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On not being able to dream

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In this paper, the author explores the phenomenon of not being able to dream (as opposed to not being able to remember one's dreams) from three different vantage points. First, from the point of view of psychoanalytic theory, he discusses Bion's idea that the work of dreaming *creates* the conscious and unconscious mind (and not the other way around). A person who cannot dream is unable to generate differentiable conscious and unconscious experience and, consequently, lives in a psychic state in which he is unable to differentiate waking from sleeping, dreaming from perceiving. The author then approaches the problem of the inability to dream from the perspective achieved by a literary work. He discusses a Borges fiction that creates, in a singularly artful way, the experience of not being able to dream. Finally, the author utilises the vantage point of a detailed account of a clinical experience to explore what it means not to be able to dream. He describes an initial state characterised by the patient's proliferation of unutilisable 'psychic noise' which, over a period of years, led to the analyst's experiencing 'reverie-deprivation' and brief periods of counter-transfererce psychosis. Two analytic sessions are presented and discussed in which psycho logical work was done that contributed to an enhanced capacity on the part of both patient and analyst for genuine dreaming—both in sleep and in analytic reverie states.

Much has been written on what dreams mean; relatively little on what it means to dream; and still less on what it means not to be able to dream. What follows are an idea, a story and an analytic experience, each used as points of entry into the question of what it means—on both a theoretical and an experiential plane—not to be able to dream.

An idea

Before discussing an idea (more accurately, an inextricably interwoven set of ideas) derived from the work of Bion concerning not being able to dream, a few words concerning Bion's terminology are called for. Bion believed that psychoanalytic terminology had become so saturated with 'a penumbra of associations' (**1962**, p. 2) that, in order to generate not only fresh ideas but genuinely new ways of thinking psychoanalytically, it was necessary to introduce a new set of terms: an empty set that would indicate what is not yet known as opposed to what we imagine we already know. For the purposes of the present discussion, only a small part of this terminology need be defined—if the word 'defined' can ever be used with regard to Bion's elusive, evocative, constantly evolving thinking and writing.
Bion **(1962)** introduced the term 'alpha-function' to refer to the as yet unknown set of mental operations that, together, transform raw sense impressions ('beta-elements') into elements of experience (termed 'alpha-elements') which can be stored

as unconscious memory in a form that makes them accessible for creating linkages necessary for unconscious as well as preconscious and conscious

psychological work, such as dreaming, thinking, repressing, remembering, forgetting, mourning, reverie and learning from experience.

Beta-elements cannot be linked with one another in the creation of meaning. They might very roughly be compared with ‘snow’ on a malfunctioning television screen in which no single visual scintillation or group of scintillations can be linked with other scintillations to form an image or even a meaningful pattern. Beta-elements are fit only for evacuation or for storage—not as memory but as psychic noise. (The ‘snow’ and ‘noise’ metaphors are my own and represent interpretations of Bion.)

In *Learning from experience*, Bion introduced a radically new set of ideas regarding what is involved both in dreaming and in not being able to dream:[1]

> An emotional experience occurring in sleep … does not differ from the emotional experience occurring during waking life in that the perceptions of the emotional experience have in both instances to be worked upon by alpha-function before they can be used for dream thoughts …
>
> If the patient cannot transform his [raw sensory] emotional experience into alpha-elements, he cannot dream. Alpha-function transforms sense impressions into alpha-elements which resemble, and may in fact be identical with, the visual images with which we are familiar in dreams, namely, the elements that Freud regards as yielding their latent content [when interpreted in analysis or self-analysis] … Failure of alpha-function means that the patient cannot dream and therefore cannot sleep. [In as much as] alpha-function makes the [raw] sense impressions of the emotional experience available for conscious [thought] and dream-thought, the patient who cannot dream cannot go to sleep and cannot wake up. Hence the peculiar condition seen clinically when the psychotic patient behaves as if he were in precisely this state (1962, pp. 6-7).

