will take shape in the mind. For Freud, unconscious thinking is essentially an elaboration of wishing whereby memory traces are linked and transformed in fantasy; conscious thinking is a compromise between wishing and considerations of reality. Freud emphasizes repeatedly that all thinking originates in wishing: “Thought is after all nothing but a substitute for a hallucinatory wish (1900, p. 567);”

“only a wish is able to set the [psychical] apparatus in motion... (*ibid*, p. 598);” “all thinking is no more than a circuitous path from the memory of a satisfaction (*ibid*, p. 602).”

Freud saw dreams, as well as neurotic symptoms, as expressions of this unconscious thinking, which “is active during the day no less than at night (1900, p. 613).” He argues that dreams take on their distinctive features in part as a consequence of the inwardness of sleep—the diminution of sensory information from the outside world, the inhibition of motor functioning, and the relaxation of censorship demanded by consciousness. In this state, the mind regresses from perception to hallucination, like the mind of an infant in the absence of the breast, and wishes are fulfilled in an infantile or ‘primary’ fashion. This is perhaps most evident in dreams with somatic sources such as hunger and thirst, whose satisfaction may be represented directly in dream imagery, but Freud argues that all dreams are wish fulfillments of this sort that have been subjected to varying degrees of distortion as a consequence of censorship. All dreaming is wishing, and all wishing originates in the hallucination of the breast; it is unmet need that precipitates the emergence of psychic activity. This leads Freud to conclude that “*dreaming is a piece of infantile mental life that has been superseded* (*ibid*, p. 567; italics in the original).”

In this way, Freud establishes the absence of the maternal body as a precondition for dreaming. Dreaming is an invocation of the object in fantasy, and the object is made present in fantasy because it is absent in reality. The mnemonic image, or its elaboration in the form of a dream, is evidence of the separateness of the object. By contrast, Freud notes on several occasions that sleep is an attempt to invoke intrauterine existence—that is, an existence prior to separateness, or a time when there was not yet the possibility of unmet need. He writes that just as we undress before bed and set aside our glasses, wigs, and false teeth, so too do we ‘undress’

our minds, setting aside ‘most of our psychical acquisitions.’ In both mind and body, then, we “approach remarkably close to the situation in which [we] began life. Somatically, sleep is a reactivation of intrauterine existence, fulfilling as it does the conditions of repose, warmth and exclusion of stimulus; indeed, in sleep many people resume the foetal posture (1916, p. 222).” Freud emphasizes that “the picture of the blissful intra-uterine life which the sleeper conjures up [each night]” is characterized by a withdrawal of interest in the outside world: “In a sleeper the primal state of distribution of libido is restored— total narcissism, in which libido and ego-interest, still united and indistinguishable, dwell in the self-sufficing ego (1917, p. 417).”

In Freud’s thinking, then, the maternal body is the original cradle of sleep, and all subsequent sleep gestures toward its unconscious restitution. Eisler (1922) argues that this reflects the influence of Ferenczi (1913), who wrote that the sleep of a newborn baby is a hallucinatory attempt to return to the protection of the mother’s womb. It may also reflect the influence of Otto Rank, who was interested in birth as the first traumatic separation. Ultimately, Freud fell short of exploring the theoretical implications of this idea, but he continued to refer to it throughout his work. In a footnote added to the second edition of *The Interpretation of Dreams*, he confesses that “it was not for a long time that I learned to appreciate the importance of phantasies and unconscious thoughts about life in the womb (p. 400).” He goes on to link these phantasies to fears of being buried alive, which were common in the 19th century (Bourke, 2005), among other things. In his discussion of dream symbolism, added to this same edition, as well as in his paper on *The Uncanny*, he links the maternal body not only to sleep and dreams but also to the feeling of *déjà vu*. He argues, “whenever a man dreams of a place or a country and says to himself, while he is still dreaming: ‘this place is familiar to me, I’ve been here before,’

we may interpret the place as being his mother's genitals or her body (1919, p. 245).” He emphasizes: “there is indeed no other place about which one can assert with such conviction that one has been there once before (1900, p. 399).”

Several of the early contributions to dream theory after Freud revolve around the image that he put forward of the infant hallucinating the breast, as well as his understanding of the narcissism of sleep and its connection to the maternal body. For example, Isakower (1938) writes about the dream-like experiences that several of his patients reported having while on the verge of falling asleep. They described vague perceptual experiences of an approaching mass accompanied by sensations localized in the mouth and on the skin. Isakower argues that these experiences reflect imprints of the early feeding situation which emerge as a consequence of the functional regression of the ego necessary for sleep. His patients described their experiences as having an “uncanny” quality similar to that of *déjà vu*. Following Freud, Isakower interprets this feeling as referring to forgotten experiences of the maternal body, in this case, feeding and falling asleep at the maternal breast. In order to explain the dissociative quality of these experiences and the lack of perceived pleasure, Isakower hypothesizes a split in the ego: while the bodily ego regresses toward sleep, the perceptual ego maintains an observational stance, and this interferes with the enjoyment of “revelling in the hallucinatory possession of an object that in reality has been lost (p. 344).” This split is consistent with Freud’s idea that wish fulfillment coexists with some degree of censorship.

Like Freud, Isakower (1938) sees in these experiences a return to infantile memories or modes of experience. While he concedes that “*phantasies* from a later date concerning the situation in the uterus, at birth and at the mother’s breast are also involved in this movement, and

emerge in the form of the sensations which I have described,” he emphasizes that “the real point at issue is the fact that the primary attitudes of the organism can be revived (p. 345, italics in the original).” Isakower understands the hypnogogic experiences of his patients to be a combination of sensual memory and retrospective construction refracted through fantasy, but it is the revival of sensual memory and the hallucinatory mode of wish fulfillment that interests him. He argues that Freud demonstrated that the precondition for reality testing is “that objects shall have been lost which have formerly afforded real satisfaction,” and he concludes that “in dreams and in the phenomenon which is the subject of this paper we have the best authenticated instances of the way in which [reality testing] may be renounced in order to conjure up lost objects and submerged worlds (*ibid*).” His discussion emphasizes the fundamental tension between reality and fantasy, primary and secondary process: in reality, the object is lost; in the dream and the submerged world of fantasy, the lost object is found.

Lewin’s (1946, 1948, 1950, 1952, 1953, 1954) classic papers on sleep and dreams were inspired by and conceptualized as an elaboration of Isakower’s (1938) work. Lewin starts from Eisler’s (1922) observation that the infant’s first sleep takes place after feeding at the breast, and he argues that this observation has led to a general acceptance in psychoanalytic circles of the idea that sleep is a regressive phenomenon that is “consciously or unconsciously associated with the idea of being a satiated nursling (1946, p. 419).” He notes that Freud’s conceptualization of dreams as the guardians of sleep assumes a wish to sleep, and hypothesizes that this wish is closely linked to the wish for oral satisfaction. He locates sleep at ‘the end of the oral series—hunger, nursing, satiety,’ and he characterizes this series in terms of an ‘oral triad’ of wishes: the wish to eat, the wish to be eaten, and the wish to sleep. He understands the second and third of

these wishes to be closely linked; once sated, the infant experiences a wish to be enveloped or engulfed and put to sleep, and the fantasy of engulfment in the context of orality takes the form of being eaten or devoured. In this way, Lewin brings together womb and breast in Freud's thinking, or mother-as-origin and mother-as-vehicle-of-care; he reframes the wish to return to the womb in oral terms, and explicitly notes that clinical work suggests that fantasies involving the return to the womb tend to be based on oral ideas.

Lewin (1946, 1948, 1953) argues that dreams are usefully conceptualized as projected onto a psychic structure akin to a screen in the same manner as movies at the theater, and he understands this psychic screen to be “a manifest representative of the latent idea, *breast* (1953, p. 147, italics in the original).” The dream screen is thus an invocation of the sleep-giving power of the maternal body that makes its way into the structure of the dream; it is both a representative of, and a fulfillment of, the wish to sleep. Lewin (1946) writes that the maternal body is omnipresent in sleep and dreams: “my contention [is] that the dreamer, or sleeper, remains in unified contact with the breast and that this determines constant characteristics of the dream, such as the dream screen, which are not always readily noted... in short, the sleeper has lost his ego boundaries because when he went to sleep he became united with the breast (p. 427).” Lewin follows Freud in holding dreamless sleep as a kind of ideal; he argues that visual representation in dreams is fundamentally at odds with the universal wish for the deep sleep of a sated infant. He posits a “hypothetical primal dream” with “no visual content” in which “the ego takes no part and does not exert its distorting influence... this dream represents the very young infant's dream after nursing— the dream which is pure breast or dream screen (p. 426).” For Lewin, as for Freud, dream images stand between the dreamer and the wished-for regressive union.

If the language of eating and being eaten and the primacy of the breast in Lewin's work brings Klein to mind, this is not entirely coincidental. Thompson (2010) argues that Lewin's contributions are best understood as creative elaborations of Karl Abraham's work on the oral stage of libidinal development, and Klein was of course analyzed by Abraham and also strongly influenced by his ideas. Klein and Lewin both trained in Berlin in the early 1920's, and Lewin went on to be instrumental in bringing Abraham's work to American audiences by editing a paperback of several of his publications. Klein's ideas will be discussed at more length later on; here it suffices to note that Abraham's influence led to a number of similarities between her work and that of Lewin. The maternal body as an object of phantasy features prominently in both authors' contributions, as does orality and the closely associated ideas of incorporation and identification. Both authors were also interested in mania, perhaps as a consequence of Abraham's formulation of the oral sadistic aspects of melancholic depression (Thompson, 2010).

Freud, Isakower, and Lewin posit a universal, unambivalent wish for regressive union in connection with sleep and dreams. For Isakower, were it not for the persistence of the observing ego, there would be a 'revelling in the hallucinatory possession of the object that in reality has been lost.' For Lewin, there is no normative fear of fusion, only a neurotic fear fueled by an exaggerated wish and its repressed transformations. Lewin describes pathological phenomena, such as insomnia, as well as the forgetting of dreams, as expressions of conflict over oral wishes, but he sees the inhibition as the predominant pathogenic factor. Once interpreted, this inhibition is lifted, and the patient is free to sleep deeply, or to remember. While Klein (1928, 1945) and her followers would eventually come to see the womb as populated by violent, ghastly things in phantasy, and thus as a source of terror as well as fascination and desire, in classical thinking

about sleep and dreams the maternal body remains the idealized host of 'blissful intra-uterine life' and its oral derivatives.

Thus early psychoanalytic contributions to dream theory may be seen as variations on the theme of hallucinatory wish fulfillment. In all cases, the absence of the maternal body sets the scene. Like Max in *Where the Wild Things Are*, it is the child who goes to bed hungry who dreams. Because his hunger is not only a physical sensation in his body but also a signifier of helplessness and dependence in the context of separation, he wishes not only to satisfy his need for nourishment but also to deny his separateness through regressive union. He dreams in part because he fails to achieve this forgetful fusion through deep sleep. In this light, dreaming is a profound disappointment. If sleep allows for the denial of loss, the dream as a signifier of failed union insists on its acceptance. Perhaps this is why Freud's mother, whose funeral he famously did not attend, makes only one appearance in the content of his dreams, and it is stretched on an Egyptian funeral pyre: in sleep, the invocation of her presence; in dreams, the inescapable evidence of her absence. Between sleep and dreams, the fundamental conflict of mourning.

Scraps of Wool, Scraps of Dreams

In these early psychoanalytic contributions, there is a subtle inconsistency between the explicit conceptualization of the nature of maternal care and the way in which the maternal is invoked in the context of dreams. Freud believed that the essence of maternal care was the provision of nourishment; he understood infantile helplessness, *hilflosigkeit*, in terms of the infant's dependence on others to satisfy biological needs such as hunger and thirst. It was on this basis that he formulated his understanding of the hallucination of the breast as the infant's first

‘wish.’ Within this framework, he saw the breast as a means to an end, something to be used and forgotten. The presence of the maternal body was in the service of its own negation in the complete narcissism of sleep. And yet, the tone of his writing, as well as that of Isakower and Lewin, is often nostalgic, suggesting invocations of the maternal body in sleep and dreams that are not only used but rather lingered over, inhabited. Isakower assumes a theoretical, although not often actualized, ‘revelling in the hallucinatory possession’ of the lost object; Lewin describes the sleeper as being ‘in constant contact’ with the breast. These descriptions gesture toward the invocation of presence for its own sake; a wish to be in contact, rather than a wish for satiation.

Even before the formal challenges to drive theory that Greenberg and Mitchell (1983) describe, this wish to be in contact was becoming the subject of psychoanalytic interest. As early as the 1930’s, an alternate vision of the infant was emerging on the basis of clinical work and ethological research, one that challenged the primacy of need gratification in the formation of libidinal bonds. For example, Hermann (1938) argues that the universal experience of insecurity in infancy should be understood not in terms of *hilflosigkeit*, but rather *haltlosigkeit*— the experience of a lack of hold, of having nothing to hold on to or grasp. He takes ‘clinging’ to be an instinctual activity in its own right and not a means to nutritive ends. From this perspective, “The loss of the object is not primarily a problem of the vital needs of hunger and thirst; it is first and foremost a loss of ground... The most basic anxiety is consequently not the fear of the tension of needs... but the fear of being abandoned by others. The primal catastrophe... is not a question of hunger, but the traumatic separation from the mother to whom we cling (Van Haute and Geyskens, 2007, p. 130).” This poses a problem for Freud’s understanding of primary

process; if the breast is the hallucinatory solution to the problem of hunger, what might be the hallucinatory solution to the loss of ground?

Hermann sees clinging as the expression of an *anklammerungstreib*, an attachment instinct. His ideas were a strong source of inspiration for Bowlby (1969, 1973, 1980), whose attachment theory is often credited with definitively challenging Freud's view by giving an instinctual basis to the need for contact and comfort as well as the need for nourishment. Bowlby's early work on the impact of maternal separation (1952) inspired a wide range of research on the subject, including Spitz's (1945) work on hospitalism, Robertson's (1952) famous film, *A two year old goes to hospital*, and Harlow's (1971) well-known experiments with rhesus monkeys. All of this empirical work, as well as Anna Freud's and Dorothy Burlingham's (1973) observations of children in the war nurseries, reflects a significant development in what Mitchell calls 'the relational turn' and Green describes as the 'child paradigm.' It focuses on the detrimental impact of maternal absence, and thus by implication, underscores the importance of maternal presence. Green argues that the 'child' paradigm tends to focus on the presence of the object rather than its absence, on environmental provisions rather than representation. It may be that the origin of this paradigm in the study of *pathological* separation and loss led to an over-emphasis of the importance of presence, or an underestimation of the importance of normative experiences of absence. It is certainly the case that after these theoretical and empirical developments, it was no longer possible to take the Freudian assumption of the generativity of absence for granted.

Winnicott was interested in the generativity of absence, but at the same time he appreciated the traumatic significance of having nothing to hold onto or grasp. His understanding

of transitional phenomena, which brings these two ideas together, was the culmination of a gradual process of rewriting the Freudian scene of the infant hallucinating the breast. To the dichotomy that Freud introduced between the hallucinatory denial of reality and the acceptance of the unforgiving facts of reality testing, Winnicott introduced a third term, that of *illusory experience*. The mother facilitates this realm of experience by presenting the object that the infant hallucinates in a timely manner; her offering of the breast shortly after the infant ‘creates’ it in fantasy provides a bridge from the insular, conjured world of chimera to the real world of others. The timely alignment of conception and perception, of the imaginary and the concretely real, enables the infant to accept and integrate his need. Winnicott describes this integration as a process of ‘personalization’; in order for a wish fulfillment to be experienced as life promoting, the need behind it must have been personalized in this way. Otherwise, the need becomes dissociated or hidden, and imaginative elaboration becomes recruited in the service of denying or defending against it.

In this way, Winnicott establishes the mother as a kind of guardian of absence; she *provides* absence, in a graded way, for not too long, and then reestablishes her presence. It is not absence, then, but the repeated experience of absence succeeded by presence that is generative of representation and imaginative elaboration in the way that Freud described. As is well known, the transitional phenomenon, which may be “a bundle of wool or the corner of a blanket or eiderdown, or a word to a tune, or a mannerism,” comes to represent the mother as she gradually titrates her adaptation to her infant’s need and allows for greater contact with objective reality (1971, p. 5). It is a “symbol of the union of the baby and the mother,” which emerges “*at the point in time and space of the initiation of their state of separateness* (*ibid*, p. 130, italics in the

original).” Winnicott emphasizes that the fundamental paradox of the transitional object is that it is a “separation that is not a separation but a form of union (p. 132).” This union does not only exist in fantasy, as in the case of hallucinatory wish fulfillment; the object exists in reality, and it invokes maternal presence through concrete characteristics of its own, such as texture and warmth. It is part of the paradoxical realm of illusory experience that Winnicott describes; neither and at once internal and external, imaginary and real.

Winnicott emphasizes that absence in itself, when not guarded or titrated by the mother, becomes pathogenic rather than productive. He describes the consequences variously in terms of annihilation, disintegration, and the ‘fear of falling forever,’ which is reminiscent of Hermann’s understanding of *haltlosigkeit*, groundlessness, as ‘the primal catastrophe.’ He writes, “maternal failures produce phases of reaction to impingement and these reactions interrupt the ‘going on being’ of the infant. An excess of this reacting produces not frustration but a threat of annihilation. This in my view is a very real primitive anxiety... (1956, p.).” In an often quoted passage from *The Location of Cultural Experience*, he differentiates two possible reactions to maternal absence, the positive of the transitional object and the negative of trauma. He writes:

The feeling of the mother’s existence lasts x minutes. If the mother is away more than x minutes, then the imago fades, and along with this the baby’s capacity to use the symbol of union ceases. The baby is distressed, but this distress is soon *mended* because the mother returns in x+y minutes. In x+y minutes the baby has not become altered. But in x+y+z minutes the baby has become *traumatized*. In x+y+z minutes the mother’s return does not mend the baby’s altered state. Trauma implies that that the baby has experienced a break in life’s continuity, so that primitive defenses now become organized to defend against the ‘unthinkable anxiety’ or a return of the acute confusional state that belongs to the disintegration of the nascent ego structure. (1971, p. 131)³

From this perspective, the child’s clinging to a bundle of wool or the corner of a blanket is felt to be a matter of life and death; the transitional object stands between the child and traumatic

³ *Where the Wild Things Are* is a lovely illustration of what Winnicott means by x+y time; not only did Max awaken to find his supper waiting for him, but *it was still hot*. In this way, the story follows him from hunger, through imaginative elaboration, to mending and the mother’s return.

psychic disintegration. At the same time, it is not a denial of separateness; it condenses the temporal sequence— union, absence, and mending— into a single comforting and protective signifier. Winnicott emphasizes that the transitional object’s “not being the breast (or the mother) ... is as important as the fact that it stands for the breast (or mother)(1971, p. 8).” For this reason, he sees its use as progressive rather than regressive, as part of the maturational movement toward autonomy and independence. It is not the return to the womb that Freud posited in sleep; as inescapable evidence of the reality of separateness, it is closer to the dream.

