THE ORGANIZING FUNCTIONS OF DREAM MENTATION*

WHEN FREUD VIEWED DREAMS as "the royal road to the unconscious," he inestimably prized dreams as the primary avenue to the unconscious. He envisioned the unconscious to be a wellspring of instinctual energies pressing for discharge and a container of fantasies and memories banned from consciousness. The dynamic unconscious provided an explanation for the pervasive irrationality in human beings and was considered by Freud to be one of the three great scientific discoveries (the others by Copernicus and Darwin) that dethroned human beings from their exalted status.

It has been close to a century since Freud published his monumental work on dreams, a work about which Freud stated, "Insight such as this falls to one's lot but once in a lifetime" (Jones, 1953, p. 350). Remarkably, the classical model of dream formation and interpretation has remained relatively unchanged (Curtis & Sachs, 1976). The further application of the structural model (Freud, 1923; Arlow & Brenner, 1964) has emphasized the participation of all three psychic agencies, that is, the id, ego, and superego, in dream formation; yet, the primary impetus for the dream remains the wish that represents an instinctual drive, infantile in origin and seeking gratification throughout one's life (Altman, 1969). Additional distinguishing features of the classical model are that defenses (or disguises) are ubiquitous in the formation of dreams, resulting in a manifest-latent content distinction, and that dreams are intrinsically repressed products (Arlow & Brenner, 1964; Blanck & Blanck, 1974), that is, they involve primitive modes of functioning and exclude, by and

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large, more sophisticated cognition. Although clinically dream interpretation from a classical perspective has come to focus more on the latent intersystemic conflict instead of simply the latent wish (Waldhorn, 1967), no dream is considered fully analyzed until the infantile sexual and aggressive wishes have been uncovered.

Outside of classical psychoanalysis, a variety of psychoanalytic models have evolved. Beginning with the earlier approaches of Jung (1916), Adler (1936), Fromm (1951), and French and Fromm (1964), a consistent emphasis on the progressive, problem-solving, and what I call “self-righting” (particularly in Jung) aspects of dreams emerged. Within object-relations theory, Fairbairn posited that “dreams are representations of endopsychic situations over which the dreamer has got stuck (fixation points) and often includes some attempt to move beyond that situation” (quoted in Padel, 1978, p. 133). Within self psychology, Kohut (1977) posited that when the self is threatened by a state of fragmentation or dissolution, the function of the dream is to restore the self—what he called “self-state dreams.” Sophisticated cognitive functioning was implicit in these formulations and the emphasis on the ubiquity of defensive operations was on the wane.

Outside of psychoanalysis, new fields of the psychophysiology of sleep and dreaming, dream-content research, and cognitive psychology have emerged. REM and dream-content research generally suggest that REM sleep and dream mentation play an integral role in affect regulation, memory consolidation, information processing, and adaptation to stress (see Hartmann, 1973; Fiss, 1986; Levin, 1990; Greenberg & Perlman, 1993; Kramer, 1993). Research supports a view of dreaming as a complex mentational process that serves a primary adaptive function. Correspondingly, cognitive psychology is making clear that the unconscious is more accurately viewed, not as an entity or a place containing energy and drives pushing for discharge, but as an aspect of cognition referring to the level of awareness. A central function for all conscious and unconscious cognitive activity is to process information. On the basis of these developments, we might change Freud's aphorism that “Dreams are the royal road to the unconscious” to “Dreaming is a Royal expression of unconscious mentation.”

It was on the basis of theoretical changes occurring within psychoanalysis, and of the REM and dream-content research, that I (1983) first proposed a revised psychoanalytic model of dreams. My principal purpose here is to explore and develop further the theoretical and clinical implications of this model, taking into account some of the latest developments in psychoanalytic theory, dream research, and cognitive psychology. I refer to this model as the organization model of dreams, because the core process and functions of dreaming is to organize data. I first consider the dual modes of mentation, then focus on dream function with clinical illustrations, and, lastly, delineate technical principles for understanding and working with dreams.

**Dual Modes of Mentation**

Freud (1900) discovered that unconscious processes as manifested in dreams and symptom formation were ruled by a mode of mental organization different from that of conscious rational thought, which he named primary and secondary process respectively. In keeping with the then current emphasis on hydraulics, he distinguished between these two modes on the basis of energy theory. Primary process referred to a mode of energy discharge wherein mobile cathexes push for immediate discharge according to the pleasure principle. The energy in the secondary process is bound, and its discharge is delayed in accordance with the reality principle. It was this energy-based definition that provided the basis for the view that primary process remains forever primitive and unchanging.

Arlow and Brenner (1964) updated the concepts by suggesting that primary and secondary processes are two poles that define an energetic continuum and that no ideation is either totally unbounded or bounded. Others, gradually extricating these concepts from their energy-based definition, reconceptualized primary process as a form of cognition that serves an overall organization function of integration and synthesis (Holt, 1967; Noy, 1969, 1979), that is, perceptual-cognitive-affective data is organized. Addressing the contradictions inherent in Freud's theory, I wrote:

> While [Freud's] economic definition of primary process...leads logically to the picture of "seething excitations," the principles of condensation, displacement and symbolization (despite their comparative fluidity) imply organization and structure. Indeed, the economic definition of primary process ran counter to Freud's great discovery that dreams and forms of pathological cognition...were organized, structured and meaningful. (Fosshage, 1983, p. 646)
Once primary process, like secondary process, is viewed as providing an organizing-synthetic function, the question as to its development emerges. Noy (1969, 1979) was the first to suggest that primary process, as secondary process, developed in complexity throughout one’s life. He distinguished between the two modes, however, in positing that primary process dealt with internal concerns and secondary process coped with external concerns, a conceptualization that, to my mind, did not seem empirically valid. In an attempt to further these theoretical shifts, I redefined primary and secondary process.