In the space of these two dense paragraphs, Bion offers a reconceptualisation of the role of dreaming in human life. Dreaming occurs continuously day and night, though we are aware of it in waking states only in derivative form, for example, in reverie states occurring in an analytic session (see Ogden, 1997a, 1997b, 2001). If a person is unable to transform raw sensory data into unconscious elements of experience that can be stored and made accessible for linking, he is incapable of dreaming (which involves making emotional linkages in the creation of dream-thoughts).[2]

Instead of having a dream (experienced as a dream), the individual incapable of alpha-function registers only raw sensory data. For such a person, the raw sensory

data (beta-elements) experienced in sleep are indistinguishable from those occurring in waking life.[3] Unable to differentiate waking and sleeping states, the patient ‘cannot go to sleep and cannot wake up’ (Bion, 1962, p. 7). Such states are regularly observed in psychotic patients who do not know if they are awake or dreaming because what might have become a dream (were the patient capable of alpha-function) becomes, instead, an hallucination in sleep or waking life. Hallucinations are the opposite of dreaming and of unconscious thinking in a waking state.

Conversely, not all psychic events occurring in sleep (even those events in visual imagistic

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1 As will become evident, my interest in this paper is in the inability to dream as opposed to not being able to remember one's dreams. The former involves psychotic processes while the latter usually does not.

2 Bion uses the word ‘thoughts’ to include both thoughts and feelings.

3 For Bion (1957), there are always co-existing psychotic and non-psychotic parts of the personality. Consequently, a patient's inability to dream (which is a reflection of the psychotic part of the personality) is, in every instance, to some degree accompanied by a non-psychotic part of the personality capable of alpha-function and consequently able to produce conscious thought, dream-thought and unconscious thinking while the individual is awake.

form that we remember on waking) merit the name ‘dream’. Psychological events occurring in sleep that appear to be dreams but are not dreams include ‘dreams’ to which no associations can be made, hallucinations in sleep, the repetitive (unchanging) ‘dreams’ of those suffering from traumatic neuroses, imageless ‘dreaming’ consisting only of an intense feeling state or a muscular action in sleep. Though these phenomena occurring in sleep may appear to be dreams, they involve no unconscious psychological work—the work of dreaming—which results in psychological growth. One can hallucinate for a lifetime without the slightest bit of psychological work being done. For (my interpretation of) Bion, dreaming, if it is to merit the name, must involve unconscious psychological work achieved through the linking of elements of experience (which have been stored as memory) in the creation of dream-thought. This work of making unconscious linkages—as opposed to forms of psychic evacuation, such as hallucination, excessive projective identification, manic defence and paranoid delusion—allows one unconsciously and consciously to think about and make psychological use of experience. A person unable to learn from (make use of) experience is imprisoned in the hell of an endless, unchanging world of what is.

Bion goes on to flesh out his revision of the analytic conception of dreaming:

> A man talking to a friend converts the sense impressions of this emotional experience into alpha-elements, thus becoming capable

> of dream-thoughts and therefore of undisturbed consciousness of the facts whether the facts are the events in which he participates or his feelings about those events or both. He is able to remain 'asleep' or unconscious of certain elements that cannot penetrate the barrier presented by his 'dream'. Thanks to the 'dream' he can continue uninterruptedly to be awake, that is, awake to the fact that he is talking to his friend, but asleep to elements which, if they could penetrate the barrier of his 'dreams', would lead to domination of his mind by what are ordinarily unconscious ideas and emotions.
>
> The dream [which in health is continuously being generated unconsciously] makes a barrier against mental phenomena which might overwhelm the patient's awareness that he is talking to a friend, and, at the same time, makes it impossible for awareness that he is talking to a friend to overwhelm his phantasies (p. 15).

Here, Bion expands his conception of dreaming in such a way that the role of dreaming is no longer limited to constructing narratives (with manifest and latent meanings) by means of linking stored elements of experience (alpha-elements). Bion, in this passage, reverses the conventional wisdom that the ability to fall asleep is a precondition for dreaming. He proposes instead that dreaming is what makes it possible to fall asleep and to wake up. Dreaming, as it is being newly conceived, *creates* consciousness and unconsciousness and maintains the difference between the two. The term 'being asleep' becomes, in Bion's hands, a conception of being 'unconscious of certain elements [the repressed] that cannot penetrate the barrier presented by his "dream"' (p. 15). And, similarly, being awake is now synonymous with being uninterruptedly conscious of what is going on in waking life (for example, listening to a patient, reading a book or viewing a film). This is achieved by means of waking unconscious dreaming. Both forms of dreaming—that done in sleep and in waking unconscious dreaming—generate a living semi-permeable barrier separating and connecting conscious and unconscious life. In the absence of waking unconscious dreaming, not only would consciousness be overrun by repressed unconscious thoughts and feelings but, in addition, actual experience in the realm of external reality would be unavailable to the individual for purposes of unconscious psychological work. Without undisturbed access to external reality, one has no lived experience to work on or work with.