Winnicott did not explicitly theorize dreams in terms of transitional phenomena; he was more interested in the way in which the personalization or dissociation of instinctual needs could lead imaginative elaborations to be either true or false, meaningful or not. As Khan (1975) describes in his introduction to *Through Pediatrics to Psychiatry*, Winnicott returned repeatedly with various metaphors to the idea that some kind of space, a space created by the other, is necessary for the emergence and integration of desire. In an early (1941) description of a child at play with toy kitchen utensils, Winnicott observes a “period of hesitation” before “the child’s acceptance of the reality of his desire for the spatula (p. 54).” He notes that this acceptance leads to a marked change in the infant’s attitude: “instead of expectancy and stillness there now develops self-confidence, and there is free bodily movement (*ibid*).” Khan traces how this ‘period of hesitation’ becomes the basis for Winnicott’s squiggle game and his understanding of the ‘spontaneous gesture.’ For Winnicott, the reality of a desire can be accepted or denied, and the fact of imaginative elaboration does not necessarily imply its acceptance. For this reason, he emphasizes that “it is not instinctual satisfaction that makes a baby begin to be, to feel that life is

real, to find life worth living (1971, p. 133).” Feeling real, and that life is worth living, depends on the imaginative elaboration in fantasy of desire that has been personalized.

It was Khan (1972) who drew out the implications of Winnicott’s notion of transitionality for the psychoanalytic understanding of dreams. He argues that dreams take place in a ‘dream-space,’ which, like Winnicott’s ‘potential space,’ represents an illusory realm between fantasy and reality, separation and union, absence and presence. While the ‘dream-process’ is a biological given, the ‘dream-space’ as an experiential realm is a developmental achievement dependent on early maternal care. Khan posits an ‘incapacity to dream’ parallel to Winnicott’s ‘incapacity to play,’ and argues that this incapacity necessitates the acting out in ‘life-space’ of what cannot be represented and experienced in ‘dream-space.’ He emphasizes that “the dream that actualizes in the dream-space of a given patient leads to the personalization of the dream experience and all that is entailed in it by way of instinct and object-relating (*ibid*, p. 98).”

Following Freud, he includes wish-fulfillment and the preservation of sleep among the basic functions of dreaming, but his focus is on the emergence and integration of instinct in and through the experiential reality of the dream. Whereas Freudian theories see visual representation in dreams as being at odds with the regressive union of sleep, Khan’s invocation of transitionality suggests an alternative: that the emergence and differentiation of the instinctual subject coexists, and is indeed coextensive, with a certain kind of illusory invocation of union with the maternal.

Winnicott’s ideas have had a strong influence in France, where they have met with the characteristically French fidelity to Freud’s ideas about representation and the absence of the object (Birksted-Breen, Flanders & Gibeault, 2010). As described in Chapter 1, André Green understands dreams to be representations of daily events refracted through psychic reality, such

that the subjective significance of these events is revealed. He emphasizes repeatedly that this process implicates the ‘unconscious as working through in the *absence* of the object.’ Following Freud, he sees this absence as the basis not only for dreaming but also for thinking and the building up of the psyche: “to put it very schematically, the psyche is the effect of the relationship of two bodies, one of them being absent (2000b, p. 61).” Pontalis (1981) offers a similar view of the nature and origin of the psyche:

The psyche’s essence [is] the mother in us, that part of the mother which cares for the child, on the condition that one specifies that the child creates his mother at least as much as she creates him. We will not talk here of the mother’s internalization, real or imagined, as a good or a bad object. Rather, we will claim that the *absent* mother makes our inside. (p. 45-46, italics in the original)

Both Green and Pontalis accept Freud’s assumption of the generativity of absence, but they add the idea that this absence must be accepted or tolerated in order for it to be generative. Green writes that “essentially it is the *tolerance* of the absence of the breast that is necessary for the building-up of the thought processes (*ibid*, p. 5, italics in the original).” For Pontalis, “psychic space is only constituted through the loss of the narcissistic place/no-place of fusion with the mother... [psychic space] represents not the absent mother, but the acceptance of the absence of the mother, which has to be made up for in an act of (self) creation (Wertz, 2012, p. 96).” The intolerance of absence, or its denial, amounts to a foreclosure of psychic space, which is also a cessation of dreaming. In this way, the conflict between sleep and dreams in classical thinking resurfaces: the forgetful fusion of sleep versus the differentiating desire of the dream.

The idea that absence— as a signifier of separateness— may be tolerated or denied reflects the influence of Winnicott’s understanding of it as potentially generative or pathogenic, constructive or destructive. Green was strongly influenced by Winnicott’s discussion of $x+y+z$ time, and it forms the basis for his thinking about *negative narcissism* and the *logic of despair*.

Green (1986) argues that the wish for the deep sleep of a sated infant reflects the ‘positive’ side of narcissism— the side that is assumed by Freud, Isakower, and Lewin, among others. However, narcissism also has a ‘negative’ side, which may be understood as the form that the wish for deep sleep takes in an infant who has become traumatized, who has experienced a loss of ground.

Green describes:

[In these cases,] the abandonment of the object does not lead to the cathexis of a personal space, but to a tantalizing aspiration toward nothingness. . . . It is as if it were a question of finding the state of peace and quietude which follows satisfaction by its opposite, the non-existence of all hope of satisfaction. It is there that we find the solution of despair, when the struggle has been abandoned. (p. 55)

Elsewhere, Green (1986) describes this ‘solution of despair’ in more detail. He argues that psychic structures that revolve around the fundamental conflict between desire and prohibition may be said to be organized according to the ‘logic of hope’— they reflect an underlying assumption that if the prohibition were to be lifted, the desire would be satisfied. There are other structures, though— those that Winnicott describes as organized around defenses against disintegration— in which the fundamental conflict is not between desire and prohibition, but between subject and object. The object’s capacity or willingness to provide satisfaction is always in question, and it is this uncertainty that leads to the cessation of desire and the ‘tantalizing aspiration toward nothingness.’ In these cases, “absence leads not to hope but to despair (p. 22).”

In a description of a seven-year-old boy’s use of a piece of string, Winnicott argues that it is the boy’s inability to play— we might say his despair— that changes his use of the string “from [a] communication into a *denial of separation* (1971, p. 26, italics in the original).” As a denial of separation, the string becomes “a thing in itself,” an object rather than a communicative medium. Pontalis was interested in the way in which a dream, like a piece of string, could become ‘a thing in itself,’ an ‘object,’ that is used to deny separation rather than to build up

psychic space. Along these lines, he hypothesizes that “every dream, as an object in the analysis, refers to the maternal body... it is not the dream’s contents, but the subject’s ‘use’ of it that reveals his true pathology (1981, p. 29).” He calls attention to a perversion of the dreaming process characterized by the reification of the dream. In an explicit invocation of Winnicott’s work on the use (and misuse) of transitional objects, he writes:

How close the child who *must* suck his little piece of blanket so as to fall asleep is to the adult who *must* dream to continue sleeping! One is assured that both would become ill or go mad if deprived of this almost imperceptible little thing: scraps of wool, scraps of dreams... They cannot stand being separated from what binds them to the mother by making her absent... (p. 35, italics in the original)

Drawing on Khan’s work, Pontalis differentiates between the dream-as-an-object and the dream-space. The objectification of the dream reflects an inability to constitute dream-space, or psychic-space, where experience can be actualized and elaborated. Pontalis recalls Freud’s observation in *Beyond the Pleasure Principle* that dreaming may be in the service of some other goal before it is recruited in the service of pleasure, and he argues that this antecedent goal is precisely that of accepting absence and creating psychic space.

Perhaps this is why Pontalis notes that ‘to dream... is also to be in mourning (1993, p. xviii).’ Still, he is aware that the regressive appeal of the dream remains omnipresent, as a kind of siren song. At times, he suggests that all dreaming gestures toward the denial of separateness: “dreaming is above all an attempt to maintain an impossible union with the mother, to preserve an undivided whole, *to move in a space prior to time....* (1981, p. 29, italics in the original).”

This echoes the Freudian idea that sleep simulates the return to the womb, to a time prior to the possibility of unmet need. Pontalis describes the appeal of the dream as follows:

The illusion that the dreamt dream gives us is that of being able to reach that mythical place where nothing is disjointed: where the real is imaginary and the imaginary real, where the word is the thing and the body is soul, simultaneously a body/matrix and body/phallus, where the present is future, the look the word, where

love is food, skin is pulp and depth is surface— but all of this is a *narcissistic space*. (p. 37-38, italics in the original)

Pontalis emphasizes that this illusion is unsustainable; as Winnicott (1971) describes, we give up ‘that mythical place’ for scraps of wool and eventually scraps of culture. However, it continues to lure us in: “As a maternal body and as a primordial fantasy, [the dream] has a continual hold on us: it is a place that we want to and need to return from time to time. It cannot, however, be a place where we stay (Wertz, 2012, p. 86).”

If the dream can be dreamt without being objectified, the process experienced without being perverted, Pontalis argues that it offers the ideal medium for working through the painful realities of absence, separation, and loss. He writes that dreams “are alone able to deny and to accept physical separation, to mingle appearance and disappearance in an image (1993, p. 24).” He calls attention to the entire dreaming process, not only the nocturnal experience but the whole cycle of anticipating, dreaming, remembering or forgetting, sharing or not sharing. From this angle, he criticizes Freud and Lewin, arguing that there is “a thirst to rediscover not so much the state of appeasement of a need as the *whole process*. It is this process, charged with anxiety and excitement throughout, which the dreamer searches for, whereas sleep is satisfied through the resolution of tension (1981, p. 36, italics in the original).” Wertz (2012) notes that if the dream evokes nostalgia for the lost body of the mother, remembering the dream evokes nostalgia for the lost body of the dream. She concludes that “dreaming is a space of experiencing desire, not just its fulfillment, but the loss, longing, and excitement it engenders (p. 82).”

Wertz (2012) observes that the dream, like the transitional object, is “meant to come unraveled in the analytic session and with the passage of time until “only scraps of it remain” (p.

86).” She writes of tattered blankets and tattered dreams, which are evocative precisely because their tatters suggest *remains*. Perhaps this offers an answer to the question posed by Hermann’s work: what is the hallucinatory solution to the problem of *haltlosigkeit*, that primal catastrophe of having nothing to hold onto or grasp? That loss of ground, that fear of falling forever? Scraps of wool, scraps of dreams— holding onto these tattered remains grounds us in the illusory realm between the fantasy of union and the reality of loss, between hope and despair. Green insists that “there must be some state that is between absolute loss and excessive presence, some state of tolerance of mind to which we are accustomed in terms of fantasy or in terms of representation (2000b, p.5).” This state between absolute loss and excessive presence— between disintegration and ‘that mythical place’— is where many authors have located the dream.

In the trajectory from Freud through Winnicott to Green and Pontalis, the dream remains associated with the figure of the mother and the context of her absence. The fact that this suggests a connection with mourning— not the mourning that takes place in the aftermath of a specific object loss, but rather that particular form of mourning that involves the acceptance of separateness and limits— becomes increasingly explicit after Winnicott, and is perhaps most evident in Pontalis’ thought. For Winnicott, Green, and Pontalis, creativity is what we stand to gain in exchange for this work of mourning, this acceptance of our limits. And our first creative act is the constitution of a dream-space, or psychic-space, in which to live. Green emphasizes that “a tremendous effort is necessary in order to be able to tolerate absence, to differentiate it from loss, and to give to the representational world its full role in one’s imagination and thought (1986, p. 82-83).” Still, he believes that there is no alternative: “only the absence of the object

can be the stimulus for imagination and thinking, in other words, for psychic creativity and aliveness (*ibid*).”

Dreams and Maternal Subjectivity

Bion was interested in many of the same themes as Winnicott, Green, and Pontalis: the generativity versus traumatic potential of absence; the kinds of maternal provisions that facilitate the experience of absence as generative; the emergence and development of thinking and dreaming and their failure; the close relationship amongst thinking and dreaming, contact with reality, and mourning. However, he was also strongly influenced by Klein, in particular her formulation of the paranoid-schizoid and depressive positions, and her characterization of the former in terms of projective mechanisms. Like Freud’s theorizing in Chapter VII of *The Interpretation of Dreams* and Winnicott’s formulations of primary creativity and transitional space, Klein’s theory of positions addresses the question of how the developing infant makes contact with external reality and eventually becomes reconciled with it. However, she conceptualizes this process very differently; whereas Freud and Winnicott depict the infant as encapsulated within primary narcissism and as gradually emerging from this insularity, Klein depicts him as having scattered bits of his personality amongst his objects via projection and as gradually gathering himself back together. For this reason, introjection becomes a fundamental developmental challenge within Kleinian thinking, and a starting point for Bion.

While Freud theorizes dreams with neurotic symptoms in mind, Bion does so with psychotic symptoms. In his papers on schizophrenia, he repeatedly observes that the psychotic patient “moves, not in a world of dreams, but in a world of objects which are ordinarily the

furniture of dreams (1956, p. 346; 1957, p. 269).” These ‘bizarre objects’ are “compounded partly of real objects and partly of fragments of the personality (1958, p. 347).” Following Klein, Bion understands these hallucinated objects to be the products of projection; projection is the “peculiarity which makes [the psychotic patient’s] unconscious observable (1992, p. 38).” The predominance of projective mechanisms in psychosis creates a situation where “the experience the patient is having would be more understandable if the patient were asleep and dreaming... if the analyst were feeling what the patient seems to be feeling, then he, the analyst, would be disposed to say, “I must have been dreaming.” (*ibid*, p. 51).” And yet Bion also notes that these patients complain of being unable to dream, and he observes that when they do have nocturnal dreams these ‘dreams’ resemble hallucinations. In this way, he articulates the fundamental paradox of psychosis: the patient appears to be trapped in a dream from which he cannot wake up, and yet he is also unable to dream ordinary dreams.

This leads Bion (1992) to differentiate between dreaming ‘projectively’ and dreaming ‘introjectively.’ The psychotic patient dreams ‘projectively.’ He dreams in order to evacuate unbearable emotional experiences; through dreaming, he perpetuates the fragmentation and dispersal of his personality. Bion emphasizes that the psychotic patient attacks and projects in particular those aspects of his personality which are “concerned with awareness of internal and external reality (1957, p. 266)” — including “consciousness of sense impressions, attention, memory, judgment, and thought (*ibid*, p. 268).” This explains, in part, why these patients cannot wake up. Bion first uses the word ‘container’ in this context, to refer to the ‘bizarre objects’ that are felt to receive the patient’s projections. He describes dreaming ‘projectively’ as follows:

[The goal of dreaming ‘projectively’] is the use of the visual images of the dream for the purposes of control and ejection of unwanted (pleasure-pain determined want) emotional experiences. The visual image of the

dream is then felt as a hallucinated— that is to say artificially produced— container intended to hold in, imprison, inoculate the emotional experience the personality feels too feeble to contain without danger of rupture, and so to serve as a vehicle for the evacuatory process. The dream itself is then felt to be an act of evacuation in much the same way as the visual hallucination is felt to be a positive act of expulsion through the eyes. (1992, p. 68)

This form of dreaming bears some likeness to what Pontalis describes as a perversion of the dreaming process through the objectification of the dream. In a discussion of the implications of Pontalis' work, Fromm (2012) argues that the objectification of a dream is a defense against the subjectification of its truth. Similarly here, Bion describes evacuation as being in the service of protecting the personality from some unbearable truth. Protection from this truth is what the patient gains in exchange for his capacity for thought and judgment; the feeling of being 'trapped in his mind' and 'unable to wake up' is the price that he pays for it.

Based on these observations, Bion hypothesizes that ordinary dreaming is in fact a process of dreaming 'introjectively.' While Freud saw dreaming as an escape from reality— a refuge for the pleasure principle— Bion describes true dreaming as being in the service of the reality principle. He differentiates Freud's understanding of dream-work as the transformation of *unconscious* material from his own view that *conscious* experience must be subjected to dream-work in order for it to be suitable for storage in memory as well as for thinking and dreaming. In this way, "the dream is that which makes available, as part of the personality, both the events of external emotional reality and the events of internal, pre-verbal psychic reality (1992, p. 45)." Apparently drawing on a metaphor suggested by one of his patients, who reported that he "used his intestine as a brain," Bion describes this form of dreaming as a "mental digestive process." He emphasizes that regardless of whether an experience is projected or introjected, some degree of 'digestion' is required: "a dream can be concerned with evacuation of an undesired thought, feeling, image, or with its storage. In either instance it must convert either an empirical external

fact or an internal psychic reality into a form suitable for storage or evacuation (*ibid*, p. 50).”

Bion uses various terms to describe this ‘suitable form,’ including ‘ideograms’ and later ‘alpha elements.’

This understanding of the introjective function of dreaming becomes the basis for Bion’s formulation of ‘dream-work-alpha,’ and later ‘alpha function.’ As is well known, he describes these terms as designating a set of mental functions, active continuously night and day, which are concerned with the transformation of raw sense impressions or ‘undigested facts’ into psychic elements that can then be stored, repressed or recalled, and more generally made available to thinking, dreaming and psychic elaboration. From this perspective, the nocturnal dream is itself an emotional experience akin to waking ones that needs to be subjected to this transformational work.⁴ It is this work that the psychotic is incapable of, leaving him unable to learn from or make use of experience. Bion expresses this in an often quoted interpretation to one of his patients: “without phantasies and without dreams you have not the means with which to think out your problem (1954, p. 114).” He emphasizes that “the true dream *is* felt as life-promoting, whereas the dream employed as a container for projective identification is felt to be an artifact, as deficient in life-promoting qualities as the hallucinated breast is felt to be deficient in food (1992, p. 67, italics in the original).” Because the true dream is associated with introjection, the inability to dream leads to “the starvation of the psyche of all elements needed for growth and development (*ibid*, p. 97).” And just as the hallucinated breast gives no milk, the hallucinated dream “affords no associations— associations being equated with sustenance (*ibid*, p. 98).”

⁴ In fact Bion argues that some emotional experiences are relegated to dreams: “one of the reasons why sleep is so essential is to make possible, by a suspension of consciousness, the emotional experiences that the personality would not permit itself to have during conscious waking life, and so to bring them into reach of [dream-work](1992, p. 150).”

As Brown (2012) notes, Bion's 'discovery' of alpha function as a fundamental, transformational, mental process led him to the question of how this capacity develops within an individual, and this shifted his attention to the early mother-infant relationship. Bion argues that the origin of the psychotic patient's difficulties is twofold: on the one hand, there are the factors that Klein identified, including an inborn disposition to excessive destructiveness, hatred, and envy, while on the other hand, there is "the environment which, at its worst, denies the patient the use of the mechanisms of splitting and projective identification (1959, p. 313)." He goes on to describe the importance of projective identification in early life:

Projective identification makes it possible for [the infant] to investigate his own feelings in a personality powerful enough to contain them. Denial of the use of this mechanism, either by refusal of the mother to serve as a repository for the infant's feelings, or by the hatred and envy of the patient who cannot allow the mother to exercise this function, leads to a destruction of the link between infant and breast and consequently to a severe disorder of the impulse to be curious on which all learning depends... Furthermore, thanks to a denial of the main method open to the infant for dealing with his too powerful emotions, the conduct of emotional life, in any case a severe problem, becomes intolerable. Feelings of hatred are thereupon directed against all emotions including hate itself, and against external reality which stimulates them. It is a short step from hatred of the emotions to hatred of life itself. (1959, p. 313-314).