Primary process is that mode of mental functioning which uses visual and other sensory images with intense affective colorations in serving an overall integrative and synthetic function. Secondary process, on the other hand, is a conceptual and logical mode that makes use of linguistic symbols in serving an integrative and synthetic function. These processes may be described as different but complementary modes of apprehending, responding to, and organizing the [experiential world]. . . . Both primary and secondary processes are operative and complementarily interwoven in all mental activity (i.e., in waking and sleeping cognition), but their proportional balance may vary from moment to moment and from person to person. (Fosshage, 1983, p. 649)

Within this conceptualization of primary process, principles of symbolization and condensation are viewed as processes that organize perceptual-cognitive-affective data (including current perceptions, memories, and fantasies) and may or may not provide a defensive function.

Cognitive science has continued to influence psychoanalysts in distinguishing modes of cognition (Erdelyi, 1984; Horowitz, 1988; Power & Brewin, 1991). Horowitz, for example, introduced a tripartite division consisting of an enactive mode (expressive reactions), an image mode, and a lexical mode. On the basis of Paivio’s (1986, 1991) work, Bucci (1985) has posited the verbal and nonverbal codes for processing information derived from verbal and nonverbal input. The nonverbal code is based on sensory channels and “emotion is likely to be associated with this system” (p. 584). Neither code is superior and they combine, through a “referential process,” to create new organizations. Bucci (1994) now refers to multiple codes because she distinguishes between the symbolic and nonsymbolic formats of processing information in the nonverbal system.

Cognitive psychologists have produced considerable theory and re-

search aimed to ferret out different modes of cognitive functioning (see Epstein, 1994, for an excellent review). While some suggest three modes, most researchers posit and variably define dual modes of processing information. Epstein, for example, differentiates between experiential and rational processing within his cognitive-experiential self-theory. The experiential system, although nonverbal, is based on experiencing and is thus a broad designation. Higher order organisms “efficiently organize experience [develop schematas] and direct behavior on the basis of learning from past experience. This system operates in a very different manner from a system developed much later that solves abstract problems by the use of symbols and logical inference” (p. 714). Emotions, once again, are seen as more connected to the experiential system.

Cognitive psychology, thus far, tends to confirm Freud’s original hypothesis of two different modes of mentation. Where contemporary theory and research depart from Freud is that these two modes, while operating according to different rules, serve not an energy discharge function, but an overall integrative and synthetic function. Moreover, these modes do not remain forever unchanged and primitive, but develop and increase in complexity. This relatively new understanding of the functions of the dual modes of processing has profound implications for understanding the formation and function of dreams. In contrast to the view that primary process, for example, is providing hallucinatory wish fulfillments to quell infantile urges, the evidence points to a mode of mentation that serves an integrative-organizing function. Wish fulfillment is one organizing process that can be defensive or regulatory (Fosshage, 1983, 1987b). Whereas primary and secondary modes of mentation serve the same overall function, primary process (imaginistic mentation or nonverbal mode) is viewed consistently as associated with affects. Imagistic mentation, thus, is more powerfully involved with affective life (which corresponds with the finding that imaginistically dominated REM dreams are more emotionally intense).

Dream Function

Based on the reconceptualization of primary process, the principle mode of dream mentation (particularly in REM dreams), I have proposed that “the suprordinate function of dreams is the development, maintenance (regulation), and, when necessary, restoration of psychic processes . . . and [psychological] organization” (1983, p. 657). Dreaming, as
waking mentation, in serving an overall organizing function, ranges from elemental cognition—for example, a momentary replay of an event—to the most highly complex forms of mentation, such as efforts at complex emotional as well as intellectual problem-solving.

Others have independently arrived at similar formulations. Atwood and Stolorow (1984) conceive of dreams as “the guardians of psychological structure” (p. 103). On the basis of REM and dream-content research, Greenberg (1987) and his colleagues (Greenberg & Perlman, 1993) perceive the dream function as that of “integrating information from current experience with past memories in order to produce schemas which are organizers of complicated behavioral tasks” (p. 3). A number of theorists, for example, Ullman (1969), Breger (1977), and Hartmann (1995), have emphasized the adaptive function of dreams. Kramer (1993) has extensively researched the mood-regulatory function of dreams. Fiss (1986, 1989), in concurrence with my own formulations, has suggested that dreaming facilitates the development, maintenance, and restoration of the self. From a neurophysiological perspective, Winson (1985) has described the evolutionary development of brain structures and has postulated, similarly, the dream’s function of integration, that is, a systematic processing of information (p. 295).

Let us take a closer look at each of these functions, examining some of the evidence from REM, NREM, and dream-content research, and clinical work.1

Developmental Function

Dream mentation, like waking mentation, processes information and contributes to the “development of psychological organization through the representational consolidation of newly emergent psychic configurations” (Fosshage, 1983, p. 658). In contributing to development, new perceptual angles are achieved and new ways of behaving are imaginistically portrayed. New self and object representations (or schemas) and new relational scenarios emerge. Dream mentation, in addition, can continue the unconscious and conscious waking efforts at conflict resolution, through restoring a previous state, utilizing defensive processes, or creating a new organization.2

Proponents of information-processing models have suggested similarly that “dreams serve to integrate affectively aroused material into structures within the memory systems that have previously proved satisfactory in dealing with similar material” (Breger, 1977, p. 24), and that new perceptions and experiences are matched with permanent memories and solutions in a continual “reordering and enriching of the associative structure of the permanent memory” (Palombo, 1978, p. 468). Greenberg and Perlman (1975, 1993) have emphasized the problem-solving function of dreams. Kramer (1993) has noted the problem-solving or accommodative (in Piaget’s sense) function of dreams. And Hartmann (1995) has described the “quasi-therapeutic” function of dreams.

What is the research evidence that supports the proposition of the developmental function of dreams? Brain activity during REM sleep is considerably heightened, suggesting, as the research bears out, a brain hard at work. Learning and problem-solving are aspects of what I call the developmental function of dreams. Numerous animal and human studies suggest that REM sleep increases when learning unfamiliar tasks (Fiss, 1990; Greenberg & Perlman, 1993). The amount of REM time is linearly related to the new learning. In an intensive foreign language course, for example, those students who showed an increase in REM sleep improved in language performance and those with no increase in REM sleep did not show improvement (DeKoninck et al., 1977). Other REM increases have been shown for maze learning (Lucero, 1970), inverting prisms (Zimmerman, Stoyva & Metcalf, 1970), dealing with perplexing tasks (Lewin & Gomboseh, 1972), and coping with traumatic experiences (Greenberg, Pillard & Perlman, 1972). REM sleep clearly contributes to learning and problem-solving, and at times may even be essential for new learning and problem-solving to occur.