Dreaming, from this vantage point, is what allows us to create and maintain the structure of our mind organised around the differentiation of, and the mediated conversation between, our conscious life and our unconscious life. If a person is unable to dream, he is unable to differentiate between unconscious psychic constructions (e.g. 'dreams') and waking perceptions, and, consequently, is unable to go to sleep and unable to wake up. The two states are indistinguishable and in such instances the person is psychotic. Bion observes that the psychotic's inability to

discriminate conscious and unconscious experience results in a 'peculiar lack of "resonance"' (p. 15) in his 'rational thought', reported dreams, facial expressions, speech patterns and so on:

> What he [the psychotic] says clearly and in articulated speech is one-dimensional. It has no overtones or undertones of meaning. It makes the listener inclined to say 'so what?' It has no capacity to evoke a train of thought (pp. 15-6).

The differentiation of, and interplay between, conscious and unconscious life is created by—not simply reflected in—dreaming. In this important sense, dreaming makes us human. The essence of Bion's 'idea'—his conception of not being able to dream—is conveyed in an allegory that could have been written by no psychoanalyst other than Bion:

> It used once to be said that a man had a nightmare because he had indigestion and that is why he woke up in a panic. My version is: The sleeping patient is panicked; because he cannot have a nightmare, he cannot wake up or go to sleep; he has had mental indigestion ever since (p. 8).

The mental 'indigestion' to which Bion is metaphorically referring is the experience of being timelessly ('ever since') interred in a world of undreamable (indigestible) panic—a form of panic unavailable for dreaming and other forms of unconscious psychological work: a panic one can neither remember nor forget; neither hold secret nor communicate. It is a panic one can only evacuate (for example, as in hallucination or delusion) or annihilate (through fragmentation or suicide).

Bion's allegory has the feel of a myth because of the universal truth it manages to convey in the simplest of everyday words and images.

A story

It is fascinating to read Borges's fiction 'Funes the memorious' **(1941)**, while holding in mind Bion's conception of the role of dreaming in the structuring of the mind as well as his view of the consequences of not being able to dream. 'Funes the memorious' was written more than twenty years prior to the publication of *Learning from experience*. Despite this accident of time, to my mind, no literary work has succeeded as well as Borges's 'Funes' in bringing to life in the medium of language the experience of not being able to dream and, consequently, not being able to go to sleep or to wake up.

Of course, I am not presenting Borges's fiction as psychoanalytic data or even as supporting evidence for the value or verity of Bion's ideas. Rather, I am inviting the reader to experience some of the pleasure to be had in marvelling at, playing with and adding his/her own voice to the imaginary conversation between Bion and Borges on the subject of not being able to dream.

'Funes the memorious' begins,

> I remember him (I have no right to utter this sacred verb, only one man on earth had that right and he is dead) with a dark passion flower in his hand, seeing it as no one has ever

> seen it, though he might look at it from the twilight of dawn till that of evening, a whole lifetime (p. 59).

This remarkably beautiful, enigmatic opening sentence and those that immediately follow create an intoning, almost reverential sound and rhythm as the words 'I remember' echo down the page: 'I remember him', 'I remember (I think)', 'I remember', 'I clearly remember'.

As the story unfolds, Borges (the character and speaker who cannot be clearly differentiated from Borges, the author) tells the reader that his memory of his first encounter with Funes is an image of a boy running with 'almost secret footsteps' (p. 60). The phrase 'almost secret' is a wonderfully compact way of conveying how virtually every experience—whether a waking perception, a memory or a dream—has the quality of something hidden (held secret) by what is perceived and of something revealed by what is hidden (in being *almost* secret).

Ireneo Funes, who seems always to be running, is a momentary presence with a 'cigarette in his hard face' and a 'shrill, mocking' voice. Borges is told that Funes, who assiduously avoids contact with people, has the ability, 'without consulting the sky', to always know the time precisely—'like a clock' (p. 60). The 'chronometrical' (p. 61) Funes is presented as no ordinary boy: he has a bizarre, slightly menacing, not fully human quality.