In this way, Bion normalizes projective identification; he establishes it as a necessary mode of communication between mother and infant. He concludes with a reiteration of the connection between psychosis and maternal resistance to introjection; he describes the psychotic part of the personality as related to an internal object that "in its origin was the external breast that refused to introject, harbor, and so modify the baneful force of emotion (*ibid*)." The link here between introjection and the modification of emotion echoes his ideas about the introjective function of dreaming, and it was by bringing these two ideas together that he formulated his understanding of maternal reverie as a transformational process.

Bion expands these ideas in his paper, *A Psycho-Analytic Study of Thinking*, where he returns to the Freudian scene of the infant hallucinating the breast, and like Winnicott, rewrites it

from his own perspective. He describes the absence of the maternal body and the frustration that it invokes in terms of the infant's 'pre-conception,' or expectation, of the breast meeting with the 'negative realization' of 'no breast.' If the infant is able to tolerate frustration, this absence becomes generative, and 'no breast' becomes a thought that can then be dreamt and linked with other thoughts. If, however, the infant is unable to tolerate frustration (as all infants are at the beginning), 'no breast' becomes a 'bad breast' which requires evacuation. For Bion, it is in this situation that the maternal mind becomes a crucial presence; *the mother's use of her mind in a particular way enables her infant to bear the absence of her body*. Bion differentiates between Klein's understanding of 'excessive projective identification' and his own understanding of it as a 'realistic activity':

As a *realistic* activity it shows itself as behavior reasonably calculated to arouse in the mother feelings of which the infant wishes to be rid. If the infant feels it is dying it can arouse fears that it is dying in the mother. A well-balanced mother can accept these and respond therapeutically; that is to say in a manner that makes the infant feel it is receiving its frightened personality back again, but in a form that it can tolerate—the fears are manageable by the infant personality. If the mother cannot tolerate these projections the infant is reduced to continue projective identification carried out with increasing force and frequency. The increased force seems to denude the projection of its penumbra of meaning... [later the] internal object starves its host of all understanding that is made available (1962a, p. 308, italics in the original).

When Winnicott writes of transitional phenomena, he gives the impression that traumatizing feelings can be avoided through sufficient maternal ministrations and the use of symbolic substitutes for maternal care. Following Klein, Bion takes the confrontation with catastrophic feelings as a given, as normative— as he writes in the previous quotation, emotional life is 'in any case a severe problem.' In this context, the maternal mind becomes a necessary vehicle for the detoxification of negative affect. He also emphasizes that this detoxification is a necessary precursor for meaning; when emotions cannot be shared, detoxified, and dreamt— at first by our mothers, and then by ourselves— nothing can be thought or understood.

Bion (1962b) uses the term ‘reverie’ to capture the process whereby the mother receives, transforms, and gives meaning to her infant's distressed communications. He describes reverie as a ‘factor’ of the mother's alpha function and an expression of her love for her infant, which involves her “reception of the infant’s projective identifications whether they are felt by the infant to be good or bad (p. 36).” Drawing on his understanding of dreaming as a “mental digestive process,” Bion characterizes maternal reverie as a kind of psychic digestion on behalf of the infant, whose mind requires emotional experience to be digested in order to use it for thinking, dreaming, learning, and growth just as his body requires food to be. The infant eventually internalizes this maternal function, and it becomes the basis of his 'apparatus for thinking.' In both mother and infant, the successful functioning of this apparatus depends on the ability to ‘tolerate doubt’— something reminiscent of Green’s emphasis on the importance of the ‘ambiguity of the negative’ discussed in Chapter 1. Bion extrapolates from these developmental considerations to his more general theory of the container and the contained. Brown (2012) summarizes Bion’s view: “[container and contained] may be seen as the first couple, mother and infant, who grow together through their ability to tolerate doubt until some meaning is ascribed to unprocessed emotions and this collective activity is introjected as the “apparatus for thinking” (p. 1205).”

Thus with Bion’s work dreaming comes to be associated with the presence of the maternal mind rather than the absence of the maternal body. Although Green (1992) has written that Bion was the only Kleinian analyst who preferred the ‘dream’ to the ‘child,’ the trajectory of dream theory suggests that it was with Bion’s reconceptualization of dream-work that there was a definitive movement away from the idea of the unconscious as ‘working through in the absence

of the object'. Whereas for Freud and Lewin the dream is a signifier of failed union, and for Winnicott it is a condensed signifier of union, absence, and reunion, for Bion, the dream signifies the sharing of an emotional burden, as well as the interpenetration of two minds. Alongside the 'digestive' model of alpha function, Bion also offers what he (1967a) calls the 'sexual' and others have called the 'procreative' (Brown, 2012) or 'reproductive' (Sandler, 2000) model, where he uses a symbol for sexual union, ♀♂, to represent the relationship between container and contained as well as the internalization of this relationship in the form of the "apparatus for thinking." Bion emphasizes that "the use of male and female symbols is deliberate" and the sexual implication intended, although not exclusively (1970, p. 106-7). The use of sexuality as a primary metaphor for the process of psychic elaboration vividly captures the extent to which Bion shifts theoretical focus from the generativity of absence to that of union.

There are, of course, parallels between Bion's ideas and those of theorists who maintain Freud's emphasis on absence. Like Khan and Pontalis, Bion sees dreaming as a capacity dependent on certain environmental provisions. Perhaps it can be said that he extends their ideas by articulating the mechanisms by which 'dream-space' is constituted through his formulation of alpha function. Like Winnicott, Bion establishes the mother as a kind of guardian of absence, but he does so in a way *that replaces the lost union of bodies with a union of minds*. And this latter union is not a transitional union, that melancholy reminder of separateness and loss. Due to projective and introjective mechanisms, minds are never separated in the way that bodies are. For this reason, the dream in post-Bionian thinking loses its classical connection with separation and loss, and consequently also with mourning. This may not have been Bion's intention; he repeatedly links the capacity for dreaming with the achievement of the depressive position, and

mourning is a large part of what is at stake in the negotiation of positions in Kleinian thinking. However, his work also increasingly emphasizes the intersubjective dimension of dreaming in the clinical context, and it is this idea of two minds dreaming together that has been most generative for those who have succeeded him.

Containment versus Enigmatic Surplus

It might be argued that Bion's movement of dreaming from the absence of the object into its presence reflects the logical consequence of the relational turn; that Freud underestimated the importance of relationality, in particular preoedipal relationality, and Bion's contribution was to reconsider the function of dreaming in the light of post-Freudian developments. However, for decades, indeed for a century within certain traditions, the dream was conceptualized as an expression of longing for a lost or impossible union with the maternal body, often represented by life in the womb or deep sleep at the breast. Bion's intersubjective formulation of dreaming replaces the inaccessible, archaic maternal body with a new, less theoretically 'saturated' but equally sexualized container: that of maternal subjectivity. Within this historical trajectory, the arrival of intersubjectivity in dream theory resembles a kind of wish fulfillment; the impossible union becomes possible within the psychic domain, and this new form of 'sexual' union is even without the guilt of oedipal transgression. In addition, as will be discussed at more length in Chapter 3, this union becomes possible not only with the archaic maternal object, but also with the person of the analyst.

By contrast, other theorists have brought maternal subjectivity into dream theory in ways that emphasize its impact without the fantasy of union suggested by Bion's 'sexual' model. For example, Laplanche (2011), like Bion, was interested in "the relation between the dream and communication (p. 53)." And like so many others, he developed his ideas by returning to Chapter VII of *The Interpretation of Dreams* and rewriting the Freudian scene of the infant hallucinating the breast. Laplanche observes that "in Freud's account there is practically no role for communication, and even less for dialogue, between mother and infant (*ibid*, p. 68)." He argues that Freud posited an innate infantile sexuality after he abandoned his seduction theory because he did not recognize that seduction takes place at the level of *communication*. He describes how sexuality enters into the nursing exchange "not from the side of the physiology of the infant, but from the side of the messages coming from the adult. To put it concretely, these messages are located on the side of the breast, the *sexual breast of the woman*, the inseparable companion of the milk of 'self-preservation' (*ibid*, p. 69, italics in the original)."

According to Laplanche, the fact that the breast has sexual meaning for the mother creates a situation where "from the very beginning the experience of satisfaction [is] double, ambiguous, and in a word, enigmatic (2011, p. 69)." It involves 'messages' from the mother that the infant is unable to 'translate,' and the 'untranslated remainders' of this exchange form the infant's unconscious. These are the same messages that emerge in dreams. Laplanche cites Freud's (1922) paper on *Dreams and Telepathy* where Freud suggests that a telepathic message may be treated "like any other external or internal stimulus" that contributes to the formation of a dream (p. 207). He takes up Freud's analogy between dreams and hallucinations, but argues that while Freud thought of hallucination as being primarily visual, there is now consensus that it is

primarily on the order of speech. He continues: "furthermore, the question here is not exactly that of the 'sensorium' involved (sight or hearing) but the presence or absence of a message. Visual percepts, like auditory ones, can carry a message... the old notion of 'perception without object' has been pushed aside by the much more fertile notion of a *message without a sender or with an indeterminate sender* (2011, p. 72)." Dreams, like hallucinations, are enigmatic messages from an indeterminate sender. They are often 'provoked' by the analyst during treatment because the enigma of the analyst's mind recreates that of maternal subjectivity.

From this perspective, *it is the opacity of the maternal mind that sets the infant's mind to work*. Laplanche's model is an intersubjective one that accounts for the extent to which unconscious communication structures the infant's mind, but it posits a form of intersubjectivity that involves impact or influence without understanding. The fact of the mother's unconscious guarantees that her ministrations are accompanied by messages that are inherently 'indigestible.' Her messages are thus inscribed in the infant's unconscious as if in a foreign language. Her unconscious, and more specifically her sexuality, represents her otherness, an indissoluble surplus of experience and understanding, the limits of her identification with her infant. Insofar as the infant's experience of this surplus amounts to a recognition of the mother's separateness, Laplanche's thinking is consistent with the Freudian-French tradition outlined above that sees the dream as intimately linked with separation, loss, and mourning. At the same time, Laplanche accounts for the kind of unconscious sharing that is often formulated in terms of projective and introjective mechanisms. While he moves dreaming into the presence of the object, he characterizes it as an encounter with otherness rather than an interpenetration of minds.

Of these two visions of the link between dreams and maternal subjectivity, it is Bion's that has been the most influential. The significance of Bion's contribution is widely recognized and often repeated. Schneider (2010) writes that "Bion's reconceptualization of the theory of dreaming is perhaps one of the great paradigm shifts in psychoanalytic history (p. 523)." Similarly, Brown (2012) writes: "*I believe that Bion's expansion in Cogitations of Freud's theory of dream-work that eventuated in the proposition of alpha function ought to be considered as one of psychoanalysis' greatest advancements because of the profound implications this holds for theoretical and clinical analysis* (Brown, 2012, p. 1196, italics in the original)." When contextualized within the historical trajectory of psychoanalytic dream theory, it appears as if Bion's sexual model shifts the fantasy of union and dedifferentiation long posited between dreamer and maternal breast into the context of the containing relationship with the maternal mind. What happens to this fantasy when maternal subjectivity is later replaced by analytic subjectivity? And what are the implications for the acceptance of separateness and limits and the process of mourning in the analytic setting? These questions are discussed at more length in Chapters 3 and 4.

Chapter Three: Dreams and the Analyst

The session is broken off, the patient is leaving the room; you, the analyst, are in the process of emerging out of the 'analytic situation'— that near dream-like state of hovering attention; the patient is being separated from you and you are left alone. *In this short moment of the severance of the "team" you are left in midair and you become aware of the denuded raw surface of your half of the analyzing instrument, the surface of which is opposite the patient's half.*

-From Isakower's *Preliminary Thoughts on the Analyzing Instrument*

FIRST YOU MUST LEARN what Human Nature was in the beginning and what has happened to it since... the shape of each human being was completely round, with back and sides in a circle; they had four hands each, as many legs as hands, and two faces, exactly alike, on a rounded neck... [Zeus] cut those human beings in two... [and] as he cut each one, he commanded Apollo to turn its face and its neck towards the wound... since their natural form had been cut in two, each one longed for its own other half, and so they would throw their arms about each other, weaving themselves together, wanting to grow together...

-From The Speech of Aristophanes in Plato's *Symposium*

Just as there are precedents for the link between dreams and the preoedipal mother in Freud's thinking, so too are there precedents for the notion of reverie in the analytic setting. In *Recommendations to Physicians Practising Psycho-Analysis*, Freud (1912) writes that the analyst must "turn his own unconscious like a receptive organ towards the transmitting unconscious of the patient (p. 115)." He likens the receptivity of the analyst's unconscious to that of a telephone receiver, which transforms the electrical oscillations in the telephone line back into sound waves. Similarly, the analyst must use his unconscious as an instrument to translate the associative derivatives in the session back into the unconscious thoughts from which they came. In Bion's work, this idea of the analyst's receptive unconscious meets with Klein's understanding of projective and introjective mechanisms as well as Bion's own reformulation of projective identification as a 'realistic activity.' Through Bion's understanding of dreaming as an introjective process involved in the psychic digestion of experience, and his formulation of maternal reverie as the foundation of this process, the analyst's receptivity comes to be

associated with dreaming and with maternal care. In this way, several lines of thinking coalesce into one in post-Bionian discourse: ideas about dreams, about maternal care, about unconscious communication and the analytic process. This chapter focuses on the theoretical and technical implications of this convergence.

From the Mother to the Analyst

Bion's speculations about the importance of maternal reverie were based in part on his experience of clinical work with psychotic patients. In his paper *On Arrogance*, he describes how his thinking evolved in the context of a single clinical case. The case was not progressing as he felt it should be; the patient's "associations lacked coherence," and "for several sessions at a time he seemed to be devoid of the insight or judgement which I knew from previous experience that he possessed (1958/2013, p. 280)." Although the patient did not warrant a diagnosis of psychosis, "projective identification was extremely active, and the patient's states of confusion and depersonalization easy to detect (*ibid*)." The "analyst and patient together formed a frustrated couple (*ibid*, p. 281)." In what Bion calls "a lucid moment," the patient "wondered [how] I could stand it," and this "gave me a clue: at least I now knew that there was something I was able to stand which he apparently could not (*ibid*, p. 281)." Bion noticed that the patient tended to experience his insistence on verbal communication as an attack, and wondered whether this meant that "what I could not stand was the patient's methods of communication (*ibid*, p. 282)." He observed that the patient's "sense of being in contact with me" depended on "the ability to put bad feelings in me and leave them there long enough for them to be modified by their sojourn

in my psyche, and the ability to put good parts of himself into me, thereby feeling that he was dealing with an ideal object as a result (*ibid*).” This idea of a modifying sojourn in the analyst’s mind, in particular of that which the patient cannot stand, became the basis for Bion’s developmental speculations as well as his theoretical formulation of containment.

Immediately after Bion introduced the concepts of container and contained at the end of *Learning from Experience*, he “elevated the “dynamic relationship between container and contained” (p. 3)... to be the foremost element in psychoanalysis, thereby according a primacy to the analytic dyad (Brown, 2012, p. 1206).” As components of this dynamic relationship, he emphasizes the analyst’s receptivity, the conditions that foster it, and the transformations that result from it. He depicts patient and analyst as striving to approach the patient’s psychic reality, which is unknown and unknowable in itself but approachable through analytic intuition. Bion famously argues that the analyst’s achievement of a receptive state of mind conducive to intuition depends on his “eschewing memory and desire (1970, p. 31).” He likens this to the “artificial blinding” that Freud claimed he needed in order to compensate for the obscurity of the object of analytic investigation. Just as Freud writes that this enabled him to “focus all the light on one dark spot,” Bion writes that “through the exclusion of memory and desire... the piercing shaft of darkness can be directed on the dark features of the analytic situation... one can ‘see’, ‘hear’, and ‘feel’ the mental phenomenon of whose reality no practicing psycho-analyst has any doubt (*ibid*, p. 57).”

Creating the conditions for these dark features to reveal themselves involves the analyst striving to empty not only his mind— of memory, desire, and understanding— but also his personality of its idiosyncrasies. Bion describes his technical approach as aiming to “free the

analyst of those peculiarities that make him a creature of his circumstances and leave him with those functions that are invariant, the functions that make up the irreducible ultimate man (1970, p. 58).” Similarly, the analyst listens to the patient in a way that denudes him of the ‘facts’ of his external life, in order that they not obscure the ‘facts’ of his reality. Bion argues that “the belief that an event belongs to a category of ‘events of external reality’ leads to confusion and contradiction (*ibid*, p. 50).” He offers as an example the external ‘fact’ of a patient being married with children; he notes that ‘remembering’ this fact “would greatly obscure observation of the patient’s state of mind suppose it were to be more nearly what one might expect of a bachelor (*ibid*, p. 57).” If the analyst feels that his patient is unmarried, “it means that psycho-analytically his patient is unmarried: the emotional reality and the reality based on the supposition of the marriage contract are discrepant (*ibid*, p. 49).” Like Green’s views discussed in chapter one, this rigorous focus on psychic reality leads to a kind of bracketing of external reality, or the replacement of truth based on correspondence with an experiential truth.

Bion responds to the potential criticism that this bracketing amounts to “a complete denial of reality” with a strong statement circumscribing the analyst’s task: “the psycho-analyst is seeking something that differs from what is normally known as reality; a criticism that applies to what is ordinarily meant by reality does not indicate undesirability for the purposes of achieving contact with psychic reality (1970, p. 43).” The analyst’s task, like the mother’s with her infant, is to make contact with the patient’s emotional reality, in order to transform it into something bearable that can be represented, thought about, and dreamt. Bion’s privileging of psychic reality, along with his understanding of the role of dreaming in the transformation of

emotional experience, leads him to observe that analytic sessions have a dream-like quality. He writes:

Anyone who has made careful notes of what he considers to be the facts of a session must be familiar with the experience in which such notes will, on occasion, seem to be drained of all reality: they might be notes of dreams made to ensure that he will not forget them on waking. To me it suggests that the experience of a session relates to material akin to the dream, not in the sense that dreams might be the preoccupation of the session but that the dream and the psycho-analyst's working material both share dream-like quality. (1970, p. 70-1).