1 REM (Rapid eye movement) refers to a periodic phase of sleep (usually at ninety-minute intervals) in which heightened physical and neurophysiological activity occurs, including rapid eye movements. During these periods dreaming occurs, and these dreams are often referred to as REM dreams. During other phases of sleep, called NREM (where rapid eye movements and other forms of heightened activity are not occurring), it has been found that dreaming (the brain and mentational activity never fully shut down) also occurs, referred to as NREM dreams. Whereas REM dreams tend to be more affect-loaded imagistic scenarios, NREM dreams tend to be more similar to secondary-process-dominated waking thought. For my discussion I have selected specific research studies that support and are illustrative of my thesis; I do not intend for this to be a comprehensive presentation of REM and dream-content research.

2 For Jung (1916), when “ego consciousness” deviates too sharply from the self (the central guiding principle of personality), the dream provides a “compensatory” function; that is, the dream attempts to get the person back on track—what my coauthors and I now refer to as “self-righting” (Lichstein, Lachmann & Fosshage, 1992). Jones’s (1970) metaphor of the dream poet also refers to a creative, adaptive function.
The predominant mode of mentation in REM dreams is the more affect laden imagistic mentation, and the predominant mode in NREM dreams is secondary process. Not surprisingly, research focused on dreams has demonstrated that REM dreams, as compared to NREM dreams, are more important in dealing with emotion-laden material. Moreover, conscious focusing on REM dreams enhances their effect. In a well-known study, Cartwright, Tipton, and Wicklund (1980) showed that patients who were trained to attend to their REM dreams remained longer in treatment and made better progress than patients trained to attend to their NREM dreams (a research validation for the focus on dreams, and especially imagistically dominated dreams, in psychoanalysis). Similarly, Fiss and Litchman (1976) found that focusing on REM dreams, as compared to NREM dreams, resulted in greater symptom relief and increased awareness.

After reviewing the research, Levin (1990) concludes: "In general, the experimental evidence has demonstrated that REM sleep, and dreaming in particular, has functional utility in the consolidation, integration, and processing of affect-laden information, usually of a conflictual or negative quality. Moreover, increased REM and dreaming appear to be associated with the ability to use fantasy effectively and to engage in divergent [creative] thinking and holistic problem solving" (p. 37). Summarizing the research, Kramer (1993) notes: "A successful night's dreaming, which occurs about 60 percent of the time, is the result of a progressive-sequential, figurative problem solving occurring across the night" (p. 187). Research supports the view that REM sleep and REM dreams play an important role in the development of psychological organization.

Extrapolating from the neurophysiological research findings that REM quantitatively decreases during our life span, Meisner (1968) and Breger (1977) posit that dreaming fosters structuralization of the nervous system (Fosshage, 1983). More recently, Reiser (1990) has delineated how dreaming establishes "nodal memory images and networks" or "neural networks," which is a neurophysiologically based description of what I describe as the development of psychological organization.

Clinical evidence for the developmental function of dream mentation is found when a new psychological configuration or change emerges for the first time in a dream and cannot be tracked to waking mentation (see Fosshage, 1987a, 1989, for detailed clinical illustrations). A patient, for example, may dream of asserting himself for the first time with his critical father. The emergence of a new configuration in a dream suggests that a person in dream mentation either creates the breakthrough or, at the very least, furthers the development. (In a previous article, 1988, I reinterpreted a patient's dream reported by R. Greenon in which the patient is reframing a powerful conflict to emerge from a depressed state of mind.)

Moments of creative breakthroughs require subsequent mentational effort to further psychological reorganization. The analyst needs to highlight the new dream images and movements to further their consolidation. Let me describe two clinical illustrations of dreams serving a developmental function and their clinical use.

Clinical Illustration

Some time ago, a woman in her early fifties began psychoanalytic treatment with me. She came from an aristocratic background, was very bright, and was an accomplished editor. She was exceedingly constricted in manner and lifestyle, and had never been involved in an intimate, sexual relationship. Approximately three months into treatment the patient reported a brief dream. She was driving her red Porsche into her circular driveway. When she mentioned the red Porsche, my face spontaneously communicated surprise. After telling me how good she had felt in the dream, she noted my surprise and asked me, "What would you have had me driving?" A response immediately came to mind. The question was—should I share it or not? To prepare both of us and to offer a choice, I said, "Do you really want to know?" Undaunted, she replied affirmatively. I answered the question, saying "an Edsel." She was not pleased, but seemed to comprehend. In the ensuing discussion, we clarified that the Edsel was the outmoded, constricted place she found herself in; the red Porsche was the vital, sporty side of herself that was emerging. I reacted to the contrast between the constricted aspect of her experience that had previously been in the waking foreground and the emergence in her dreaming of a vital, sporty side of her. The Porsche became a potent symbol of the incipient, needed transformation that served as an overall guide for treatment. At the end of a fairly successful five-year analysis it seemed most fitting that the patient presented me with a model of a Porsche to remember her by. The sharing of my spon-
taneous internal response captured her waking, rather than her dreaming, state and through contrasting these two states, served to deepen our understanding of both states and of her need to integrate and develop that more vital, sporty self.3

Clinical Illustration

The second clinical example illustrates a profound shift in the patient's experience of the analyst that first emerges in a dream. The patient was a young physician. While competent in his work, he experienced a debilitating malaise or deadness and was having difficulty finding the right woman. To enliven himself he had tried a number of Eastern practices. A friend of his, and former student of mine, had strongly recommended that he see me. Although considerably skeptical about psychoanalysis and psychotherapy, on the strength of her recommendation he decided to give it a try—after all, what did he have to lose? He did not think that psychoanalysis worked and his primary perception of me was that I was a charlatan and not to be trusted. Only once during the first three months of treatment did he mention seeing me as solid, married, and having a home (I saw him in my home office), aspects of life that he wanted for himself.