Three years later, on returning to the town where he first encountered Funes, Borges is told that the boy had been thrown from a horse and is 'hopelessly paralyzed':

> I remember the sensation of uneasy magic the news produced in me … [Hearing the news] had much of the quality of a dream made up of previous elements … Twice I saw him [lying on his cot] behind the iron grating of the window, which harshly emphasized his condition as a perpetual prisoner … (p. 61).

Funes soon learns that Borges has brought with him ('not without a certain vaingloriousness', Borges admits) three Latin texts as well as a Latin dictionary. Funes dispatches a note to Borges asking to borrow any one of the Latin volumes along with the dictionary (since he knows not a word of Latin). He promises to return them 'almost immediately' (everything is instantaneous in the world Funes occupies). Borges arranges to have the books delivered to Funes. A few days later, Borges goes to the house where Funes lives with his mother to retrieve his books before returning to Buenos Aires. In the dim light of evening, Borges makes his way through a series of rooms, passageways and patios to find Funes in a back room 'where the darkness seemed complete' (p. 62). Even before entering the room, Borges can hear Funes

who, ‘with morose delight’, is speaking ‘Roman syllables’ that are ‘indecipherable, interminable’ (p. 62). Later that night, Borges learns that the syllables Funes has been speaking from memory are taken from the twenty-fourth chapter of the seventh book of Pliny's *Naturalis historia*: ‘The subject of that chapter is memory; the last words were *ut nihil non iisdem verbis redderetur auditum* [so that nothing having been heard can be retold in the same words]’ (p. 62).

Despite the touches of humour (for example, the self-parodying, overdone displays of erudition), there is a sense of horror in the sound of the shrill, mocking voice—more a disembodied voice than a person speaking—endlessly reciting Roman syllables (meaningless sounds as opposed to words used as symbols for purposes of communication).

Borges describes some of what occurred during the night he spent with Funes. Ireneo explained that, before being thrown by the horse, he had been

> what all humans are: blind, deaf, addlebrained, absent-minded … For nineteen years he had lived as one in a dream: he looked without seeing, listened without hearing, forgetting everything, almost everything. When he fell, he became unconscious; when he came to,

> the present was almost intolerable in its richness and sharpness, as were his most distant and trivial memories. Somewhat later he learned that he was paralyzed. The fact scarcely interested him. He reasoned (he felt) that his immobility was a minimum price to pay. Now his perception and his memory were infallible (p. 63).

For nineteen years, Funes had lived ‘as one in a dream’, not as a person cyclically waking and sleeping. He had lived as if in a dream from which he could not wake up. It might be said that, before the fall, Funes had lived as a figure in a dream without a dreamer or perhaps a figure in his own dream or a figure in someone else's dream. His life—I imagine—was something like that of a bird or other animal in his lack of awareness of the difference between himself and the natural world of which he was a part. Funes did not deduce the time from the position of the sun or the moon in the sky. Rather, he experienced the time; he *was* the time, in as much as he was a part of the sun and the moon and the sky and the light and the dark. The wonder lay in the fact that he could speak, though his speech was little more than the ‘communications’ of the hourly chimes of a clock or the crow of a rooster at daybreak.

After Funes ‘came to’, he did not return to his previous state. With his newly acquired ‘infallible’ powers of perception and memory, Funes

> knew by heart the forms of the southern clouds at dawn on the 30th of April, 1882, and could compare them in his memory with the mottled streaks on a book in Spanish binding he had only seen once and with the outlines of the foam raised by an oar in the Rio Negro the night before the Quebracho uprising. These memories were not simple ones; each

> visual image was linked to muscular sensations, thermal sensations, etc. (pp. 63-4).

Ireneo, in linking the clouds in the southern skies, the streaks on the binding of a book and the shape of the foam raised by an oar in the Rio Negro, was creating a network of linkages in which each element is connected with every other element, not according to a system of logical or even emotional associations but by purely sensory linkages (for example, of shape, temperature, kinaesthetic feel and so on). The result is a massive, sprawling, solipsistic, ever-expanding whole.

Funes had invented his own number system in which each number was replaced by a word, for example,

> in place of seven thousand fourteen, *The Railroad* … In place of five hundred, he would say *nine* … I tried to explain to him [in vain] that this rhapsody of incoherent terms was precisely the opposite of a system of numbers (pp. 64-65).