The dream-like quality of the session is related not only to the bracketing of external reality, but also to the importance and nature of the visual images that emerge. In his early papers on psychosis, Bion (1957) posits a primitive mode of thought “related to what we should call ideographs and sight rather than words and hearing (p. 268).” He describes how the psychotic part of the personality turns fragments of experiences and events into visual images, or ideographs, that are unconsciously held and highly condensed in terms of their meaning. As an example, Bion describes a patient who five months after he (Bion) had worn dark glasses during a session, made a reference to ‘dark glasses’ in the midst of fragmented speech. At the time, Bion understood the meanings condensed in this ideograph in largely Kleinian terms— he refers to ‘frowning and angry’ breasts, to glimpses of parental intercourse, and to ‘black and smelly’ insides, illustrating, perhaps, what he would later describe as the imposition of ‘understanding’ on psychic reality. He would eventually eschew such ‘theoretically saturated’ interpretations, but he maintained belief in the importance of the images that emerge in session.

At times, Bion describes the analyst’s task in terms of hearing the images embedded in the patient’s speech and understanding the whole of which they are a part or the scene(s) to which they refer. He argues that the abandonment of memory and desire facilitates this particular form of analytic listening. He writes:

The patient uses words that represent visual images, or he may be mute for long periods, or use words that are evocations of emotion, sometimes powerful emotion, but challenge the psycho-analyst to detect a content and express it in ordinary English. Evocations of anger, anxiety, fear, pity, hate, and loyalty to himself often include words that give the total a particular coloration: wrath, upset, cemetery may be words scattered through the flow in such a way as to suggest bereavement; or solicitors, damages, illness, to suggest legal proceedings. In this way he appears to be having an experience the he is not able to represent in terms of ordinary speech. (1970, p. 43)

When he describes this process in terms of words and images, it sounds similar to any other analytic approach. However, Bion also emphasizes, echoing his earlier understanding of a transformative sojourn in the analyst's psyche, that *understanding* the experience that the patient is unable to represent in speech is not enough; the analyst must *have* or *become* this experience: "the psycho-analyst can know what the patient says, does, and appears to be, but cannot know the *O* [ultimate reality] of which the patient is an evolution: he can only 'be' it (*ibid*, p. 27)." At times, Bion suggests that this 'becoming' of the patient's reality involves a special relation to the visual domain, a regressive movement toward hallucination: "the analyst must participate in the state of hallucinosis... [in this way] alone he can become at one with his patients' hallucinations and so effect transformations (*ibid*, p. 36)." From this perspective, the analyst "must be able to dream the analysis as it is taking place" in order to make contact with the patient's primitive mode of thought (1992, p. 216).

Bion's original observation, as described above, was that patients needed to project into him for a transformative sojourn both 'bad' and 'good' feelings. However, his emphasis over the course of his work is predominantly on the projection and containment of 'bad' feelings. He describes how the analyst who becomes an expert in eschewing memory, desire, and understanding from his mind is more likely "to experience painful emotions that are usually excluded or screened by the conventional apparatus of 'memory'... analytic theories... and 'understanding' (1970, p. 48)." He writes that the analyst "can, and indeed must, suffer," as a

mother must suffer along with her infant (*ibid*, p. 17). He identifies pain as one of the essential elements of psychoanalysis, emphasizing that “an analysis must be painful (1963, p. 62).” He describes mental evolution and growth as “catastrophic” (1970, p. 108). In a rare consideration of the impact of the container when it becomes a source of contents— like Laplanche’s reflections on the enigmatic aspects of the mother’s mind— Bion writes that there may be fluctuations that cause the analyst to be the container at one moment and the contained the next, and similarly for the patient. While his focus is predominantly on the suffering that the analyst must endure on behalf of the patient, this raises the question of how the analyst’s personal suffering enters into and impacts therapeutic intersubjectivity.

Bion maintains the sexual symbolism for the containing relationship, ♀♂, throughout this discussion, despite the fact that he depicts patient and analyst as united in pain and suffering. While the emotional valence of the symbolism seems off, Bion insists on its form: in *becoming* the patient’s *O*, analyst and patient experience “at-one-ment.” Bion describes “the experience of at-one-ment” as resembling “possession and sensuous fulfilment,” and argues that the creative transformation of *O* must emerge out of it. In this sense, the analyst’s reverie reflects a kind of consummation— a momentary achievement of elusive contact, out of which something new is born. However, comments that Bion makes elsewhere suggest that this at-one-ment is never consummate, that there is a psychic distance between patient and analyst that must be preserved. He cautions, “at no time must either analyst or analysand lose the sense of isolation within the intimate relationship of analysis (1963, p. 17).” He continues:

No matter how good or bad the co-operation may turn out to be the analyst should not lose, or deprive the patient of, the sense of isolation that belongs to the knowledge that the circumstances that have led to the analysis and the consequences that may in the future arise from it are a responsibility that can be shared with nobody. Discussion of technical or other matters with colleagues or relatives must never obscure this essential isolation. (1963, p. 17)

This passage is an anomaly in Bion's published works. While his main contributions revolve around articulating the mechanisms involved in the sharing of unformulated emotional experience, here he suggests that such sharing is bound by a hard limit— one cannot share one's "responsibility," for the past or for the future. This passage is difficult to interpret in the light of his privileging of psychic reality and his bracketing of the external 'facts' of a patient's life; in what sense is the emotional reality of responsibility different from other emotional realities?

It may be overstating the point to claim that this passage is evidence of a tension in Bion's work, but it does raise questions about his view on the nature and limits of what can be shared. At the very least, the passage reads as a reminder of separateness in the context of the theoretical exploration of the unconscious interconnection of minds. I wonder whether Bion, having brought the inarticulate into the realm of shared experience, felt that he risked going a bit too far and needed to find some other representative of that with which we are irrevocably alone. He settled in passing and somewhat unconvincingly, although not without precedent from other intellectual traditions, on "responsibility." He certainly couldn't settle, as so many analysts before him had, on the nocturnal dream, having reconceptualized dreaming as a continuous, intersubjective process rather than a private affair. His technical suggestions, taken as a whole, pose a riddle for those who would follow them: how does the analyst who eschews memory, desire, and understanding, maximizing his receptivity and minimizing his otherness, who through this receptivity *becomes* the emotional reality of the patient and experiences this as something akin to "possession and sensuous fulfillment," maintain a sense of essential isolation?

In his discussion quoted above of the visual images that are evoked through language, Bion (1970) notes that words may be “scattered through the flow” of a given discourse “that give the total a particular coloration (p. 42-43).” In his own writing, he chooses his words carefully, in full awareness of their ‘penumbra of associations.’ And yet in his technical recommendations and descriptions of the role of the analyst, certain words and images stand out and give the whole a particular coloration which may not have been intended. The analyst denudes himself of his particularities in order to become, or approximate becoming, “*the irreducible ultimate man (ibid, p. 58)*”— a phrase with Nietzschean, even fascistic, overtones. “The analyst has to *become infinite (ibid, p. 46)*.” He sacrifices himself to the patient’s pain, but becomes more potent (creative, capable of transformation) as a result. He wields his “piercing shaft of darkness (*ibid, p. 57*).” His ‘blindness’ enables him to ‘see’ the truth, like Tiresias, in whom Bion took a keen interest. The suggestion of the analyst’s power, indeed his omnipotence, is so pervasive, it makes one wonder whether the reality of intersubjectivity hasn’t met with a fantasy of omnipotence in order to yield the theoretical foundations of reverie as a clinical concept. This possibility makes Bion’s anomalous comments about “responsibility” sound like an attempt to put a check on this omnipotence, to give it limits. Perhaps the dream in classical thinking was not only a reminder of separateness and loss, but also a check on omnipotence— for dreamers, but also for analysts. What is there to serve this function in post-Bionian thinking, once the analyst has *become infinite?*

Dreams and The Analytic Third

Ogden has been one of the most influential authors to popularize Bion's work in the United States. His ideas are also strongly influenced by Winnicott and Green, and perhaps for this reason, they reflect an enduring interest in the dynamic tension between the intersubjectivity represented by reverie and the essential isolation or aloneness suggested by classical thinking. As a theoretical framework for conceptualizing this tension, Ogden (1994) turns to the Hegelian idea of dialectics as well as to Winnicott's use of paradox. He reconsiders the major contributions in the history of psychoanalysis in terms of their introduction of dialectics into psychoanalytic discourse, including Freud's dialectic of consciousness and unconsciousness, Klein's of diachronicity and synchronicity (reflected in her theory of positions), Winnicott's of 'at-onement' and separateness, and Bion's of container and contained. Following the same interpreters of Hegel as Lacan did, and with a bit of a Kleinian twist, he understands dialectics to involve simultaneous destruction and conservation, and ultimately the creation of a third term. This forms the basis for his conceptualization of the analyst third—a third subjectivity that emerges in the analytic setting out of the dialectical interplay of the individual subjectivities of patient and analyst.

Ogden expands Bion's notion of reverie on the basis of his understanding of the analytic third. As described above, Bion uses the term to refer to the receptivity of the mother's or analyst's mind, in particular to emotional experiences that are unbearable for the infant or patient. Ogden captures this original meaning of reverie when he describes an experience with his youngest son, itself a memory that emerged during a period of silence with a patient:

Being with her reminded me of sitting in my younger's son's bedroom when he was three years old and he fitfully lay in bed trying to fall asleep after having been awoken by a nightmare... While with the patient during a prolonged period of silence, I recalled that when my son began to be able to relax into sleep, his rhythm of breathing and my own became one. In my half-sleeping state during one of the nights I sat with him, I dreamt dreams in which my wife and children had disappeared. The dreams felt so real that it took me

a bit of time on waking to recognize them as dreams... In retrospect, I believe that those nights with my son I was unconsciously becoming at one with him, physically and psychologically, breathing his rhythm of breathing, dreaming his fears. The hours spent by his bed remain with me as disturbing, tender experiences... as I recalled that period of sitting with my younger son, a line from a poem by Seamus Heaney (1984) came to mind: "Never closer the whole rest of our lives." (2005, p. 96)

This description captures the extent to which Bion came to associate successful receptivity with experiences of 'at-one-ment'. It also reflects the theoretical origin of reverie in the notion of projective identification, which lends itself to metaphors involving an exchange of content, such as being 'inhabited by' or allowing a 'sojourn of' something foreign ("breathing his rhythm of breathing, dreaming his fears"). Elsewhere, Ogden (1994) attributes the 'disturbing' nature of this experience to the fact that projective identification involves 'a subjugating third'— an intersubjectivity that negates or annihilates the individual subjectivities that participate in it. This collapse of 'threeness' into 'oneness' contributes the disturbing undertones to the tenderness of 'never closer.'

Ogden argues that the term reverie should be used not only for these experiences, which reflect a breakdown of the dialectic between subjectivity and intersubjectivity, but also for experiences in and of the analytic third. He describes these experiences as expressing themselves in the ordinary wanderings of the analyst's mind, including "day-to-day concerns... ruminations, daydreams, fantasies, bodily sensations, fleeting perceptions, images merging from states of half-sleep... tunes... and phrases (1997, p. 158)." Unlike the times when the analyst feels that he is receptive and attuned, these states of reverie often feel to him like a "failure to be receptive, understanding, compassionate, observant, attentive, diligent, [or] intelligent... [like] a product of... interfering current preoccupations, excessive narcissistic self-absorption, immaturity, inexperience, fatigue, inadequate training, unresolved emotional conflicts, and so on (*ibid*, p.

162).” While these trains of thought feel personal and mundane, Ogden sees them as generated out of and contextualized by the unconscious intersubjective constructions of the analytic pair. For this reason, the form that they take, even if they involve events in the analyst’s life, depends on and reflects the experience of the patient. Ogden offers as a hypothetical example an analyst dealing with a chronically ill child; he may feel helpless at his inability to cure his child during one session, envious of friends who have healthy children during another, and preoccupied with what it would be like to lose his child during yet another. In each of these instances, his subjective experience of the details of his life have been shaped by elements of his intersubjective context. Ogden’s memory quoted above of his experience with his youngest son serves as another example; this memory emerged in the context of his experience of a patient, and was therefore shaped by the nature of the silence between them.

This conceptualization of reverie reflects the influence of Bion’s later work; it involves striving to make contact with a shared emotional reality, rather than to transform an emotional experience that has been projected. In this sense, it moves beyond the exchange of content and experience, placing the object of analysis between both participants. Following Winnicott’s (1971) description of psychotherapy as taking place in the overlapping play spaces of patient and analyst, Ogden describes analysis as taking place within overlapping states of reverie. In contrast to the sexual symbolism and metaphors that Bion employs to describe the relationship between container and contained, and in line with his comments about essential isolation, Ogden emphasizes that both patient and analyst require *privacy* in order to experience reverie. He describes how he introduces the use of the couch to his patients by explaining that it “affords [him] the privacy to experience and think about what is occurring in a way that is necessary for

[him] to do the analytic work (1997, p. 114).” He challenges the ‘fundamental rule’ of psychoanalysis which compels patients to say everything that comes to mind, arguing that prioritizing speaking over silence or disclosure over privacy is antagonistic to the development of overlapping states of reverie and as “unanalytic” as prioritizing the positive transference over the negative or love over hate. Referring to a dream that a patient of one of his supervisees had in which she needed to shower in a public place but could not find a stall with a shower curtain, Ogden emphasizes that “showers should have shower curtains and analyses should have a place for privacy (*ibid*, p. 128).”

As an epigraph to his chapter on reverie and privacy, Ogden quotes Rilke: “I hold this to be the highest task of two people: that each should stand guard over the solitude of the other (1904, as quoted in Ogden, 1997, p. 107).” Later, he quotes Winnicott expressing a similar sentiment: “Although healthy persons communicate and enjoy communicating, the other fact is equally true, that *each individual is an isolate, permanently non-communicating, permanently unknown, in fact, unfound*... At the centre of each human being is an incommunicado element, and this is sacred and most worthy of preservation (1963, p. 187, as quoted in Ogden, 1997, p. 121).” The idea that the analyst’s role is to stand guard over a sacred solitude, to allow for non-communicating and remaining unfound, is in constant tension in Ogden’s work with the idea that the analytic pair lose themselves in each other. He writes that when patient and analyst begin analysis, each “loses his mind” in the sense of “his capacity to think and create experience as a distinctly separate individual (1997, p. 9).” It is not until termination that they “retrieve” their separate minds, but the minds “retrieved” are not the minds of the individuals who entered analysis: “Those individuals no longer exist. The analyst and analysand that are “retrieved” as

separate individuals are themselves in significant ways new psychological entities having been created/changed by their experience in and of the third analytic subject (*ibid*, p. 10).”⁵ Elsewhere, he describes this ‘loss of mind’ in terms of the patient’s psychological space and the analytic space becoming increasingly difficult to differentiate; the patient ‘locates’ his psychological life between himself and the analyst, in “a mind (more accurately, a psychesoma) that is in a sense the creation of two people (*ibid*, p. 142).” Ogden describes the death of an analyst during an analysis as not only a loss but a form of insanity, because it renders the patient unable to fully retrieve his mind.

At once unfound within oneself and irretrievably lost in the other: such is the experience of being in analysis. Ogden repeatedly cautions the reader that his words and ideas must be allowed “a certain slippage,” and so perhaps this tension is better considered a paradox than a logical inconsistency (1997, p. 3, p. 157). And yet, just as Bion’s suggestion that the analyst maintain a sense of isolation sits somewhat uncomfortably alongside his recommendations to maximize receptivity and minimize otherness, so too do some of Ogden’s technical recommendations grate against his depiction of the analyst as a guardian of solitude and non-communication. He writes that he has been guided by Winnicott’s caution that all analysts should ask themselves whether their technique allows for the patient to communicate that he or she is *not* communicating, and yet he recommends, for example, that analysts write process notes for

⁵ Ogden’s use of Hegel here is very close to Judith Butler’s (2000) reading of him: “When Hegel (1807) introduced the notion of recognition in the section on Lordship and Bondage in *Phenomenology of Spirit*, he narrated the primary encounter with the Other in terms of self-loss. “Self consciousness... has come *out of itself*... it has lost itself, for it finds itself as an *other*” (p. 111)... He is suggesting that whatever consciousness is, whatever the self is, it will find itself only through a reflection of itself in another. To be itself, it must pass through self-loss, but when it passes through, it will never be “returned” to what it was... the self never returns to itself free of the Other... Hegel has given us an ek-static notion of the self, one that is, of necessity, outside itself... it is transformed through its encounter with alterity, not in order to return to itself, but to become a self it never was (p. 285-286).”

sessions that the patient fails to attend. He elaborates that he operates under the assumption that “the patient’s physical absence creates a specific form of psychological effect in the analyst and in the analysis and that the analytic process continues despite the analyst’s physical absence (1997, p. 43).” If everything in the analyst’s mind is shaped by the intersubjective context of his relationship with the patient, even in the patient’s absence, and if the analyst can ‘receive’ a communication at any time by attending to his own internal processes, how can the patient communicate that he or she is not communicating?

While the dream may seem like an ideal representative of the subjective experience of a guarded solitude— it too is both communicating and non-communicating, centered around an incommunicado element that Freud called the “navel”— Ogden emphasizes that “a dream dreamt in the course of analysis” is a “dream of the analytic third (1997, p. 147).” He argues that it no longer makes sense to “speak of the patient as the dreamer of his dream (*ibid*, p. 140).” He writes, “it is disconcerting, to say the least, to recognize that our experiences of dreaming and reverie... can no longer be viewed exclusively as our own individual creations. Our dreams can no longer be viewed as entirely our own (2001, p. 12).” Drawing out the technical consequences of this view, he argues that the analyst’s associations are “no less important a source of analytic meaning in relation to the dream” than the patient’s, “since the analyst’s associations to the dream experience are drawn from the experience in and of the analytic third (1997, p. 142-3).” Like Khan and Pontalis, he is wary of the way in which an interpretation can replace the lived experience of a dream with a deadened understanding of it, and he argues that responding to the patient’s dream with reverie is a way of “carrying” the lived experience in the analytic setting and thus participating in and extending the “drift” of the unconscious.

Ogden gradually ceases to differentiate between dreams and reverie and elevates the former to a central place in his understanding of the analytic process. Drawing on both Bion and Winnicott, he describes all psychopathology as an inability to dream, and characterizes the analytic process in terms of ‘dreaming undreamt and interrupted dreams.’ He relates ‘interrupted dreams’ to nightmares and neurotic phenomena, and ‘undreamt dreams’ to night terrors and psychotic phenomena. In a condensed statement of his view, which reflects the culmination of his thinking over decades of work, he writes:

A person consults a psychoanalyst because he is in emotional pain, which unbeknownst to him, he is either unable to dream (i.e. unable to unconscious psychological work) or is so disturbed by what he is dreaming that his dreaming is disrupted. To the extent that he is unable to dream his emotional experience, the individual is unable to change, or to grow; or to become anything other than who he has been. The patient and analyst engage in an experiment within the terms of the psychoanalytic situation that is designed to generate conditions in which the analysand (with the analyst's participation) may become better able to dream his undreamt and interrupted dreams. The dreams dreamt by the patient and analyst are at the same time their own dreams (and reveries) and those of a third subject who is both and neither patient nor analyst.