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

We both recognized with surprise what a changed percept of the analyst this dream was conveying. I asked if this corresponded with any waking thoughts he had had about me and our relationship. Without a pause, he answered with conviction, “No.” He said that in the dream he was moving in to live with me, but consciously he was only aware of his

3 Milton Kramar (personal communication) cogently questioned if development and emergence are the same. “Was the sporty self side of the self there and developed or was it revealed?” The dreamer, as I saw it, had to suppress and repress the vital sporty side of her self-experience, for her parents had required and affirmed a serious, disciplined attitude. She, therefore, could not continue to experience and develop the spontaneous, fun-loving, sporty side of herself. This aspect of her self-experience was both reemerging and developing (a “self-righting” movement within her personality) in her dreaming mentation and in the context of an accepting analytic relationship.

doubts. I highlighted that in his dream he was envisioning me and our relationship in a very different way.

The dream and process material illustrate the emergence of new images of the analyst and of the dreamer in relationship with the analyst that contrasted strikingly with his conscious waking percepts. Dreaming and conscious waking states are best viewed as different self-states (literally, different states of mind). In this instance, these states were quite disparate. Interpretively we were able to note the difference without invalidating either. From a conscious waking perspective, the patient typically reported distrust of the analyst. Previously the patient had only once hinted at an idealized selfobject transference, which presumably was the basis for him to seek and remain in treatment. While we can easily assume that the therapeutic interaction must have fostered the new percept, it was in his dream that he was able on this occasion to envision far more fully and definitively the analyst as trustworthy, a developmentally needed experience with an idealized other. The patient in his dream experience was envisioning and consolidating this new percept. Relating and affectively connecting to the dream in a waking state facilitated integration of the developmental movement emergent in the dream.

Maintenance (or Regulation) and Restorative Functions

Dreaming, like waking mentation, can serve to “maintain, regulate, and restore current psychic configurations and processes” (Fosshage, 1983, p. 262), including maintenance and regulation of self-esteem (“self-state dreams”), attachment, sexual, exploratory-assertive, and aversive experience (Lichtenberg, Lachmann & Fosshage, 1992, 1996). Maintenance and restoration are closely related functions and cannot always be distinguished. Whereas maintenance refers to the modulation and continuation of ongoing psychological organization, restoration addresses a more severe state of psychological disorganization.

In dream mentation, like in waking mentation, we utilize (and reveal) primary patterns of organizing our experience (for discussion of schemas or organizing patterns, see Piaget, 1954; Wachtel, 1980; Atwood & Stolorow, 1984). Images of self, other, and self-with-other are intricately portrayed. Dreaming, like waking mentation, can serve to maintain or transform these patterns.
ORGANIZING FUNCTIONS OF DREAMS

Regulation of affect in maintenance and restorative dreams is central. When we have, for example, insufficiently expressed our anger and aversiveness in reaction to a perceived threat during the day, we may attempt to "set the situation right" in our dreaming—an effort to regulate affect and restore self-equilibrium.

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

What is the research evidence for a regulatory function of dreams? It is well established that REM deprivation results in a rebound effect; that is, REM compensatorily increases when the opportunity presents itself. The rebound effect indicates that there is a neurophysiological need for REM sleep. Findings generally indicate that REM deprivation affects mood and psychological organization. For example, REM deprivation impairs long-term memory involving emotionally laden and coping material (Greenberg, Perlman, Schwartz & Grossman, 1983) and coping ability with stressful stimuli (Griesser, Greenberg & Harrison, 1972). REM deprivation studies show, however, that there is considerable individual variation in response to REM deprivation (Cartwright, Monroe & Palmer, 1967). This variability may be related to the finding that for some persons, REM deprivation results in a compensatory increase in fantasy life (Cartwright & Retzel, 1972) and in NREM dreaming (Webb & Cartwright, 1978; Ellman, 1985). To explain these findings, Ellman (1985) suggests that the mechanisms setting REM in motion are not specific to sleep and occur in phases throughout the twenty-four-hour day. In reviewing the research comparing REM and NREM deprivation, Webb and Cartwright (1978)

conclude that "REM deprivation produces a wider variance of waking performance than an equal amount of NREM sleep interruption" (p. 243). In summary, the evidence indicates that REM sleep and REM-like activity are essential for maintaining neurophysiological and psychological equilibrium.

Research focused more directly on dreams also suggests regulatory and restorative functions. Dreams frequently include the more intense emotional experiences of the day (Piccione, Jacobs, Kramer & Roth, 1977) and the thoughts prior to going to sleep (Piccione et al., 1977; Kramer, Moshiri & Scharf, 1982). A number of studies of dreams use an "incorporation paradigm" (Fiss, 1986), in which presleep stimuli are presented to influence the dream. The effects of dream incorporation are then investigated. In a classic study (Cohen & Cox, 1975), subjects were exposed to a stressful failure experience just prior to going to sleep. Those subjects who incorporated the failure experience in their dreams felt better the following day and were more willing to face again the failed task than were those who did not dream about it. (It is also possible that those subjects who were able to incorporate the failure experience in their dream were those who were less defeated and were willing to be engaged with the task in their dreams.) While the thematic structure of the dreams was not examined, dreaming most probably helped to bolster, if not restore, self-esteem and some sense of potential mastery, which enabled the dreamer to be willing to tackle the task once again the following day.