For Ireneo, perceptions and memories were so precise and so massive in detail that he lost the capacity to organise his perceptions and memories into categories and lost all sense of the continuity of objects over time and space:

> Not only was it difficult for him to comprehend that the generic symbol *dog* embraces so many unlike individuals of diverse size and form; it bothered him that the dog at three fourteen (seen from the side) should have the same name as the dog at three fifteen (seen from the front) (p. 65).

On ‘coming to’, Funes lived no longer like a figure in a dream; he had become like a dreamer of a ‘vertiginous world’ (p. 65) never before conceived of by anyone. There was a major problem inherent in this feat. He was a prisoner in the psychological world he ‘dreamed’/created. He could not wake up from the dreaming in the sense that he could not think about what he was perceiving. Borges darkly comments later in the story, ‘I suspect … that [Funes] was not very capable of thought. To think is to forget differences, generalize, make

abstractions’ (p. 66). The world Funes created was meaningless in that relationships among its parts adhered to no system of logic or even of illogic. Funes lived as a dreamer of a meaningless dream that he did not know he was dreaming. Such a ‘dream’ is a dream that is not a genuine dream in Bion's **(1962)** sense of the word—it accomplishes no psychological work, it changes nothing and goes nowhere. This type of ‘dreaming’, like an hallucination, makes it impossible to distinguish waking from dreaming and, consequently, as Bion observed, impossible to go to sleep and to wake up.

Living as one perpetually producing meaningless ‘dreams’, Funes found that it ‘was [as Bion would have expected] very difficult for him to sleep’ (p. **66**). Paradoxically, to sleep, for Funes, would have meant to be able to wake up from his

self-created (quasi-hallucinatory) world cluttered with infinite details that add up to nothing. To sleep would have been to wake up from his state of immersion in a sea of unutilisable perceptions and 'memories' (akin to Bion's beta-elements) by having a genuine dream that serves to separate conscious from unconscious experience, thus making it possible to wake up (that is, to be able to feel the difference between sleeping and waking; between dreaming and hallucinating).

In his effort to sleep, Funes imagined new houses to the east that he had never seen: 'He imagined them to be black, compact, made of homogeneous darkness; in that direction he would turn his face in order to sleep' (p. **66**).

To be able to sleep—to dream a dream that generates unconscious dream-thoughts—would have required of Funes an ability he lacked: the capacity to imagine the black houses made of homogeneous darkness and to know that he was imagining (and on waking, to know that he had been asleep and dreaming). For Funes, who could not forget, the only form of imagining that he could be certain he could differentiate from remembering was to imagine what he had never seen. What he imagined was 'homogeneous darkness', the most calming of all states for Funes because he knew it to be an inner world, different from the external world senselessly teeming and swarming with perceived and remembered details. Imagining in this way is genuinely to dream, for it is dreaming that differentiates the inner and the outer, the imagined and the real, the conscious and the unconscious; it is dreaming from which a person can wake up. To make matters even more complicated, to wake up would not have been a victory to be celebrated unambivalently by Funes because that to which he would have awoken was a frightening world of fully human people whose presence he could hardly bear. (Borges, the author, too, was a man who for long periods of time suffered from insomnia and found being with other people almost unbearable.) In order to sleep, 'Funes would also imagine himself at the bottom of the river, rocked and annihilated by the current' (p. **66**). The implacability of remembered images (*the* river, not an imagined river) is giving way in this sentence first to imageless, rhythmic sensation-sounds ('river, rocked') and finally to the annihilation of the infallibly perceiving, infinitely remembering mind named Funes. There is an ominous suggestion here that dying (annihilating himself psychically or physically) might be the only form of 'sleep' Funes could achieve.

The story closes simply and quietly: 'Ireneo Funes died in 1889, of congestion of the lungs' (p. **66**). Funes's death by congestion of the lungs has an uncanny resemblance to the patient in Bion's allegory: 'The sleeping patient is panicked; because he cannot have a nightmare, he cannot wake up or go to sleep; he has had mental indigestion ever since' (**1962**, p. **8**).

The opposite of a good dream is not a nightmare but a dream that cannot be dreamt: what might have become a dream remains timelessly suspended in a no-man's land where there is neither imagination nor reality, neither forgetting nor remembering, neither sleeping nor waking up.

An analytic experience

The third vantage point from which I will address the question of what it means to be unable to dream is an experience with a patient that occurred in the third year of the analysis.