In the course of participating in dreaming the patient's undreamt and interrupted dreams, the analyst gets to know the patient in a way and at a depth that may allow him to say something to the patient that is true to the conscious and unconscious emotional experience that is occurring in the analytic relationship at a given moment. What the analyst says must be utilizable by the patient for purposes of conscious and unconscious psychological work, i.e. for dreaming his own experience, thereby dreaming himself more fully into existence. (2005, p. 1-2, italics in the original)

Bion's influence is evident throughout, but so is Ogden's commitment to presenting Bion's ideas in a way that is less mysterious, more differentiated, and perhaps more humble. The words and images suggesting the analyst's power in Bion's *Attention and Interpretation* are absent here; Tiresias has been replaced by an altogether more ordinary analyst conducting an experiment and trying to say something true and useful. An experiment suggests the opposite of omnipotence—it is systematized trial and error, based on a hypothesis, its outcome unforeseen. Could it be that Ogden's commitment to theorizing the limits of relatedness, to carving out a theoretical space for solitude and non-communicating—however imperfect or paradoxical the outcome—serves to protect his understanding of reverie from contamination by a fantasy of omnipotence? That in

this sense, even a dream of the analytic third reflects the acceptance of separateness and limits, by both dreamer and analyst?

Waking Dream Thought

Bion's ideas have also been interpreted, elaborated, and popularized by field theorists, in particular those in Italy, such as Ferro and Civitarese. By bringing together Bion's (1962) understanding of 'waking dream thought,' the Barangers' (1961-62) conceptualization of the analytic field, and ideas concerning the nature and function of 'characters' from narratology, they describe psychoanalysis as cultivating "the tools that allow the development and creation of thought, that is the mental apparatus for dreaming, feeling, and thinking (Ferro, 2006, p. 990)." Like Ogden, they see patient and analyst as "engaged in an exchange of reveries," which reflect the nature of the analytic field—a shared, unconscious construction similar to the analytic third (Ferro & Civitarese, 2013, p. 647). Following the Barangers, they see this field as structured around a shared unconscious fantasy of the couple, which dictates the limits of what can be represented through analytic work. They describe the field as populated by 'characters' or 'affective holograms,' figures within the patient's discourse that allow important aspects of their experience to be "embodied" and elaborated in narrative form. They emphasize the elaboration of these embodied forms as a therapeutic end in itself, and liken this elaboration to the process of dreaming, just as Ogden describes the aim of analysis as facilitating the patient's ability to 'dream himself more fully into existence.'

Drawing on Bion's work in *The Psycho-Analytic Study of Thinking*, Ferro and Foresti (2013) characterize the psychic processing of emotional experience as involving two component

processes: the formation of thoughts and the activity of thinking. Thoughts, which they also refer to as ‘alpha elements’ or ‘pictograms,’ are the product of alpha function and represent a rudimentary symbolic representation of affective experience. Their sequencing constitutes ‘waking dream thought.’ Thinking is the way in which the mind copes with these thoughts, through narrative development and the ‘casting of characters’ for the purposes of elaboration. Ferro (2009) describes the “pictographing of protoemotional states” as giving form to something that was previously formless, but this form remains ‘raw’ until it is ‘cooked’ through narrative transformation into something digestible for the mind (p. 217). These two processes of transformation— the formation of thoughts and the activity of thinking— are the loci of creativity as well as potential sites of pathological malfunction. Just as Ogden writes that patients come to treatment because, unbeknownst to them, they are unable to dream, Ferro and Foresti understand all forms of pathology as reflecting a breakdown in either the formation of thoughts or the capacity for thinking.

Ferro (2006) understands variations in the content of the patient’s speech to reflect the different ‘literary genres’ that the narrative derivatives of waking dream thought may take. He includes amongst the most common genres scenes from everyday life or from film, childhood memories, sexual scenes or familial scenes, and in child therapy, play sequences, games, and drawings. He describes nocturnal dreams as another form of narrative derivative. He and Foresti (2013) suggest that nocturnal dreams may be the product of a ‘super alpha function’— “a further metabolization of dream material that has already been partly metabolized— that is simply an editing or directing process (p. 372).” Like Ogden, they recommend that the dream should not be interpreted, but rather “apprehended intuitively (*ibid*, p. 372).” However, Ferro also emphasizes

that as a narrative derivative, the dream may be used to form hypotheses about the emotions that are alive in the analytic field, and in this way it may yield interpretations. This approach gives the moment of narration increased significance over other aspects of the dream, such as the day residue or associations. As an example, Ferro and Foresti (2013) describe a case in which a patient suffering from a “nervous irritation, like a fire burning inside of her” went to see an analyst, who noticed the “smell of “smoke” about her” and at some point during the session suggested to her the image of a “seething volcano about to belch forth magma (p. 371).” In response, the patient suddenly remembered an adolescent nightmare, in which she was “sitting quietly in her room when some plants came alive and began to sprout at such a rate that she was afraid they would suffocate her (*ibid*).” Ferro and Foresti describe the dream as reflecting the patient’s mind’s attempt to symbolize the emotional impact of the analyst’s communication; it expressed, in that “relational instant”: “Look what your interpretation has dredged up in me!”

The analyst’s introduction of the image of a volcano into the session in this case captures the paramount importance that Bionian field theory places on reverie and the use of images or ‘living metaphors.’ Their understanding of reverie is strongly influenced by Bion’s ideas in *Attention and Interpretation*, where he depicts the analyst as attempting to make contact with the patient’s emotional reality, unknowable in itself, through maximizing receptivity and minimizing otherness. They describe ‘waking dream thought,’ here equivalent to Bion’s *O*, as unknowable in itself, and yet “reverie phenomena... can provide direct contact with waking dream thought... when there is a capacity (which ought to be more on the analyst’s side) to come into contact with a pictogram in one’s own mind (Ferro & Foresti, 2013, p. 369).” They characterize the intrapsychic work that the analyst does on a pictogram as a “countertransference microdream,”

presumably in the sense that it involves the narrative development and elaboration of something that exists in rudimentary symbolic form in the patient's mind. As examples of pictograms, they describe how a fearful experience may give rise to a pictogram of a trembling child, a tranquil one to a sunset over the sea, or an overwhelming one to a boat caught in a tsunami. Each of these pictograms would then yield narrative derivatives, which would take the shape of various scenes that in some way refer to the emotional truth that they bear witness to. While the analyst may listen for themes in the derivatives, contact with a pictogram depends on psychic receptivity and imagination, on the analyst capacity to 'dream' the session.

Ferro argues that "the analyst's most important activity becomes the process of *transformation in dreaming...* in this approach, each narration or character in effect becomes part of a series of holograms which capture the emotional reality of the field that is seeking representation (2009, p. 210)." He suggests that in order to achieve this transformation, "the analyst precedes every communication by the patient with a kind of 'magic filter' comprising the words, 'I had a dream in which...' (*ibid*, p. 214)." Ferro argues that this deconstructs and deconcretizes the patient's communications in a way that facilitates exploration and imaginative elaboration from the vantage point of psychic reality. It involves "a kind of listening that deliberately, as it were *ad absurdum*, assumes a zero degree of external reality in any communication by the patient (*ibid*, p. 211)," not in the service of dispensing with material or external reality, but rather in order "*to apprehend its subtlest nuances in terms of how [it is] accommodated in psychic reality* (Ferro and Civitarese, 2013, p. 648, italics in the original)." This echoes Bion's discussion of the patient who is factually married but 'psychoanalytically' unmarried; the bracketing of external reality serves to increase the analyst's receptivity to

emotional truths that may be contrary to or obscured by objective facts. The ‘oneiric filter’ takes this one step further by turning the figures in the patient’s life into ‘characters’ in the field, and by orienting the analyst toward visualizing the content of the session. Through this approach, the analytic field becomes “*a constantly expanding ‘oneiric holographic field’ ... [in which] possible worlds and stories gradually come to life, are transformed, and crystallize into new formations of memories, stories, and a history (ibid, p. 219, italics in the original).*”

Ferro’s writing and his clinical work are richly imagistic. To illustrate “the possible form of an emotional field with the various characters and types of functioning present and interacting in it,” he includes in his paper one of Federico Fellini’s sketches of his own dreams, which borders on the carnivalesque and easily evokes scenes from his films (2009, p. 220). His papers are full of drawings made by his child patients. In his case studies, Ferro often suggests examples of the pictograms that may be operative in the narrative derivatives that he describes; these include hurricanes and roaring lions, the sun rising between clouds or peeking through branches, zebras, gazelles, antelopes, and Hannibal Lector, among other things. He also ‘dreams’ his patient’s material and offers images of his own to the reader as a result. For example, he and Foresti (2013) describe a patient who comes to treatment full of fear that she will be judged ignorant or stupid; she mentions that she has an “explosive” sister as well as two cats, one of which is affectionate and the other wary. They interpret her sense of herself, as well as her sister and her two cats, as characters in the field, representing various aspects of her experience. In a diagram of her mental state, they represent her as a gazelle and her sister as a tiger, which they equate to one hundred cats— two of which she has integrated into her psychic life, and ninety eight of which remain split off as ‘hypercontent’. From a single session and the detail of her pets,

they extract a veritable menagerie. Ferro repeatedly comes back to wild animals as a metaphor of uncontained feelings; when another patient who is always “a good boy” tells him about the chickens, ducks, hens, sheep, and cows on his grandmother’s farm, Ferro asks whether the patient isn’t “fed up with all these herbivores (2015, p. 3).”

The playful tone of Ferro’s writing, as well as his interventions, is evident from these details. Elsewhere he notes that one of the clinical implications of Bion’s thought is that adult and child analysis can be seen as increasingly similar— while the narrative derivatives of waking dream thought may be expressed through different ‘genres,’ both forms of treatment involve facilitating the processing of emotional experience through transformations in dreaming. His manner of engaging with patients seems to vividly capture what Winnicott (1971) intended when he wrote that psychotherapy involves two people playing together. The combination of this playfulness and a theoretical orientation that encourages the analyst to be ‘receptive’ to the images that enter his mind leads Ferro and other field theorists to introduce content more often than other analysts might. In response to a patient’s report that he struggles with conflicting attitudes toward emotion, on the one hand wanting to submit to explosive feelings even if they make him bleed, while on the other wanting to cower and hide from them, Ferro (2009) suggests moving beyond ‘either one or the other’ by noting that there are some dishes, such as Sicilian *caponata*, that are both salty and sweet— explosive like his mother and yet reserved like his father. Similarly, in his supervision of a case where the patient had become threatening to the analyst, he introduces the idea of ‘redskins’ or Indians in response to a detail about the patient’s skin irritation, and this becomes an organizing metaphor for a disowned or ‘undreamt’ part of both patient and analyst (Ferro, 2015). And, in a case study discussed by Ferro and Foresti (2013), the

analyst responds to a patient's dream by asking if she knows the story of the *Snark*, and then proceeds to tell her the story, seemingly offering it as a kind of transformation of the themes within the dream.

The emphasis in Bionian field theory on the analyst's ability to 'see' waking dream thought, which others cannot see, brings back the specter of Tiresias and raises the question of whether its conceptualization of reverie is vulnerable to intermingling with a fantasy of the analyst's power. It seems to me that Ferro and his colleagues *play* with an identification with Tiresias, through the occasional adoption of an oracular, almost prophetic voice. At the beginning of an analysis, a patient tells Ferro that he has been working on fixing up his Vespa. After several sessions on this theme— still at the beginning of the analysis— Ferro 'ventures to remark' that 'wasps sometimes sting,' playing on the fact that the word for 'wasp' in Italian is 'vespa.' His comment takes the form of a riddle; it is both enigmatic and foreboding. Similarly, Ferro and Foresti (2013) describe a case in which an analyst buzzes a new patient into his office, only to find her still standing outside, "shrunken into herself," apologizing and explaining that she was afraid someone was already inside. After a session in which she spoke in "an ultrasoft voice, scarcely more than a whisper," it comes time to pay, and she asks, "should I put your name on the check?" The analyst responds, alluding to the lyrics of a popular song, "no, put Cerutti Gino, who was called the dragon." The analysts in both cases see themselves as giving form to an aspect of the emotional field, but could it be that the oracular structure of their statements may also give form to a fantasy deeply embedded in their theoretical approach?

Last year during a presentation at the White Institute in New York, Ferro (2015b) asked the audience whether they wanted to hear the 'craziest thing he's ever said in a session.' He

proceeded to describe a session in which he asked his patient whether she wanted him to tell her *the dream that her fiancé had dreamt the night before*. It was a charming intervention, so playful and creative, and no doubt successful in generating an opportunity for the analytic couple to think and dream together. It draws on Ferro's understanding of the fiancé as a character in the field, whose dreams are therefore accessible to, or indeed dreamt by, both patient and analyst. A patient who has understood something about Ferro's approach from their work together would likely appreciate this intuitively. And yet just as jokes and parapraxes often reveal unintended dimensions of meaning when read literally, Ferro's suggestion that he can read the minds of even those who have never been in his consulting room gestures toward the same fantasy of omniscience as the oracular interpretations described above. My intention is not to criticize Ferro's technique, which I find sensitive, attuned, and authentic, but rather to consider how it might render visible subtle fantasies that are intertwined with theoretical assumptions. While these riddles introduce images that patient and analyst can elaborate together, they also put the analyst however playfully in the position of the one who *knows*. Of course, such a posture has a long history in psychoanalysis dating back to Freud, but it has become increasingly uncommon amongst post-modern analysts.

Although Bion emphasizes repeatedly that the analyst should always be aware of what he does not know, he also suggests that the knowledge gained through intuition is almost infallible; theoretical knowledge and objective facts mislead, but we must have 'faith' in our visions. These visions are, in fact, difficult if not impossible to falsify. Ferro (2015) writes that the patient whom he told that 'wasps sometimes sting' reported during the next session that his laptop was hit by lightning and literally 'fried.' He understands this to be a communication about the way in

which the patient was ‘struck’ by his comment about the ‘wasps,’ and responds by modulating the depth of his interpretations. While the patient’s response can suggest that the interpretative depth is off, it cannot suggest that there were no ‘wasps’ in the field, that the ‘wasps’ belonged to Ferro. The conclusion is not that the comment was untrue, but that the truth was unbearable. Stern (2013) has observed that field theorists tend to “trust their clinical instincts implicitly,” that they more readily assume that what comes to mind “can be trusted to be rooted in the intention to digest the patient’s projective identifications” and thus “to be a simple and unalloyed expression of clinical care for the patient (p. 641).” He asks how, with this absolute faith in reverie, do they recognize when they are engaged in a more pernicious form of enactment? His question focuses on a technical point, and yet it also suggests a much broader and significant theoretical one: how do we know that absolute faith in reverie is not, in itself, and enactment of something? And if it is, what exactly is it an enactment of?

Reverie and Woundedness

In his discussion of the theme of unconscious communication as it was developed in classical thinking and coalesced toward Bion’s formulation of reverie, Brown (2011) discusses Ferenczi’s understanding of introjection, Fliess’ ideas about ‘psychic metabolism’ and ‘conditioned daydreaming,’ and Isakower’s work on the ‘analyzing instrument.’ Isakower’s contribution, in particular, resonates with that of post-Bionian theorists like Ogden and Ferro. Isakower argues that ideas or images that come to the analyst’s mind during a session “should be taken seriously as data *for understanding the patient* and perhaps even presented to the patient as a means of furthering such understanding (Spencer, Balter & Lothane, 1992, p. 248-249, as

quoted in Brown, 2011, p. 29). As Brown notes, Isakower was interested in visual images in particular, perhaps due to his early work on dreams, as discussed in Chapter 2. Just as Freud (1912) writes that the analyst should use his unconscious as an instrument of analysis, Isakower writes that the analyst should develop his ‘analyzing instrument.’ And, following but elaborating on Freud, Isakower emphasizes the mutuality of this instrument, the extent to which it belongs to both patient and analyst. He writes:

In describing the analytic instrument, it is useful not to think of it as a permanently integrated, unitary system within the psychic structure of one person, the analyst. It seems more adequate to regard it, in its activated state, as being in rapport with its counterpart in the patient; or, better perhaps, to see it as a composite consisting of two complementary halves. It will be remembered that in Freud’s description both halves function together as one unit in continuous communication. (1963, p. 201, as quoted in Brown, 2011, p. 30)

He continues on to describe an example of the analyst’s experience of this instrument in the quotation that serves as the first of the two epigraphs for this chapter and is reprinted below. In a tone that Brown (2011) describes as ‘waxing poetically’ about a ‘wistful separation,’ he writes:

The session is broken off, the patient is leaving the room; you, the analyst, are in the process of emerging out of the ‘analytic situation’— that near dream-like state of hovering attention; the patient is being separated from you and you are left alone. *In this short moment of the severance of the “team” you are left in midair and you become aware of the denuded raw surface of your half of the analyzing instrument, the surface of which is opposite the patient’s half.* 1963, p. 202, as quoted in Brown, 2011, p. 30, italics added)

The description of patient and analyst as two complementary halves of a composite, and the image of the denuded raw surface of each half opposite the other, is so strongly evocative of the well known myth from Plato’s *Symposium* that it makes one wonder whether Isakower intended the ‘penumbra of associations’ that go along with it. Excerpts from this myth form the second epigraph for this chapter. It depicts human beings as they are now as the severed halves of an original unity, which was ‘terrible’ in its strength and power and therefore a threat to the gods. The severance was a punishment for misbehavior and ambition, and represents a fall from

potency into a state of lack and loss. As the story goes, Zeus commanded Apollo, who was responsible for healing the resulting wounds, to turn each face around toward the wound, so that each would remain always aware of his limitation and his loss. As a consequence, erotic love emerged as a longing for an other who would make us whole, complete.

The myth concerns the origin and nature of erotic love, but it also illustrates the relationship amongst a complex set of fantasies. It situates the longing for wholeness and the fantasy of complementarity within the context of the experience of woundedness. It depicts this woundedness as the consequence of separation from something that was not but has become other, resulting in a loss that we experience as a lack, a lack that we experience as a loss. It also captures the intimate link between fantasies of union and those of power; the loss of wholeness is associated with a loss of potency, the onset of limitation. In all of these ways, it is echoed in the biblical story of the garden of Eden, where we fall not from a specific other but from God (which is not to say that the ancient Greek and the Judeo-Christian worldview are compatible; only that there are parallels in their origin myths). The themes are deeply embedded in our cultural fabric, and so perhaps unsurprisingly, they have also shaped our theories: almost every psychoanalytic developmental theory postulates a similar fall from wholeness or emergence out of an original unity. It is implicit in Freud's conception of primary narcissism, Winnicott's of omnipotence and primary creativity, Klein's of the paranoid-schizoid position, Mahler's of symbiosis, and even Lacan's of the preponderance of the imaginary order until the instantiation of the symbolic. In this sense, traces of Aristophanes' speech can be found not only in Isakower's work on the 'analyzing instrument,' but also in psychoanalytic assumptions about the nature of human development.