Clinical Illustration

Kohut's (1977) description of the "self-state dream" (Ornstein, 1987) is an example in which dreaming efforts are aimed, in the face of a threat of self-fragmentation or dissolution, to restore a positive cohesive sense of self. An example of this type of dream is, interestingly enough, Freud's (1900) Irma dream. In delineating the triggering events ("day residue") of the Irma dream, Freud recalled his upset over a colleague's criticism of him regarding the treatment of a patient. The colleague had seen the patient on a summer holiday and had judged negatively her

4 Antidepressant medications tend to disrupt REM sleep and, in contrast to expectations, the loss of REM sleep for depressives is not harmful and may be helpful. Clinically I have observed that depressed patients often report dreams involving reinforcing repetitions of negative (that is, depressing) organizing patterns. To disrupt these patterns could be therapeutic in potentiating new and more vitalizing ideational activity.
current state and implicitly her treatment. In his dream that night, Freud attempted to restore his self-esteem through an aggressive, ingenious disinhibition of his collegial critic.⁵ Interestingly, Freud, in this instance, deviated from his dream model, for he did not search for underlying infantile libidinal or aggressive wishes but understood the dream as an attempt to restore his self-regard.⁶

Functional Efficacy of Dreams

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

In addition, the dreamer's motivational aims may conflict. For example, developmental strivings to change may conflict directly with strivings to maintain current psychological organization. Consider a dreamer, for example, who returns to a masochistic position that is familiar and habitual, but at considerable cost in terms of vitality and striving toward a positive sense of self.

Dream Content

Freud's manifest-latent content distinction, central to his model of dreams, was based on drive theory, in which the latent drive impulses or infantile wishes had to be disguised and transformed into the manifest dream in order to preserve sleep. His postulation that all dreams involve a defensive (disguising) transformation of the underlying latent content is unique to the classical model and differentiates it from all other dream models. Once drive and energy theory are eschewed, it is no longer theoretically necessary to posit the ubiquity of defenses in dream formation (Fosshage, 1983, 1987b).

Dreams, in my view, more directly reveal the dreamer's immediate concerns through affects, metaphors, and themes. Fromm (1951) spoke

⁵ Shur (1986) later asserted, on the basis of Freud-Fliess correspondence, that Freud was attempting to exculpate not himself, but Fliess, his confidant and friend, from blame for the patient's treatment, which was also important to Freud for his self-esteem regulation. There continues to be debate over whose patient was actually in the dream.

⁶ Richard Jones (1970) has pointed out that there is no infantile wish in any of Freud's dreams in the Interpretation of Dreams.

organizing functions of dreams of symbolic (the forgotten) language, not as a language that disguises, but as a "language in which we express inner experience as if it were a sensory experience" (p. 12). French and Fromm's (1964) problem-solving efforts, Fairbairn's (1944) object-relational processes, Kohut's (1977) self-esteem regulation, Erikson's (1954) individualized ego modes of experiencing and relating, and the developmental, organizational, and regulatory processes that I posit, are all viewed as directly (manifestly) observable in dreams (Fosshage, 1983).

As dream mentation develops, regulates, and restores psychological organization, in keeping with developmental strivings and the need to preserve self-cohesion, defense organizations serve as only one route of protecting self-cohesion. Defenses—what we refer to as aversiveness (Lichtenberg, Lachmann & Fosshage, 1992, 1996)—appear in dreams. Yet, the appearance of aversiveness does not require a transforming or a disguising of latent into manifest content; instead, aversiveness appears directly in dream scenarios.

I therefore refer to the dream content (Fosshage, 1983, 1987a, b). I do not maintain a differentiation between latent and manifest content, for that distinction assumes a transforming or disguising process in dream formation. In eschewing the manifest-latent content distinction and positing that dream content is directly revelatory, I am not suggesting that meanings of dreams are readily apparent (although at times they are). The metaphorical nature of dreaming, more often than not, requires that the meanings of images, themes, affects, and relational scenarios have to be illuminated through analytic exploration and the dreamer's elaboration and associations. The essential difference with the classical model is that I do not consider that images are chosen for the purpose of disguise and are, therefore, transformed into other images. Instead, I feel that the dreamer selects images for their evocative power and actual usefulness in imagistic thinking, in a manner similar to a waking person selecting words to further the process of thinking and communicating.

Even though dream content has not been disguised, dream content is, as I have suggested, often elusive and difficult to understand. Its elusiveness is related to a variety of factors, including poor recall of the dream, unclarity of the dream mentation itself, its metaphorical nature (Ullman, 1969), the difficulty of understanding the meanings of images from a waking perspective or of making sense when juxtaposing two different mentational states, and a less than optimally facilitative intersubjective context in which the dream is told and explored.
Not to assume that the dream content has been defensively transformed has profound implications for working with and understanding dreams. Rather than viewing dream images as disguised stand-ins for something else, dream images are chosen, in my judgment, as the best imagistic language available to the dreamer at that moment to express and facilitate what the dreamer is thinking about. To understand a dream's themes and metaphors requires the dreamer's amplification of the dreaming experience, associations and resonance with the dream's affects, and the analyst's inquiry about the dream and its waking connection. 

Dream images, therefore, need to be assessed clinically for what they reveal metaphorically and thematically, not for what they conceal. With this emphasis, each dream image as used within the context of the dream scenario can be appreciated better for what it conveys. For example, the "I" in the dream identifies the dreamer. The object images represent the dreamer's images of the other. Not assuming that these object images are projections of the dreamer's self gives us access to the dreamer's images of others, self-with-others, and important relational patterns. Exploration, however, may reveal that aspects of the dreamer are projected onto the other. To eschew the common assumption that object representations are self-representations (based on the assumed ubiquity of disguise) enables us to illuminate the patient's self-with-other relational patterns as well as the projected aspects of the self onto the other.

The thesis that dream content is directly revealing through its metaphorical and thematic structure (Fosshage, 1987a) is generally supported by dream-content research findings. A number of studies have demonstrated that emotionally stimulating and meaningful experiences are directly incorporated into the so-called manifest content of dreams (e.g., Witkin, 1969; Breger, Hunter & Lane, 1971; Greenberg & Perlman, 1975; Piccione et al., 1977; Kramer, Moshiri & Scharf, 1982). The question arises, however, as to whether these experiences are the "day residue" chosen for purposes of disguising and expressing different latent content, or if they express the actual concerns of the dreamer that may have gained potency through activating, on the basis of similarity, primary conflictual themes or organizing patterns of the dreamer. Those dream researchers noted above tend to view the dream as more directly revelatory of the primary concerns of the dreamer. Offering perhaps more persuasive evidence, Levin (1990) points to a group of studies that have found a predominance of masochism, helplessness, and dependency di-

rectly portrayed in the dreams of depressed persons. And in a recent study, Firth and colleagues (1986) found that suicide attempters and violent patients without suicide ideation had equally high rates of death content in their dreams and significantly more than those severely depressed individuals who were not suicidal. (I suspect that the thematic structure of the dreams—for example, whose death is involved—may have differentiated the first two groups as well.) It is safe to conclude that characterological aspects of personality are directly portrayed in dreams.

Significance of a Dream

When dreaming mentation, as waking mentation, is viewed as an organizing process, it easily follows from what we know about waking mentation that dream mentation varies in significance to the dreamer. A dream, for example, may be a comparatively simple thought—for example, mowing the lawn, completing a paper, or doing other tasks of the day—without further significance and with minimal effect on the dreamer's mood. Or a dream may be simple, as in Erickson's (1954) patient's dream of the river "Seine," and be richly significant. Or a dream may provide a sweeping rendition of the dreamer's life, including thematic trauma, conflicts, changes, and current states that profoundly affect the dreamer (for examples refer to the dream in this article, pp. 453–454, and see Fosshage, 1989).

Research supports this view that dreams vary in significance. The more imagistically dominated REM dreams typically involve more affect-loaded scenarios than do secondary-process-dominated NREM dreams, which correspond more closely to waking secondary-process thought. Research has demonstrated that REM dreams are far more important than NREM dreams in consolidating memory and in dealing with emotional issues, and that the effect of dreams on waking thoughts and feelings varies (Kuiken & Sikora, 1993).

The notion that dreams vary in significance is a radical departure from the classical model, in which a deeper latent meaning is always assumed to be present. Clinically it frees the analyst and analyssand from the burdensome and often failure-inducing agenda of having to find an important latent meaning in every dream. On occasion, a patient will report a dream to the analyst, knowing that the analyst values dreams, and add a commentary that the dream seemed to be of little significance. While the
patient may not have yet become aware of the dream's significance, the patient may also be correct in his assessment. Recognizing that dreams vary in significance can save an analyst and patient from a frustrating, fruitless, and what can become intellectualized search for meaning.

Dream Clarity

Dreams vary in clarity of presentation and meaning. On occasion, poignant dream images and scenarios cut through the various metapsychologies and evoke similar understandings in analysts of different persuasions (Fosshage & Loew, 1987); other dreams are vague and exact considerable effort to construct meaning.

Traditionally, the lack of clarity in dreams is viewed as a product of defensive activity. Clinically, the task has been to get behind the defense to the hidden latent meaning. From the perspective of the organization model, unclarity may be reflective of defensive processes or of the mentalizational process itself. Just as in waking mentation, when a new idea or formulation is beginning to take shape, its inchoate status is evident in its vagueness. Recognizing that a dream's vagueness may be reflective of an insufficiently formulated thought enables the analyst to acknowledge its unclarity and to wait for its emergence, rather than engage in a frustrating and often intellectualized search for the latent meaning.

A Dreamer's Capacity

The organization model heightens our awareness that people differ in their capacities for imagistic and secondary-process thinking. These capacities most likely affect the complexity and effectiveness, not only of waking mentation, but also of dreaming. An EEG study (Moffit et al., 1982) of low dream recallers and high dream recallers found that a large shift in the electrical activity of the brain occurred when low recallers were awakened from REM sleep, while little disruption in brain activity occurred when high recallers were awakened from REM sleep. For high recallers, there is greater continuity between REM and waking mentation, enabling a higher recall of dreams, and for low recallers, there is more discontinuity. While people can be trained, more or less, to remember their dreams, our capacities for remembering and effectiveness of training efforts are surely affected by these neurophysiological patterns. The traditional psychoanalytic notion that poor dream recall is a form of resistance importantly needs to be amended, for poor dream recall may simply be the result of neurophysiology and mentalational style. Recognizing differences in dreaming and remembering capacities again frees the analyst to be respectful of the individual, rather than becoming engaged in a relentless pursuit of resistance analysis, which can easily trigger feelings of inadequacy in the analysand.

Technical Principles for Working with Dreams

Over the past several decades, psychoanalysis has been profoundly affected by the transition from positivistic to relativistic science. We now view the analytic situation as an intersubjective field (Stolorow, Brandchaft & Atwood, 1987) or a relational field (Greenberg & Mitchell, 1983; Mitchell, 1988), in which analyst and patient are involved in a mutually shaping, interactional system. Analytic interaction, thus, affects the availability of dreams to the dreamer (the unconscious-conscious barrier), what dreams are told to the analyst, and how dreams are reported to the analyst. In addition, patient and analyst work together, mutually shaping understanding of dreams. With this new conceptualization of the analytic scene, how best can analyst and analysand explore a dream to understand the concerns of the dreamer and the most salient meanings of the dream? In other words, how can we maximize the influence of the dreaming experience in the coconstructed understanding of the dream? The following technical principles, anchored within the organization model of dreams, are offered as guidelines for exploring and understanding dreams in the analytic arena.

Within the organization model of dreams, dreaming is viewed as an affective-cognitive organizing experience that is continuous with, yet often divergent from, preceding waking states. Our clinical effort, therefore, is to illuminate, as fully and clearly as possible, the patient's dreaming experience. The first technical principle is to listen as closely as possible to the patient's experience within the dream (the use of the empathic mode of perception; Kohut, 1959; Fosshage, 1995). Analytic inquiry initially is aimed to fill out the dreamer's experience within the dream—the second technical principle. For example, what were you feeling when that happened in the dream? (see Bonime, 1962, for emphasis on affects). What were you experiencing? (General questions—like “What do you associate to the dream?” or “What does the dream mean to you?”—tend to be too open-ended, often fostering an affectless,
intellectualized approach to the dream.) The combination of empathic listening and inquiry about the dreamer's experience facilitates the patient's involvement and affective connection to the dream experience and fills it out for the process of understanding its meaning. To focus closely on the dreaming experience itself can counter a patient's waking construal and interpretation of a dream, which may be sharply discrepant with the metaphorical and thematic structure of the dream. In turn, empathic inquiry implicitly validates the dream experience, increasing the patient's conviction about the vividness and meaningfulness of her dream experience.