And yet, Plato does not use Aristophanes' voice to present the myth as a straight forward metaphor for the human condition; as a philosopher engaged in philosophy, he uses it to reflect on the process of myth-making. The speech suggests that the fantasy of an original union and the compulsive search to rediscover it emerge out of the universal human experience of feeling limited, wounded, impotent. The parallel between our cultural myths and our developmental theory risks obscuring the lesson that Aristophanes' speech has to teach us: that these fantasies are the meaning that we give to an experiential, emotional reality by constructing a past and envisioning a future; that they stand somewhere between the progressive work of symbolization and a regressive retreat into fantasy. As progressive work, they reflect the process of thinking and dreaming that is so important in post-Bionian theory; they are narrative derivatives of psychic reality that have been elaborated for centuries in the form of myth and more recently in the form of developmental theories. However, Aristophanes' speech reminds us that the shape that these derivatives take has consequences; the hypothesis of a lost union consigns us to a compulsive search to rediscover this union in the future, and in chasing something that we either lost or never really possessed, it reflects a retreat into the realm of fantasy.

As described in Chapter 2, the psychoanalytic discourse surrounding dreams since Freud has been deeply interwoven with the themes that are elaborated in this myth, with the maternal body standing for the original union to which we long to return. In classical thinking, the dream represented our separateness, an emergence out of solitude, an acceptance of limits and loss—even as it gave us the impression “of being able to reach that mythical place where nothing is disjointed (Pontalis, 1981, p. 37).” In that distinctly paradoxical way that characterizes the transitional object, it was both a retreat from and an acceptance of the harsh facts of reality; it

was an acceptance in a form that offered some solace of its own. Bion's reformulation of dreaming shifted the object with which dreaming puts us in contact: the maternal mind, rather than the maternal body, came to represent the container of our original unity, the place where nothing is disjointed and fragments are made whole. With his sexual symbolism for the containing relationship, Bion brought his theory even closer to Aristophanes' speech by implicating an erotic dimension to the search for completion. In his later work, Bion shifts his focus from the patient's dreams, which strive to make contact with the maternal mind, to the analyst's reverie, which strives to make contact with *O*. Could it be that this *O* reflects a displacement of the maternal mind and body, with all that this implies in terms of the analyst's relationship to it? That 'waking dream thought' risks becoming for the analyst 'that mythical place' he longs to return to, that can restore him to power and makes him feel whole?

Ferro and Civitarese (2013) write that the metaphors that emerge from reverie "restore body to mind and mind to body. They are the most profound form of thought of which we are capable... They emanate from the unconscious, which... is *constantly working to find, or rediscover, a basic psycho-somatic integration* (p. 651, italics added)." In the same paper, just two paragraphs before, they make the rather surprising claim that Bionian field theory may be said to "take inspiration" from "the so-called *sacred conversation* between mother and child portrayed in many classical paintings of the Italian Renaissance"—that is, the depiction of the Madonna and child (*ibid*). Could it be that psycho-somatic integration is not the only integration that the unconscious is constantly working to rediscover, or rather, that as in Aristophanes' myth, psycho-somatic integration may be conflated with the return to a lost union with another? Ferro and Civitarese argue that their statement does not reflect an idealization of psychoanalysis: "the

image by no means excludes the element of violence... the mind can self-destruct... when the analyst lacks the capacity for reverie. In this case the metaphor is no longer that of the Madonna and Child, but that of decapitation, as depicted in the many paintings of Salome... (*ibid*, p. 651).” They align their theoretical approach with the Italian painter Artemisia Gentileschi, who represented the spectrum of emotion from nurturance to violence, from Madonna to Salome.

Ferro and Civitarese do not seem to notice, or at any rate do not address, the fact that as figures with whom the analyst might identify, both Madonna and Salome are, albeit in different ways, very powerful women. As with the oracular comments about ‘wasps’ or Cerutti Gino, they seem to assume that these figures represent what the authors intend for them to and no more. Even Gentileschi is a powerful woman with whom to identify; a painter is someone with a strong capacity for visualization who regularly gives form to the formless. While it may be true that these identifications do not reflect an idealization of psychoanalysis in terms of content— a disavowal of violence and negative emotions— it seems equally true that they reflect an idealization of the psychoanalyst at the level of form. He is as nurturing as the Madonna, as comfortable with sexuality and aggression as Salome, as visionary and inclusive as Artemisia Gentileschi. He is an ideal *container*— he can take even the murderous seductiveness of Salome and transform it into something therapeutically useful. Stern (2013) asks where the Bionian field theorist’s confidence comes from; Ferro and Civitarese respond that it comes from their theoretical assumptions. If one does not accept the theoretical premises of field theory, in particular the function of reverie in making contact with waking dream thought, then perhaps their interventions may seem arbitrary, incomprehensible, or cavalier. Their confidence comes

from what Bion calls ‘faith,’ from faith in their ability to make contact with the order of waking dreams.

The notion of faith brings us back to Stern’s concern that within Bionian field theory there is no way to determine when the use of reverie slides into enactment, and to the larger question of whether absolute faith in reverie might reflect an enactment of something that is supported by theoretical premises. When the specter of Tiresias appears in the discourse surrounding reverie, it suggests that the image of the receptive analyst who makes contact with waking dreams is vulnerable to interaction with fantasies of the analyst’s power, with the image of the analyst as a visionary. How are we to understand this vulnerability? One explanation might be that these fantasies of power reflect the analyst’s unconscious receptivity to projections of omnipotence, a process that has been relatively undertheorized. Bion wrote in detail about the analyst’s containment of the patient’s terror— his fear of dying— but never elaborated on how the analyst experiences the patient’s projections of his ‘good’ feelings— his powerful feelings, the feelings that make him feel that he is interacting with an ideal object. How does the analyst experience the patient’s projection of his omnipotence? Might it make him more vulnerable to identification with powerful figures, like Tiresias and Madonna, and to intervening in ways that give form to an aspect of the emotional field but at the same time subtly underscore his potency for doing so?

Recall Mitchell’s (1988) warning that when analytic provisions are understood in terms of compensation for something that was missing in childhood, the analyst risks identifying with the patient’s fantasy of an idealized object. As described in Chapter 1, Mitchell formulates this idea using Fairbairn’s language, describing the patient as bringing to treatment a “fantasy of an

impossible, unreachable nurturance which sustained him or her in the absence of real relationships (p. 171).” He argues that conceptualizations of the therapeutic relationship in terms of compensatory environmental provisions may “actually [be] coterminous with the analysand’s own infantile fantasy of a magical cure (*ibid*).” In addition to receptivity to projections of power, then, it may be that the formulation of reverie as a developmental provision and only secondarily or consequently a therapeutic one contributes to the vulnerability of the image of the receptive analyst to intermingling with fantasies of power. In addition, Isakower’s description of the analyzing instrument, with its echoes of Plato’s *Symposium*, underscores the fact that the patient may not be the only one who brings to analysis a fantasy of an ideal other, or of perfect complementarity, completion, and wholeness. Perhaps in the context of the painful, ‘catastrophic’ work of analysis, the analyst’s identification with this ideal other in and through the notion of reverie offers some solace for both patient and analyst.

It may also be that fantasies of power enter into the discourse on reverie and waking dream thought through the historical and cultural meanings that the activity of listening to dreams carries. Lippmann (2000) argues that there is an intimate link between the role of dream listener and fantasies of power, due to what he calls “the archetypal transference.” He describes this transference in terms of the way in which our historical and sociocultural embeddedness structures our experience of working with dreams. He writes:

Although the therapist may in no way be inclined to awareness of the fact of the historical role of the dream interpreter from the beginning of recorded history through most every known culture, I believe the influence of this history is significant in the way the listener does his job. The dream listener... sits in a large and ancient chair, wearing an honored and revered mantle. The role, position, and influence of the dream interpreter from ancient days has been profound. In the birth of most every religion, one finds dreams and their interpretations. In most all methods of prescientific psychological and physical healing, the dream and its interpretations play a notable part. In magic and folklore, in prophesy and instruction, the dream interpreter regularly makes an appearance. The dream’s mystery has been wrestled with in almost every philosophical system. And in all of this, the dream interpreter stands anointed, ordained, enthroned for a

most special assignment. The interpreter's duty is to reveal the dream's mystery, to untangle its enigma, to lay bare its secret...

This ancient discussion of the nature and function of dreams, this ancient significance and power, this aura of magic and sorcery, of secret and profound knowledge, surrounds and infuses the modern dream interpreter, sitting in his office, minding his own business, without regard to awareness of such archetypal happenings... both [patient and analyst] may exist in relative innocence, but the ancient history exerts its influence under the surface, I believe, in the deep innards of dream discussion. (p. 86-7)

While Lippmann understands this transference to be activated when the patient reports a nocturnal dream, it is likely to be active in a much more general and pervasive way within a theoretical approach that conceptualizes the entire session as a 'waking dream.' For this reason, we may find echoes of the archetypal transference in the receptive analyst's relationship to waking dream thought. As both a compensatory environmental provision and a form of listening to waking dreams, then, reverie carries a strong link to the ideal and powerful other. Lippmann brings the developmental and archetypal dimensions of reverie together by observing that the mother is the first dream listener: she is the first one to whom the child tells his dreams, and is therefore equally present in the 'deep innards' of dream discussion.

In Aristophanes' myth and much psychoanalytic developmental theorizing, the loss of omnipotence is associated with separation, with the absence of the object. If it is true that waking dream thought comes to represent a displacement of the maternal mind and body as a site of regressive union, it follows that the omnipotence that becomes associated with it through all of the mechanisms outlined above reflects a denial of loss, a refusal to accept limitations and feelings of woundedness. Perhaps reverie is vulnerable to the same perversion of the dreaming process that Pontalis described, whereby the wish to "maintain an impossible union with the mother, to preserve an undivided whole, *to move in a space prior to time...* (1981, p. 29, italics in the original)" leads us to cling to the dream-as-an-object rather than residing in dream-space.

Dream-space is for the wounded, the incomplete, those who Winnicott describes as “*permanently unknown, in fact, unfound...* (1963, p. 187).” And yet it is also true that some people need help, as Ogden puts it, to dream undreamt and interrupted dreams. How do we conceptualize dreams after Bion in a way that does justice to both intersubjectivity and the aloneness that Winnicott describes as sacred and most worthy of preservation, that recognizes the power inherent in the position of the analyst without allowing it to obscure our own limitations and losses?

Chapter Four: Dreams and Mourning

Ultimately, though, whether it is a maternal or a paternal ideal, the fantasy of an omnipotent figure, in and with whom we are redeemed, condemns us to a life of denial of loss and to a world in which complementary power relations triumph over mutual understanding.

But the deconstruction of this fantasy should not be equated with the bitter disillusionment that turns us against ourselves, chastising ourselves as victims of false hope, of a childish longing for redemption. Nor does disillusionment alone constitute a real base for knowledge of difference. By itself, it reflects only the disparagement of what was once loved, the countering of mania with depression, the refusal to grieve concealed by a repudiation of all longing. *The real alternative to a defensive fantasy of omnipotence is the labor of mourning...*

From Jessica Benjamin's *The Omnipotent Mother*

A more thoroughgoing inquiry— yet to be done— would surely bring us to see that the dream-work and the work of mourning are just two aspects of a single process.

From Jean-Marc Dupeu's *The Introjective Function of Dreaming*

Feminist Nostalgia and The Maternal Imaginary

Perhaps the most striking realization to emerge from a close reading of the history of dream theory is the extent to which the maternal mind and body have been *put to use* in connection with dreams. They have given the dream an imaginary destination, a terrain, an interlocutor, as well as an object of desire. They have been alternately absent and intrusively present, possessed and irrevocably lost, familiar and irreducibly other. They have been sexualized and displaced, cast and recast in various scenes: in fantasy, in developmental history, and in the clinical setting. In post-Bionian theory, mothers have come to be seen as dreamers and dreams have come to be understood as performing an essentially maternal function. All of this suggests that dream theory has been fundamentally shaped by what Jacobus calls 'the maternal imaginary,' i.e. the repository of theoretically and socioculturally constructed images of mothers and motherhood. This repository shapes both public and private discourse, fantasy as well as

cultural life and knowledge. Insofar as dreaming has come to redefine maternal care, dream theory has not only been shaped by, but also participated in the construction of, the maternal imaginary.

While the maternal imaginary resists precise definition, Jacobus (1995) circumscribes its domain as follows:

My subject... is the fantasmatic mother who may or may not possess reproductive parts, nurturing functions, and specific historical or maternal manifestations; but who exists chiefly in the realm of images and imagos (whether perceived or imagined), mirroring and identifications, icons and figures; who is associated sometimes with feminist nostalgia, sometimes with ideological mystification; who surfaces in connection with melancholia, matrophobia, and matricide, and plays a key part in Kristevan theories of signification; who figures prominently in the writings of Melanie Klein, where terms such as splitting, identification, and projection analyze a repertoire of activities involving fantasized attacks on, and reparations to, the maternal body; who gives the breast its cultural power...and incites the imagination to linger on the hallucinatory breast, the lost breast, or the idea of a good feed. (1995, p. *iii-iv*)

Theorizing the dream has been one of the ways in which the psychoanalytic imagination has lingered over ‘the hallucinatory breast, the lost breast, and the idea of a good feed.’ This is abundantly evident in Chapter 2. Through this lingering, theorists have not only expanded our understanding of the dream, but made countless contributions to the conceptual repository of the maternal imaginary: the idea that the unconscious representation of the breast serves as a screen onto which dreams are projected; that we cling to scraps of dreams like childhood blankets and beloved dolls because they offer some of the comfort of the maternal body; that when we wake up we long for the lost body of the dream like the lost body of the mother; that we dream because we have internalized the dreaming function of the maternal mind. Although not often considered in this way, our dream theories have been part of a much larger project of constructing images of mothers and motherhood.

Jacobus observes that post-Freudian theory has led to the elevation of the pre-oedipal mother in this fantasmatic realm, and more importantly, to *the construction of this mother as an*

object of nostalgia. In a reflexive look at feminist discourse, Jacobus (1995) argues that the reframing of femininity as constituted by loss (of the mother) rather than lack (of a penis) was instrumental in this process. She sees evidence of ‘feminist nostalgia’ in the preoccupation with the myth of Persephone, which has long served as a trope in psychoanalytic feminism (cf. Chesler, 1973; Rich, 1976; Hirsch, 1989; Jacobus, 1995). As is well known, the myth symbolizes the loss of the pre-oedipal, pre-sexual relationship with the mother. It brings together two long standing feminist concerns: the importance of the pre-oedipal relationship and the reality of sexual seduction and abuse. While Oedipus’ story is one of transgression and guilt, Persephone’s is one of separation and mourning. For evidence that the paradigmatic shift from Oedipus to Persephone has been much broader than feminist circles, one need look no further than dream theory: Freud’s understanding of dreams as the imagined satisfaction of forbidden wishes fits well within an Oedipal paradigm where forbidden desires cause internal conflict, but which mythic narrative provides the paradigmatic structure for the understanding of dreams as an expression of longing for a lost union with the maternal? Certainly, this must reflect the subtle displacement of Oedipus’ desire by Persephone’s nostalgia.

So it seems that the link between dreams and the maternal has lent dream theory some of the nostalgia embedded in the maternal imaginary. Or, perhaps: that dreams have been recruited in the service of constructing the pre-oedipal mother as an object of nostalgia. While Jacobus’ focus is on the reframing of femininity, the trajectory of dream theory suggests that this nostalgia is also intimately linked to object relational formulations of maternal care. Almost all post-Freudian developments— the rise of developmental approaches, of object relations and attachment theories, of infant observation and empirical research— have participated in the

elevation of the pre-oedipal mother in psychoanalytic discourse, and consequently in the shift from Oedipus to Persephone as the implicit structuring myth of psychoanalysis. Like feminist reformulations of femininity, object relations theories in particular have emphasized the *loss* of the pre-oedipal mother—the long and difficult process of accepting separateness and limits, and of coping with the helplessness and rage that this process engenders. In this way, these theories betray evidence of Persephone’s nostalgia, which has in turn shaped their understanding of the dream.

According to Jacobus, the rise of the Persephone myth is significant because it has been used to perpetuate an unconscious fantasy at the heart of our theoretically and socioculturally constructed image of the maternal: that the lost pre-oedipal mother can be re-found, and that re-finding her would amount to the recovery of unity or wholeness. She emphasizes that this fantasy reflects a denial of loss, and consequently, a refusal to mourn. She reminds us that “something is always lost in stories of the constitution of the subject (1995, p. 16),” and argues that certain strains of feminism suffer from “a nostalgia rooted in the desire to forget the irretrievability of “the mother as mother”; the mother as not only always lost but never possessed, always a sign of alienation (*ibid*, p. 20).” Jacobus sees the fantasy of having possessed the pre-oedipal mother as a product of *nachträglichkeit*— a retroactive construction from the vantage point of Oedipality. The parallels between the strains of feminism that she discusses and other post-Freudian developments suggest that her ideas have a much broader significance. Decades ago, Kristeva argued— in the context of Lacanian phallogentrism— that the mother-child relationship had remained unsymbolized, and that the purpose of its symbolization was ultimately its mourning.

Has the post-Freudian focus on this relationship facilitated the work of mourning or perpetuated the nostalgic fantasy at the heart of the maternal imaginary?

This question seems particularly relevant in the context of theories of the therapeutic process in terms of compensatory environmental provisions; do these theories collude with the denial of loss by promoting the fantasy of re-finding the pre-oedipal mother in the maternal function of the analyst? Perhaps this is the unconscious subtext of the theoretical development known as the “maternalization of the analyst,” for both patient and analyst alike. In a subtle reading of Freud’s dandelion fantasy in his paper on *Screen Memories*, Jacobus (1995) traces the echoes of the myth of Persephone and argues that Freud was unable to see them because he was blind to his own seductive, paternal desire. Could it be that we have been unable to see the same echoes in our clinical theory because we have been blind to our nostalgic desire for the maternal? One of the fundamental tenets of an intersubjective perspective is that the patient’s unconscious is attuned to that of the analyst just as the analyst’s is attuned to that of the patient. If the analyst’s clinical theory is based on a theoretical paradigm that promotes the fantasy of re-finding the pre-oedipal mother in the maternal function of the analyst, how does this impact the patient? Does it inhibit the work of mourning? Green (1986) has argued that the single most important characteristic that differentiates contemporary analyses from those of the past is to be “found among the problems of mourning (p. 142)”; the preponderance of nostalgia in post-Freudian developments suggests that these problems have been woven into the theoretical fabric of psychoanalysis.