To view dreams as revealing organizing processes positions the analyst and patient to trust dream imagery, its metaphors and themes, as directly communicative. The third technical principle is that dream imagery is not to be translated, but is to be understood in its metaphorical and thematic content.

Traditionally, the analytic task is to get behind the “manifest” imagery via “free” association to individual dream elements. The request for associations to individual dream elements a, b, c, and d through z is heuristic only if the dream is seen as full of loosely connected elements that simultaneously conceal and express something underneath. Dreams, in my view, are synthetic mentalative efforts, and do not comprise loosely connected elements. Requesting associations to individual dream elements taken out of the context of the dream, in my judgment, can easily fragment the dream experience and the coherence of the dream scenario, as well as lead far away from the imagery itself.

When dreaming is viewed as an integrative and synthetic mentalitative process, the task is to illuminate more fully, through the dreamer's associations and elaborations, the particular meaning of an image as it is used within the context of the dreaming experience. Each image is like a word within a sentence, and sequences of images are like sentences and paragraphs that tell a story. Waking amplification as to the meaning of a dream image—for example, a particular person—is facilitative of understanding; yet an image can only be understood fully as it is used within

the dream context, for the context shapes its meaning. While the meaning of many dream images is clear within the overall drama of a dream, other images have to be amplified for their meaning. Why did the dreamer choose this image or this person? What does a relational experience or event mean to the dreamer? The similarity or dissimilarity of the dream's image to the waking view also conveys important meaning. For example, a patient's more common percept of a person may be undergoing a change in the dream. The patient's spontaneous associations and more focused associations to dream images (Whitmont, 1978; Whitmont & Perera, 1990; Fosshage, 1987b) flesh out the various meanings of a dream.

Inquiry is more focused on those dream persons or images that are in need of clarification. Object-relational themes, affect-laden images of self, other, and self-with-other can be identified. The overall drama from beginning to end has immense communicative power about the dreamer's innermost struggles and strivings. Once the dream's scenarios are identified, the analytic task shifts to identify (when unclear) if, where, and when these themes have emerged in waking life. The fourth principle is that once the dream experience has been elaborated, it needs to be connected to waking life. Often the elaboration of the dream experience and its connection to waking life are simultaneous processes. At other times they occur more separately.

To understand a dream and its function usually requires consideration of its waking context. For example, a positive dream that is affirming of the dreamer's intellectual capacities could be functioning to further consolidate recent waking feelings or could be providing a restorative function in the face of self-doubt. Congruence and incongruence between waking and dream mentation provides additional leverage for understanding the patient. Incongruence between waking and dreaming states can have a variety of meanings. A patient, for example, feeling more trusting and calmer in her waking state, could return to a previous anxiety state in the dream, or vice versa. Or a patient could conceive of a new angle or resolution, not thought of in waking life, that furthers developmental efforts. In the previously discussed physician's dream, the analyst was portrayed in a manner quite discrepant with his waking percept, which in this case indicated an incipient developmental change and the formation of an idealizing selfobject connection to the analyst. Assessing the correspondence between waking and dream states and bringing both states into focus in an analytic process can increase understanding and integration of a person's mentalative efforts.
While the meaning of some dreams is quite clear to the dreamer, dreams frequently require additional inquiry for understanding. In the latter instance, the interpretation of the dream, the fifth technical principle, is variably shaped by the patient and analyst. The traditional translations of manifest into latent content opens the door to interpretations that more easily deviate from the metaphorical and thematic dream content, increasing the potential influence of the analyst. The guidelines of empathic listening to the dreamer's experience, amplifying the dreamer's experience, and viewing the thematic and metaphorical structure of the dream to be revelatory (not requiring translation) are methods for maximizing the patient's influence during the jointly constructed understanding (interpretation) of the dream and of the dreamer's mentational efforts.

What about transference and dreams? The notion that all the analyst's communications are transferenceal gave rise to the prevalent idea that every dream communicated to the analyst involves the transference. The manifest-latent content distinction potenitalizes translations of dream imagery that, in turn, enable analysts and psychoanalytic psychotherapists to translate dream figures to be disguised transferenceal stand-ins. These translations may pick up elements that are alive in the analytic relationship or they may not. Understanding, confusion, compliance, aversiveness are all possible outcomes.

What are the implications of the organization dream model for transference? All dreams reported to an analyst have transferenceal meaning; either the content of the dream is applicable or the process of communicating the dream carries the primary meaning for the analytic relationship. (To distinguish between content and process is essential, in my view, in understanding the nature of the transference; see Fosshage, 1994.) The traditional tendency of assuming that the content of a dream is applicable to the transference can easily undermine and divert attention from the patient's dream experience. Moreover, when a repetitive relational pattern in the dream is not active in the analytic relationship, but is active elsewhere, interpreting it as ongoing in the analytic relationship tends to reinforce the pattern, rather than aid in its gradual suspension. As a sixth technical principle, therefore, I never assume that the content of the dream directly relates to the transference, unless the analyst appears in the dream or the dreamer immediately associates to the analyst. Otherwise, the process of communicating the dream to the analyst, instead of the content of the dream, conveys the transferenceal meaning. In analyzing a dream, the relational pattern emergent in the dream is first identified and is subsequently connected by the patient to waking life. If the analyst senses that this pattern is occurring in the analytic relationship as well, even though the patient has not mentioned it, the analyst can simply inquire, "I wonder if you are experiencing that here too?" The transference, thus, can be addressed without translation of dream imagery and without minimizing the patient's experience outside the analytic relationship in which the particular relational pattern was emergent.