It may be that nostalgia enters into clinical theory through yet other mechanisms related to the maternal imaginary. Philipson (1994) argues that ‘the reproduction of therapy,’ or the way

in which it is passed down through the generations, mirrors what Chodorow has famously described as ‘the reproduction of mothering.’ In a sociological reframing of gender identity development, Chodorow (1999) argues that all children begin life “matrisexual.” Due to the embodied likeness between mother and daughter and the mutual identification that this engenders, mothers and daughters remain oriented toward one another for longer, albeit ambivalently. While women eventually become “genitally heterosexual,” they remain emotionally oriented toward other women for experiences of intimacy. Chodorow argues that this is in part because the socialization of men is such that heterosexual relationships leave women wanting in terms of emotional connection. Leaving aside the gender stereotypes that have become outdated, the importance of Chodorow’s argument lies in her explanation of why women mother: “*It is women’s desire to recreate the experience of primary unity that serves as the unconscious and conscious drive to mother* (Bueskens, 2014, p. 18, italics in the original).” Philipson extends this idea to explain why therapists become therapists: “After experiencing a rich transference relationship in their own (training or personal) therapy many women wish to recreate this role and become therapists themselves, identifying not just with the role or position of their therapist but with her person (much as daughters identify with mothers in Chodorow’s account)(*ibid*, p. 100).”

From this perspective, the therapist’s theoretical understanding of compensatory environmental provisions may not only collude with the patient’s fantasy of re-finding the pre-oedipal mother, but also with the therapist’s own desire to recreate a lost experience of intimacy. Perhaps it is within this situation that waking dream thought takes on a surplus of meaning, becoming a displaced maternal mind and body— no longer an attempt at union, as Pontalis

(1981) wrote, but a product of the union of patient's and analyst's mind. As Benjamin (2007) has observed, the denial of loss implicates not only nostalgia, but also power relations: "the fantasy of an omnipotent figure, in and with whom we are redeemed, condemns us to a life of denial of loss and to a world in which complementary power relations triumph over mutual understanding (p. 588)." Perhaps we can extend this statement to include omnipotent figures in and with whom *we redeem and are redeemed*, since both the longing for redemption and the identification with the redeemer reflect the same denial of loss and refusal to mourn. Is the specter of Tiresias in post-Bionian theory antagonistic to the work of mourning? It is interesting to note that Bion himself argues (1962a) that omnipotence reflects a retreat from dreaming... when the receptive analyst becomes an omnipotent analyst, what is it that he has failed to dream?

When Isakower (1938) describes his dream-like phenomenon as the "hallucinatory possession of an object that in reality has been lost (p. 344)," or Lewin (1946) posits an unambivalent wish to sleep in regressive union with the maternal breast, neither author leaves open the possibility that Jacobus (1995) considers a necessity: that the mother was "not only always lost but never possessed, always a sign of alienation (p. 20)." Perhaps theirs is the same blindness that afflicts the feminist theorists that Jacobus criticizes, who do not consider alternate interpretations of the Persephone myth in theory and in literature, which depict her as a desiring participant in her own seduction (see, for example, Louise Glück's (2006) poem *The Myth of Innocence*: "...She stands by the pool saying, from time to time/ *I was abducted*, but it sounds/ wrong to her, nothing like what she felt./ Then she says, *I was not abducted*./ Then she says, *I offered myself, I wanted/ to escape my body*. Even, sometimes, *I willed this...*). These interpretations raise the question of what the mourning process looks like when it involves

mourning for an object that was “always lost.” Is this process more ambivalent (*I was abducted... I willed this*)? Is it perhaps more easily obstructed by nostalgia? And does Jacobus’ reminder of maternal alterity reflect the “new layer of recognition and awareness of loss” that Benjamin (2007) describes as the only way to overcome “the sedimenting of the omnipotence fantasy in our cultural life (p. 588)”?

Matricentric Theory and The Importance of Alterity

Over the past decade or so, the integration of psychoanalytic, feminist, and sociological perspectives has yielded a small but lively intellectual subfield recently designated “matricentric feminism” (O’Reilly, 2010; Bueskens, 2014). It has emerged out of the recognition that in spite of the “maternal turn” in psychoanalysis, there has been “no real elaboration of maternal subjectivity other than in terms of infantile needs; indeed, even the mother’s autonomy is defined in terms of the infant’s need to be frustrated! (Bueskens, 2014, p. 13).”⁶ Its goal has been to “claw back the maternal subject from its conflation with either a passive servicing role, in which the child’s needs trump and therefore define the mother’s, or [an] origin myth casting a shadow across subjectivity while cancelling out the prospect of [the mother’s] own (*ibid*, p. 43).” Its authors seek to establish “the mother” as “a unique and fruitful subject position from which to generate knowledge (*ibid*, p. 4).” They see this as a theoretical project but also an ethical one, addressing the debt that psychoanalysis owes the mother “who has been plundered for metaphorical significance and then abandoned when it comes to applying psychoanalytical insights to helping mothers understand their complex reactions to mothering (Baraitser, 2009, p.

⁶ For notable exceptions, see the work of Parker (1995) and Raphael Leff (2001, 2009)

51).” In short, matricentric feminism aims to liberate maternal subjectivity from the disfiguring effects of the maternal imaginary.

Baraitser, one of the prominent voices in the field, argues that accomplishing this necessitates a view of mother and infant as essentially enigmatic to one another. She is critical of both the object relational image of the mother as mirror and container (Winnicott, Bion), and the French feminist image of the mother as abject and relegated to the pre-symbolic realm (Kristeva, Irigaray). In contrast to the Bionian notion of reverie and the receptive maternal mind, she emphasizes the mother’s experience of *not knowing* what the child needs as constitutive of both maternal subjectivity and the ethics of care. She writes:

Without figuring the child as essentially an enigma, a stranger who calls the mother to ethical responsibility, it is difficult to see a way of theoretically sustain maternal alterity, and *without a relation to maternal alterity, I believe the mother will always be in danger of being co-opted to serve the child in all her classic manifestations: object, abject, container, receptacle, mirror, or absent “Thing”* (2008, p. 92).

Baraitser argues that maternal subjectivity emerges out of the “often bewildering encounter with a child (*ibid*, p. 90)” for whom the mother is responsible and yet who “remains ongoingly irregular, unpredictable, and essentially unknowable (*ibid*, p. 89).” She seeks to recenter the mother-child relationship from “notions such as flexibility, relatedness, receptivity, and responsiveness” toward these “encounters with an unassimilable otherness (*ibid*, p. 88).” As a subjective position in general and an ethical position in particular, she argues that motherhood has “less to do with an unstinting commitment or caring attentiveness toward an other and more to do with the way otherness structures and infects human subjectivity (*ibid*, p. 90).”

Benjamin was also interested in the structuring effect of otherness on human subjectivity. While her work predates the flourishing of matricentric theory, it acted as a forerunner because it draws on object relational concepts but situates them within a dialectic of sameness and

difference, identification and mutual recognition. Under the influence of empirical infant research, Benjamin (1995) starts from the assumption that the infant is dependent but capable of fairly differentiated forms of relatedness from the outset. She sees mother and infant as engaged in a dialectical struggle between relating to one another as objects, thereby denying separateness, and recognizing one another as subjects, thereby achieving mutuality and acknowledging otherness. Like Baraitser, and perhaps unlike Laplanche, she emphasizes the otherness on both sides— the enigma of the infant as well as the enigma of the mother. And she too sees minding maternal alterity as having ethical implications, in particular for the achievement of equality within society. She argues that “[the] denial of the mother’s subjectivity, in theory and in practice, profoundly impedes our ability to see the world as inhabited by equal subjects (1995, p. 31).” Following Habermas, she uses the term ‘intersubjectivity’ to refer to the process of mutual recognition between equal subjects, in contrast to ‘object relations’ which involve interactions shaped by fantasies (often fantasies of domination, power, and control).

One criticism aimed at Benjamin’s work is that the idea of subject-to-subject recognition is implicit in the work of Freud, Klein, and Winnicott (Mitchell, 2000). However, in the context of the project of rendering maternal subjectivity more visible, this shift from implicit to explicit is no small matter. To my mind, where Benjamin errs is in making recognition of the mother the responsibility of the child. It raises the question: for whom, or in what context, is recognition of maternal subjectivity important? Is it important for the infant, in the developmental context, or is it important for the adult, the theorist or clinician, in his or her dialogic, sociocultural context? When Jacobus reminds us that the pre-oedipal mother was not only “always lost” but “never possessed,” for whom is this reminder intended? It seems to me that Jacobus is addressing those

who are engaged in the process of constructing the maternal imaginary, the authors whose theories have been shaped by nostalgia and who have demonstrated a tendency to focus on maternal provisions or the maternal body as origin rather than the enigma of maternal subjectivity. She is less interested in reconstructing the process of child development than in bringing a critical perspective to the process of psychoanalytic theorizing. Alterity refers to the domain of the “never possessed,” and so perhaps in preferring to theorize maternal functions over maternal alterity, psychoanalysis has shown that it is not the infant or the child, but rather the *discipline* that has struggled to abandon maternal fantasies in favor of recognition of maternal subjectivity.

Parker (1995) argues that underneath the cultural fantasy of oneness between mother and child and the representation of motherhood as “almost exclusively made up of self abnegation, unstinting love, intuitive knowledge of nurturance and unalloyed pleasure in children (p. 22)” is a deep fear of maternal ambivalence. Following Klein, she sees this fear as rooted in infantile terror at the prospect of the mother’s hate destroying her love and this leading to abandonment. Parker argues that this fear reinforces the cultural fantasy of oneness, strengthens the taboo against ambivalence, and creates a situation where all mothers are faced with persecutory maternal ideals. She is particularly interested in the impact that this has on mothers’ experiences of motherhood. She argues that the gap between maternal ideals and the reality of mothers’ lived experience leads to the repudiation of hateful and aggressive feelings, which then either fuel depression or are unconsciously projected onto children for containment. Expanding on Klein’s understanding of the depressive position, Parker postulates a *maternal* depressive position that involves accepting both loving and hateful feelings towards one’s child. She sees this as a

fundamental step in maternal psychic development, and as essential for healthy and creative mothering. It is also the key to differentiation for both mother and baby: when a mother can experience ambivalence, both she and her baby can experience her as separate; when she is unable to do so, the dyad remains enmeshed in projective dynamics and complementary power relations.

Perhaps it is more difficult for the mother to acknowledge her ambivalence if, as Chodorow (1999) argues, she becomes a mother at least in part because she consciously or unconsciously wishes to recreate the experience of ‘primary unity.’ Chodorow has described this unity, at least between mothers and daughters, as an ambivalent one, and yet as Jacobus notes, nostalgia is not for the primary unity *as lived* but rather for the unambivalent unity that is constructed *nachträglichkeit*. Nostalgia masks both ambivalence and alterity; it is the trace left by the displacement of memory by fantasy. It reflects the same rejection of time’s passing that Freud (1916/2001) describes as ‘a revolt against mourning’ in his brief paper *On Transience*. Nostalgia gestures toward the same timelessness as melancholia, as the repetition compulsion—the search for the ‘lost’ object collapses future and past into the simultaneity that characterizes unconscious phantasy. Unlike individual losses, however, the loss of the maternal object is experienced in and through cultural representations of ideal motherhood and the taboo against ambivalence, which shape the fantasy of *what we had* as well as *what we must provide*. Parker’s work suggests that the path from nostalgic daughter to ambivalent mother is a difficult one, not only because nostalgia reflects a failure to mourn and therefore to achieve ‘depressive’ integration, but also because it involves working against cultural forces, including the repudiations and taboos that characterize the maternal imaginary.

According to Baraitser, when ambivalence is achieved in motherhood, it may lead to yet another form of nostalgia. Reflecting on the sense of loss that often accompanies the transition to motherhood— a well documented sociological fact— Baraitser (2009) suggests that it too may reflect a retroactive fantasy of wholeness. She asks whether the belief in an autonomous and free pre-maternal self might not be a compensatory construction that emerges out of the disorder of new motherhood. She argues that the limits and confusion of maternal subjectivity put mothers in contact with a much larger truth about the nature of subjectivity, which is more easily ignored from within the socioculturally constructed fantasy of a receptive and all-knowing maternal mind. For Bueskens, Baraitser's argument is only half successful; she (2014) argues that there may be a fantasy component to the autonomous pre-maternal self, but there is also ample evidence that young mothers are 'undone' by their infants, by sleep deprivation, and by unfriendly physical, social, and political environments. Perhaps the most important implication of Baraitser's argument is the fluidity of fantasies of wholeness: they may be placed in a long lost union with the mother, in a future relationship with a child, or in a past autonomous self. They may even be transposed into ancient history through a mythic narrative like the one in Plato's symposium. Temporality is inexhaustible in its ability to house these fantasies, and its hospitality ensures that we may never have to accept that wholeness was "always lost" and proceed to the difficult work of mourning.

When viewed from the perspective of matricentric theory, it becomes clear that the therapist's identification with the figure of the mother has been partial and highly selective. Therapeutic provisions are primarily understood in terms of ideal representations of maternal care, rather than the struggles involved in the achievement of maternal subjectivity. The

emphasis has been on identification and intuition, rather than the ‘bewildering encounters with otherness’ that Baraitser describes. If it is true that the experiential reality of providing care— confusion and ambivalence in the midst of ethical responsibility— is the strongest antidote to fantasies embedded in the maternal imaginary, then it follows that the therapist’s identification with ideal maternal care reflects a rejection of this antidote, a refusal to allow experiential reality to challenge the fantasy of a receptive and all-knowing maternal mind. Perhaps it can be said that in this sense object relational theories reflect ambivalence toward the work of mourning; they approach and then retreat from the fact of maternal alterity and limitation. Winnicott (1949) writes that mothers can, and indeed must, hate their babies, and yet he also authored what is often considered one of the most persecutory of maternal ideals in the form of the “good-enough”— that is, “perfectly imperfect”— mother (Bueskens, 2014, p. 24). Bion (1970) writes of the “essential isolation” of patient and therapist, and yet his formulation of reverie has become synonymous with therapeutic receptivity and attunement. What these representations of the mother/therapist as container of love and hate leave out is the messiness, the confusion, the ‘viscosity’ of maternal subjectivity (Baraitser, 2009). They represent subjectivity without alterity, and in this way, betray a retreat from the brink of mourning into fantasy.

To posit a messy and confused maternal— and therapeutic?— subjectivity is neither to deny infants’ needs nor to deny that maternal care functions in many of the ways that object relational theorists have described. It is to decouple these functions from cultural fantasies and fears— from the nostalgic longing for wholeness and the terror of maternal ambivalence— and to mitigate the ways in which they lead to the denial of alterity and fantasies of power. It is to reground these functions in reality, for the sake of mothers but also for the sake of the theoretical

commitment to truth. When Stern objects to Bionian field theorists' confidence, I believe that he is responding to the way in which they speak from the powerful and indeed hypothetical position of a maternal function rather than the all-too-vulnerable-and-real position of maternal subjectivity. Stern sees the therapist's perennial doubt, his constant interrogation of what comes into his mind in order to determine whether it is relevant or useful to the patient, as a fundamental aspect of the therapeutic process. Insofar as this suggests that therapeutic subjectivity emerges in and through an 'encounter with unassimilable otherness,' it approaches a matricentric theory of therapeutic care, or a notion of care that leaves maternal subjectivity intact.

It was not until engaging with this literature that I realized, and became curious about, the fact that most of the prominent psychoanalytic theorists of maternal provisions have been male. This includes post-Bionian elaborations of maternal reverie. I wonder whether the idea of the mother's calm and receptive mind grates against the raw chaos of motherhood for those who have experienced it, making the theoretical elaboration of it less appealing. Parker has noted that those outside of the maternal depressive position struggle to keep maternal ambivalence in mind. This reminds me of the fact that Bion's interpreters often emphasize that he describes the mother-child relationship as *commensal*— as a source of mutual growth for both members of the dyad (see, for example, Brown 2012). But while it is true that he does so in *Learning from Experience*, it is also the case that in *Attention and Interpretation*, he writes that this relationship “may be commensal, *symbiotic*, or *parasitic* (p. 95, italics added).” The parasitic dimension appears to be harder to hold in mind, although it resonates more strongly with the feminist depiction of maternal subjectivity as emerging out of the encounter with a demanding other who is always in

the process of ‘undoing’. Is it the force of cultural repudiations and taboos that has muted the implications of Bion’s wartime metaphor of ‘containment’ and amplified in their place the ‘commensality’ of reverie?

At the end of Chapter 2, I noted that although both Bion and Laplanche re-conceptualize dreams in a way that incorporates maternal subjectivity, only Bion’s work has gone on to become widely influential. There are historical and practical factors involved in this difference, not the least of which is the delay of the translation of Laplanche’s works into English. But perhaps the force of cultural repudiations and taboos are also at work. In the light of the matricentric theories discussed above, it becomes clear that Bion’s reformulation of dreaming brings maternal subjectivity into dream theory without maternal alterity; it makes dreaming into an aspect of maternal care in a way that is entirely consistent with the cultural fantasies embedded in the maternal imaginary. It appeases the nostalgic longing for ‘that mythical place’ and leaves the terror of maternal ambivalence unchallenged. Laplanche’s ideas, on the other hand, link dreams with the maternal mind insofar as the encounter with either is an encounter with an irreducible otherness. The maternal mind is as unknowable, as opaque, as inaccessible as the nocturnal dream, which we only come to know through the fragile and disfiguring mediation of memory. These ideas expose our nostalgia as a wishful fantasy and risk activating infantile terrors of maternal abandonment. If Bion’s theory is a welcome source of comfort, Laplanche’s is an irritant on exposed nerves.

And yet reality is a bit like that: an irritant in the face of fantasy. Laplanche’s ideas suggest that there is an intimate link between the experience of the dream and the experience of the maternal mind. If the alterity of one reminds us of that of the other, might we not seek to

deny both simultaneously? In fact this is one of the outcomes of Bion's reformulation of dreaming; it minimizes the alterity of the dream as well as that of maternal subjectivity. In the form of reverie or waking dream thought, the dream becomes a preconscious phenomenon, something entirely more accessible and ego-syntonic than the nocturnal dream. When the nocturnal dream is seen as just another narrative derivative, akin to the description of a film or the report of a childhood memory (See Ferro, 2006; Ferro & Foresti, 2013), it loses its significance as *an experiential encounter with our own alterity*. Like encounters with maternal alterity, these nocturnal encounters challenge our omnipotence and usher in the work of mourning. From this perspective, theorizing the dream, when it is not subsumed by maternal care, may serve a similar function to theorizing maternal subjectivity, but this functionality depends on the link with alterity. Without alterity, the dream can be just as easily adapted to our fantasies and incorporated into our illusions as the mother. So it may be that in Green's forced choice between the child and the dream, counterintuitively, the child represents illusion and the dream reality.