Freud's conceptualization of primary process as forever primitive and formative of the dream gave rise to the notion that dream analysis might further decompensate the severely disturbed patient and, therefore, should be avoided. Dream work could undermine precarious ego functioning and regress the patient to primitive, potentially chaotic primary-process material. Blanck and Blanck (1974) suggest that for the borderline, the analyst should not attempt to uncover id impulses, but should interpret "upward" and focus on ego concerns. In contrast, when viewing dream mentation as serving an overall organizing and synthetic function, it follows as the seventh technical principle that dreams can be useful in the analysis or psychoanalytic psychotherapy of any patient, regardless of disturbance. Clinical evidence strongly supports, as I have previously written, that a patient's dreams tend to be momentarily or chronically as chaotic, fragmented, vague or conflictual as the patient's waking mentation. Because both dreaming and waking mentation provide an organizing function, either may provide momentarily increased organizational clarity as compared to the other. And because dream mentation is dealing solely with subjective concerns without requirements for the modulation of actions, it is positioned advantageously for internal reorganizational efforts. Not to work in depth with the dreams of a severely disturbed patient robs the patient and the analysis of this crucially important organizing process. During periods of greater disturbance, dreams usually become more fragmented and disorganized, as does waking mentation, a state of affairs that needs to be addressed, understood and therefore managed—not avoided. (Fosshage, 1987, p. 307)

To summarize the clinical guidelines that emanate from the organization model, the first task in approaching the dream is to clarify and amplify the dreamer's experience within the dream. The events of the
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dream will be told; yet the dreamer’s experience frequently is unclear, or the patient will approach the dream from a waking perspective. General questions—like “What do you associate to the dream?” or “What does the dream mean to you?”—tend to be too open-ended, often fostering an affectless, intellectualized approach to the dream. To facilitate the patient reentering, and the analyst entering, the dream experience, inquiry can take the form of “What were you experiencing when that happened in the dream?” “What were you feeling when this occurred?” The analyst’s inquiry, remaining close to the dreamer’s experience, affectively reconnects the dreamer to the experience for amplifying and understanding the dream.

Inquiry is more focused on those dream persons, images, and events that need clarification in order to grasp their meaning. Object-relational themes, affect-laden images of self, other, and self-with-other can be identified. The overall drama from beginning to end has immense communicative power about the dreamer’s innermost struggles and strivings. Once the dreamer’s scenarios are identified, the analytic task shifts to identify (when unclear) if, where, and when these themes have emerged in waking life. The function of the dream can often only be understood when juxtaposing waking and dreaming states. When a dream expresses an exuberant mood of effectiveness and success, for example, it could either reflect a current waking state and serve to further its consolidation, or it could serve to restore self-esteem in the face of shame-producing waking experience of failure.

This phenomenologically grounded approach additionally validates the dreamer’s experience and increases conviction as to the meaning of the dream. Dream images are not translated as defensive stand-ins, but are appreciated for their communicative value within the structure of the dream drama. Most importantly, the dreamer can begin or continue to rely more on his or her own experience, rather than on what has been traditionally the analyst’s interpretive translations, to understand the dream. All of this facilitates self-cohesion.

Conclusion

With all of this said about dream mentation and its profound importance in developing and regulating our psychic life—an importance that in many ways even outdistances that accorded by Freud—the comprehensive and sweeping vision of ourselves and our lives that, on occa-

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sion, is captured in our dreaming can only be appreciated fully through hearing such a dream. To conclude, I present a dream of this sort that portrays the shifting inner states of the dreamer.

The dreamer, a woman who was thirty-nine at the time of the dream, was very bright and imagistically gifted. She was raised as a model child and had to freeze off from much of her affective life, in response to successful and extremely intrusive parents who had an agenda for her, and to incidents of sexual abuse with her brother and a neighbor. At the height of intense paranoid fears and suicidal ideation, she was hospitalized, at her own request, for one month, in order to deal with her fears in a more contained and therefore safer setting. The dream was presented in three parts.

I. A village; it extends up (and down) a slope. It is not a steep slope, but gradual and graceful; it is feminine. It is winter. I am looking down on the village as if on a model-train set. There are clusters of houses nestled together in the snow. I see their roofs; they look like old leather books perched on each house. There are train tracks which wind through the village, unifying and connecting it, making it whole. There are green pine forests, main streets, central squares, country roads hidden under the snowfall. It is quiet, peaceful, lovely.

I know that I am the village as well as hovering above it. It is the landscape of myself.

II. A feeling of fear. I am filled with the kind of terror which sent me to the hospital. It is huge, unmanageable, overwhelming. It is all over me, I feel it on my skin, and inside of me. I am paralyzed with fright. This fear is old, familiar. The village goes into a state of suspended animation. It is frozen and still; there is no movement. The me that is in the village ceases to feel. I have the familiar sensation of fear followed by an absence of feeling.

III. Time has passed in the telling of the Rip Van Winkle story. There is the feeling of twenty years (but I know it has been more) going by. The village has remained in its state of suspended animation. I have lived without feelings all this time.

There is a thaw; the village comes back to life. The cottages are in the same place but feel as if they have been moved to new locations. The relation of the train tracks to the village and cottages looks the same when I view it from above, but the me that is
in the landscape feels different. I am disoriented, but not afraid. I
am thankful that the frozen sleep is over. There are icicles melting
under the eaves of the cottages; the light falls with a different slant
on the landscape. At the end of the day I am only in the land-
scape, no longer above it. I am finding my way through unfamiliar
terrain. The thaw has caused patches of earth to appear from un-
der the snow. The landscape is no longer pristine as it was in the
beginning of the dream (when it was a model . . . a model child)
but I feel grounded in it; it is much more real and filled with
vitality.

This dream speaks to us. It tells a dramatic story of an ongoing psy-
chological transformation. The Rip-Van-Winkle sleep of twenty years
had begun when the dreamer was nineteen, the beginning of adulthood,
as she put it, and when she met her former husband. Brought up as the
model child, she was graceful and feminine, and had achieved some
peacefulness, but at the cost of being "wintry" and distant from her own
experience ("I know that I am the village as well as hovering above it").
In the analysis the patient began to reconnect with feeling, encountered
terror, and froze to put a stop to it. Gradually, as she began to un-
stand and work her way through the fear, she began to thaw, to be more
fully "within" her experience, and to become more vitally alive. The
dreamer is able to capture in poignant dream imagery feelings, self-
states, and transformation, to ponder and to further consolidate these
internal changes.

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