Psychic Reality and Nostalgic Intersubjectivity

Perhaps a reader sympathetic to both object relational and matricentric thinking would argue that the difference between them is one of perspective; object relations theory has conceptualized the mother from the perspective of the child, which is a crucial vantage point for psychoanalytic theory and practice, and while this may be neglectful of maternal subjectivity, elaborating the mother's perspective and experience is simply a different project. Or, put differently: object relations theory conceptualizes the mother from the perspective of the *child's*

psychic reality, whereas matricentric theorists ground themselves in *objective reality* when they describe the mother as ‘always lost’ or ‘never possessed.’ Such a focus on objective reality is often leveled as an accusation, equivalent to a failure to appreciate the importance of the unconscious; a supporter of object relations theory may contend that the matricentric perspective has erred in this direction. But the heart of the matricentric critique is that maternal alterity serves an essential purpose *as a postulate within psychoanalytic theory*; it keeps sociocultural fantasies and psychic realities from colluding at the level of theoretical discourse toward a preponderance of nostalgia and omnipotence. That is to say, one can only fully appreciate the impact of psychic reality *from outside of it*, and one can only stand outside of it by preserving a theoretical space for maternal (and oneiric) alterity.

The question of orientation vis-a-vis psychic versus objective reality has a long history in psychoanalytic thinking. Freud’s abandonment of his seduction theory in favor of psychic reality has long been criticized for obscuring the social realities of sexual seduction and abuse (Masson, 1984). Winnicott’s focus on the “environmental” mother and Bowlby’s turn toward empiricism were both reactions against what they perceived to be Klein’s overemphasis on the “fantasmatic” mother. Ironically, their shift toward “reality” may have facilitated yet more collusion with cultural fantasy; as Bueskens (2014) notes, “the radicalism of Klein” from a feminist perspective was her “refusal to define “good enough mothering” in terms of the infant’s empirical “needs,”” and this radicalism “was superseded by an emphasis on the social relationship between mother and child [which is] defined by an implicit conservatism (p. 13).” While Klein contributed to the construction of the maternal imaginary, she was entirely clear that she was concerned with the child’s fantasies of the mother; later authors, on the other hand, turned their attention to “real”

aspects of maternal care, and in this way gave cultural fantasies the guise of objectivity. Within feminist circles there has also been disagreement about the appropriate degree of focus on psychic versus objective reality; Chodorow and Benjamin have both been accused by Lacanian feminists of not appreciating the importance of the unconscious because of their focus on preconscious identifications (Chodorow) and intersubjective recognition (Benjamin).

It is a long standing debate and one that continues to resurface. Most recently, it appeared in Stern's exchange with Ferro and Civitarese, discussed in Chapter 3 (Stern, 2013; Ferro and Civitarese, 2013; Stern, 2013b). In his discussion of Bionian field theory, Stern considers Ferro's idea of a 'magic' or 'oneiric' filter, which enables the analyst to listen to the patient as if each of the patient's utterances was preceded by the words "I had a dream that..." Stern notes that this focus on psychic reality is a technical rather than an epistemological position, but he writes that he remains uncomfortable with it. He argues that "to understand everything the patient says as a dream makes the external world into nothing more than a means of expression and deprives trauma of a meaningful place in the genesis of human problems (2013, p. 638)." His allusion to trauma echoes the critique of Freud's abandonment of his seduction theory in favor of psychic reality, which holds that focusing on infantile sexuality and desire is antagonistic toward reckoning with the social reality of sexual seduction and abuse (Masson, 1984). There is a difference, Stern suggests, between being told about a traumatic experience and being told a traumatic dream, and this difference is worthy of preservation from a technical point of view.

In response, Ferro and Civitarese argue that the problem with material or biographic reality is that "it too readily tends to become the locus of unconscious defenses of the couple (2013, p. 648)." They see these defenses as involving a denial of transference dynamics due to a

failure to consider historical or biographical figures as characters in the field, characters with whom either patient or therapist might identify. They write:

If a female patient tells us that she was abused by a paternal family friend at the age of six, what can we do in terms of reality? We understand her experience rationally and explain certain aspects of her history to ourselves. At most, if the episode seems to be in tune with something that may have happened, we identify with her consciously. However, according to the BFT [ie. Bionian Field Theory] approach we must ask ourselves also, that is in addition— without by any means disregarding the result of applying a different psychoanalytic model to the situation, but at the same time *rigorously*— the following questions: What does this account mean hypothetically if read in accordance with the dream paradigm? Who is abusing whom? Is the patient abusing the analyst? Is the analyst abusing the patient? Is a field operating in accordance with a “basic assumption” of this kind? It is in our view useful to keep all these vertices in abeyance, without prematurely hastening to attribute the character “abuse” or “abuser” to one party or the other or to one or the other of the many worlds in which we are simultaneously living. (2013, p. 648)

Their discussion emphasizes this risk of ‘premature attribution’; the problem with material or biographic reality is that identities and qualities are fixed to people and things in a way that fails to reflect their fluidity at the level of waking dream thought. Of course, Ferro and Civitarese would argue, the report of a traumatic experience is different from that of a traumatic dream in terms of the therapist’s rational understanding of the patient, but both introduce the same characters, affects, and interpersonal dynamics into the field. It is important for the therapist to keep both perspectives in mind simultaneously.

The only dynamic within the therapeutic relationship that Ferro and Civitarese do not seem to submit to this rigorous method of questioning is the dynamic of the receptive analyst tuned in to the patient’s waking dream. When, for example, Ferro (2015) suggests to his patient that ‘wasps sometimes sting’ (see discussion in Chapter 3), there are the obvious questions: who is stinging whom? Is the patient stinging the analyst, or the analyst stinging the patient? But underneath this focus on specific content, there are also questions concerning the process going on between them, questions about ‘the basic assumptions according to which the field is operating’. Is it operating according to assumptions embedded in the maternal imaginary? Is the

receptive analyst identified with an ideal form of maternal care? Is the patient's wish for an analyst who can read his mind interacting with the analyst's wish to recreate a lost intimacy with his own analyst? Are persecutory therapeutic ideals interfering with therapeutic ambivalence, that experiential reminder of alterity and important corrective to omnipotence? I believe that these are the questions that Stern feels are missing in field theory, the questions that help to determine whether an 'enactment' is present.

In this light, perhaps it can be said that just as the overemphasis on material or biographic reality lends itself to becoming 'the locus of unconscious fantasies of the couple,' so too does a strong focus on psychic reality. While the former lends itself to content specific defenses— defenses against one or the other member of the dyad acting as 'the abuser'— the latter lends itself to defenses at the level of the therapeutic process. When a focus on psychic reality is linked with the image of a receptive and attuned analyst who minimizes otherness in order to make contact with the patient's waking dream, this situation becomes vulnerable to the influence of nostalgia and omnipotence. The problem is not with the bracketing of external reality per se, but with the way in which it obscures the differentiatedness of patient and analyst. Without the chaos and ambivalence of maternal subjectivity to act as an experiential reminder, or the importance of the alterity of the dream to act as a theoretical reminder, the therapist's identification with ideal maternal care places him firmly within the realm of the cultural fantasies, repudiations, and taboos. Reverie is in this sense truly a nostalgic intersubjectivity. It gestures toward a lost union, or a fantasy yet to be mourned. How do we proceed toward mourning this cultural fantasy? As the matricentric perspective suggests, the first step may be a theoretical one.

From Persephone to Orpheus, or, Goodbye Eurydice

In an op-ed piece for the London Review of Books entitled *Freud Lives!*, the Slovenian philosopher and public intellectual Slavoj Žižek (2006) questions the relevance of the classical emphasis on wish-fulfillment in dreams in the context of the “hedonism” of our contemporary culture. He argues, “now that we are bombarded from all sides by the injunction to ‘Enjoy!’, psychoanalysis should perhaps be regarded differently, as the only discourse in which you are allowed *not* to enjoy: not ‘not allowed to enjoy’, but relieved of the pressure to enjoy.” He explores the idea that the dream puts us in touch with truth rather than desire— often a traumatic truth which does not fit with our compulsive enjoyment of reality. He discusses the famous dream of a bereaved father in *The Interpretation of Dreams*, where a fallen candle instigates a dream of a father’s dead son standing beside his bed, engulfed in flames, whispering, ‘Father, can’t you see I’m burning?’ While Freud emphasized that the external stimulus became too intense to be contained by the dream, Žižek suggests that the truth of the dream became too unbearable and the patient needed to escape back to reality. Where he agrees with Freud is the belief that the dream allows for the expression of truths that are suppressed by society. He concludes that “therein lies the ultimate lesson of *The Interpretation of Dreams*: reality is for those who cannot sustain the dream.”

To illustrate the emergence of truth in dreams, Žižek chooses a dream that reflects the work of mourning. His juxtaposition of reality and dream is intentionally paradoxical; when ‘reality’ is structured around denials and comforting illusions, the ‘dream’ becomes the representative of ‘truth’. His essay suggests that mourning has superseded sexuality as the

dynamically repressed under the pressure of the injunction to ‘Enjoy!’ That this injunction remains relevant today is evidenced by the fact that it was the subject of a psychoanalytic conference held here in New York City last year, entitled *Civilization and its Blisscontents*.

Whereas sexuality and pleasure have become increasingly visible, death and loss have become increasingly hidden. Almost thirty years ago, the archetypal psychologist James Hillman (1979) observed:

Our culture is singular for its ignorance of death... we have no ancestor cult, although we are pathetically nostalgic. We keep no relics, though collect antiques. We rarely see dead human beings, though watch a hundred imitations each week on the television... The animals we eat are put away out of sight. We have no myths of the *nekylia* [ie. the journey through the underworld]... Dante’s underworld was our culture’s last, and it was imagined even before the Renaissance had properly begun. Our ethnic roots reach back to great underworld configurations... [but] All have faded; how pale the fire of the Christian Hell. Where have they gone? Where is death when it is no longer observed? (p. 64-65)

Of course, Hillman’s description reflects a certain amount of privilege; there are communities where there can be no ignorance of death. And it is also the case that much has changed since he was writing, including the rise of social media with its ability to instantaneously broadcast tragic images of violence and death. But these images are so disturbing precisely because they function like the return of the repressed; they intrude into the state of oblivion that Hillman describes. There are no structures of meaning into which they might be incorporated, and so they remain traumatic lacunae in the comfortable illusion of everyday life.

Hillman argues that the mythical underworld has become the psychological unconscious: “depth psychology is where today we find the initiatory mystery, the long journey of psychic learning, ancestor worship, the encounter with demons and shadows, the sufferings of Hell (1975, p. 65).” Just as mythology was the ancient’s psychology, so psychology is our modern mythology, and the parallels between the two suggest that the archetypal structure for delving into the unconscious is the descent into the underworld. This was of course very evident in

Freud's work, as Hillman notes. As an epigraph for *The Interpretation of Dreams*, Freud chose a quotation from Virgil's *Aeneid*, "*Flectere si nequeo superos, Acheronta movebo*": "If I cannot bend the higher powers, I will move Acheron." In the process of analyzing his own dreams—which was also a process of mourning the death of his father—he was identified with the archetypal hero who descends into the underworld. Hillman convincingly traces the parallels between Freud's later depiction of the id and those of the mythical underworld, as well as his depiction of the relation of ego to id and the mythical depiction of the relation of hero to underworld (see Hillman, 1979, p. 18-19).

Hillman is critical of this 'heroic' approach to depth, the idea that we descend in order to defy and to conquer. He sees echoes of this approach in any psychoanalytic perspective that strives to recruit the unconscious in the service of the ego, especially ego psychology. His vision of descent emphasizes instead a process of gaining perspective on the illusions that govern our everyday lives, including those of power and control. Engaging with the unconscious involves acknowledging an irreducible alterity, within ourselves but also within others. It also involves an encounter with our fundamental isolation or aloneness; something that Hillman describes as antithetical to 'relatedness'. In fact, he argues there is an inverse relationship between a culture's ability to conceptualize depth—in the form of the underworld, the soul, or the unconscious—and the emphasis that it places on 'relatedness': "it is as if, when we have no vivid imagination of the underworld, a flattening takes place, even a depersonalization that must be made good by Epicurean community and friendship—or what today is called 'relating.' The less underworld, the less depth, and the more horizontally spread out becomes one's life (1975, p. 73)." This

image of horizontality suggests superficiality; not necessarily the hedonism that Žižek calls compulsive enjoyment, but a retreat from existential dimensions of meaning.

There are striking and paradoxical parallels between Hillman's vision of descent and the classic psychoanalytic conceptualizations of mourning. Both Freud (1914) and Klein (1940) emphasize the relationship between mourning and 'reality testing.' For Freud, this involves the bereaved person's encounter with the reality of their loss; each memory and expectation of the lost love object is temporarily hypercathected and must meet with the reality of absence in order to gradually fade. For Klein, this form of adult bereavement echoes a universal, original loss: the loss of the breast. In this earliest experience of mourning, "the object that is being mourned is the mother's breast and *all that the breast and the milk have come to stand for in the infant's mind: love, goodness and security* (p. 345, italics added)." What is lost is not only the physical breast, but the fantasy of ideal maternal care. This fantasy is challenged by the reality of weaning, by the absence of the breast—the absence of the breast, like the absence of the lost love object, is the reality with which the infant must repeatedly make contact in order for the hypercathexis of the ideal object to fade. For Klein, this is a lifelong process, a process that defines the achievement of depressive integration. Every loss later in life, whether of a loved person or of an abstraction that is deeply cathected, reactivates it, and each time we risk retreating from reality into a manic denial of loss. Thus mourning may be seen as parallel to the descent that Hillman describes; it reactivates the encounter with maternal alterity and gives us perspective on our fundamental aloneness and the illusions that protect us from it. In this sense, the descent into the depths of the unconscious is actually in the service of contact with reality.

The dream is, of course, one of the experiences that plunges us into the realm of depth.

Hillman traces some of the literary and mythical links between the dream, the night, and death, emphasizing their kinship in the archetypal imagination:

Already in Homer's *Illiad* (14.321;16.454,671,681;11.241; cf *Od.* 13.79 f.), Hypnos ("sleep") and Thanatos ("death") are twin brothers... These very vivid, very powerful persons, who govern our darkness, are sons of Night, according to Hesiod's *Theogony* (211 ff.). They are part of her great brood, which includes Old Age, Envy, Strife, Doom, Lamentation, Destiny, Deceit— and Dreams (*oneiroi*)...

In the *Odyssey*, Homer locates dreams either in the House of Hades as part of his realm or close by in their own house in the Western ocean, where the sun goes down. For Virgil the entire brood of Night resided in the underworld, and this remained a convention in Roman poetry. Ovid says in his *Metamorphoses* (11.614) that dreams appear like creatures of the underworld, without bodily life. Homer (*Od.* 11.204-22) had put the same thought in reverse: the psyche of the dead flits about and hovers to and fro, like a dream. Orphic mythology also groups dreams with death and with sleep, which is there called the brother of dream and of forgetting... We see that the archetypal cluster to which dreams belong, according to this most ancient and continuous model in our tradition, is the world of Night. Each dream is a child of Night, affiliated closely with Sleep and Death, and with Forgetting (Lethe) all that the daily world remembers... they have no home other than in that dark realm. Such then is the genealogy of dreams, the myth of their origins, describing their archetypal kinship, telling us where they belong... (1975, p. 32-33)

He argues that this kinship lends the dream its mournful tone:

The brood of Night gives to the dream an atmosphere that is far from the happy optimism of growth psychology or the secret delight of sexual desire. We are not being told that our dreams help us, that they round out our lives by indicating the direction of our creative tendencies. Nor are we being told that dreams pour out of an id-pool of libidinal pleasure, a wishing well. Instead, they are akin to deceits and conflicts, to the lamentations of ageing [*sic*], to the doom of our destiny— in a word: depression. The dream takes us downward, and the mood that corresponds with this movement is the slowing, saddening, introspective feeling of depression. (*ibid*, p. 34)

From this perspective, it is no surprise that a culture that rejects mourning and hides death would fear sleep and dreams. Hillman writes of our need for sleep aides, for sleeping pills and the background noise of the television, for the ritual of "toothbrushing and teddy bear, of masturbation, food cramming, and the late show (*ibid*, p. 34)." Like the violent images on social media, the dream is a break in our daytime illusions, a lacuna that bears witness to an unbearable truth.

How far this vision of sleep and dreams is from that of their being comfortably cradled in the maternal mind and body! What could be further from the warmth of the womb than the

“primordial coldness” of Hades? Jacobus’ objection to the use of the myth of Persephone as a feminist trope is to the fact that Persephone gets to have both— the warmth of the maternal body and the cold depths of ‘the brood of Night.’ As is well known, Persephone is stolen away from her mother, violated by Hades and taken to be his Queen. Persephone violates the only condition of her return from the underworld, that ‘her lips should touch no food,’ and therefore mother’s and daughter’s loss should be irreversible. And yet, Zeus strikes a deal, in order to honor both Hades’ desire and Demeter’s grief: Persephone will spend half the year with her mother and half with her lover. Each year, cyclically, she is returned to her mother, and “her heart and features are transformed;/ That face which even [Hades] must have found/ Unhappy beams with joy, as when the sun,/ Long lost and hidden in the clouds and rain,/ Rides forth in triumph from the clouds again (Ovid, p. 116).”

Persephone and Demeter do not have to mourn because they live in an endless cycle of separation and reunion; their separation never becomes a loss, that is, irreversible. Nor do they have to accept limits, that there are things beyond their control, because in the end they are able to wield their power sufficiently to ‘ride forth in triumph’. But it is also true that Persephone does not descend voluntarily; hers was not a descent into the underworld akin to Aeneas’ or Dante’s. Orpheus, on the other hand, does descend voluntarily, and perhaps his story is closer to the heart of contemporary psychoanalytic theory. Orpheus descends in search of his beloved, Eurydice, who dies shortly after their wedding and is in this sense never really possessed. He pleads with Hades to return her and plays his mournful music, and because this music moves even the ‘bloodless souls’ of the underworld to tears, he is granted his wish. He is told that Eurydice will follow him but only on the condition that “he look not back or else the gift will fail

(*ibid*, p. 226).” He approaches ‘the edge of the bright world,/ And, fearing lest she faint, longed to look,/ He turned his eyes— and straight she slipped away./ He stretched his arms to hold her—to be held—/ And clasped, poor soul, naught but the yielding air (*ibid*).”

Orpheus is temporarily given the illusion that he can overcome death and deny loss, but the moment when his omnipotence wavers reveals that these realities are insurmountable. He is plunged into ‘anguish, grief and tears,’ over the loss of his beloved but also perhaps over the loss of the illusion of power. He begins the work of mourning only after he descends into the depths and encounters his limitations there. This is what both death and the dream represent for Hillman: the place where we encounter radical alterity along with the limitations of subjectivity, power, and control. This encounter makes the difference between Persephone’s nostalgia and Orpheus’ grief. As analysts we have tended to identify with Demeter, the ideal mother who can wield her power to transform loss. Perhaps we would do better, if we must identify with a powerful figure, to identify with Orpheus. We too have been through a processes of descending into ourselves, a process which gave us the illusion that we could deny loss and recover the beloved. Most of our theories reinforced this illusion while a few challenged it. And yet, at some point, we too stretched out our arms and caught ‘naught but the yielding air,’ and were thus plunged into the difficult work of mourning. Perhaps this is the moment at which analysis ends, the moment when we say goodbye to Eurydice.

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