When I went to meet Ms C for our session, on opening the door to the waiting room, I was startled to find her standing only a foot or so in front of me. The effect was disconcerting: my face felt too close to hers. I reflexively averted my gaze.

Once Ms C lay down on the couch, I began by saying to her that something unusual had just happened in the waiting room. She had probably noticed that I had been startled to find her standing closer to me than usual when I opened the waiting-room door. Ms C did not respond to my implicit question as to whether she had noticed my surprise. Instead, she rather mechanically delivered what felt to me to be a series of pre-packaged analytic ideas: 'Perhaps I was sexualising or perverting the event. Maybe I was angrily attempting to be "in your face"'. It seemed that these ideas were, for Ms C, fully interchangeable. She went on to develop these 'thoughts' at length in a way that felt numbing.

In an effort to say something that felt to me less disconnected from feelings involved in the event as I had experienced it, I said to Ms C that I thought she might have been afraid that I would not see her in the waiting room had she not positioned herself as she had. (We had talked previously of her sense of being so insubstantial as to lead people to look through her as if she were not there.) In making the interpretation, I also had in mind the patient's derisive depiction of her parents as 'schizoid people', with good intentions but 'no idea' who the patient was and is. But even as I was saying these words, my interpretation felt as vacant as those of Ms C.

The patient agreed with what I said and without pause went on in a manner that was familiar to both of us, to tell me about the myriad events of her day. Ms C spoke rapidly, jumping from topic to topic, each of which concerned a specific aspect of the 'organisation of her life' (a term she and I used to refer to her operational thinking and behaviour). She told me how long she had jogged that morning, whom she had met in the elevator of her apartment building on the way to and from the run, and so on. Early on, I had interpreted both the content and the process—so far as I thought I understood them—of such recountings of the seemingly inexhaustible minutiae of her life.

Over the course of time, I had learned that my interpretations were not only without value to Ms C, they were often counterproductive in that they elicited from her an increasingly pressured flow of verbiage. Moreover, it felt to me that, often, my need to interpret was motivated by a wish to assert the fact that I was present in the room. I was also at times aware retrospectively that my interpretations had been, in part, angry efforts to turn back on the patient her seemingly unending torrent of words and psychoanalytic formulations, which I found depleting and suffocating.

In the session under discussion, after talking about her morning's activities, Ms C began speaking about having slept restlessly the previous night. She said that she had

awoken four times during the night, each time getting up to get a glass of water and to urinate. As was characteristic of her, she made no reference to her emotional response to any of the events she described. As she was speaking, my mind wandered to a patient, Mr N, with whom I had worked more than fifteen years earlier. That patient had been addicted to a prescription narcotic for several years. I recalled speaking to Mr N the day after he had been hospitalised for injuries he had sustained in a boating accident. In that telephone conversation, Mr N told me that nonstop, twenty-four hours a day, ‘shopping centre Christmas music’ was coming from the wall behind his hospital bed, and that it was driving him crazy. He said that he had repeatedly told the nurses about it but that they had said they could do nothing to stop it. Mr N, weeks later,

recognised the grating music to have been an auditory hallucination resulting from drug withdrawal from the narcotic to which he had been addicted. This reverie about Mr N left me feeling extremely anxious but the reasons for my unease were opaque to me.

My thoughts then moved to the fact that in Ms C's analysis there had been periods of time when I had found myself disorientated in a way, and to a degree, that I had not experienced with any other patient. There had been a number of instances when I had lost track of the time, not knowing whether we had gone on far past the end of the session or whether we were somewhere in the middle of it. I felt terrible anxiety at these times, feeling that I had no way to figure out where we were in the session. At such moments, I would stare at the face of the clock in my office only to find that it seemed to stare back at me blankly, not helping in the least to relieve my confusion and anxiety. I took these mental states as deeply disturbing signs that I was losing my mind. Oddly, each time, on regaining my bearings, the experience seemed quite remote and devoid of feelings. (Borges's parenthetical comment about Funes's response to his paralysis captures an essence of that state of detachment: ‘The fact scarcely interested him’.)

Ms C then spoke about her plans to sell the condominium in which she had lived for the previous twelve years and her hopes to buy a house. She talked about how nice it would be to have a separate room that she could use as a study, and about her annoyance that her real estate agent was urging her to have her condominium ‘staged’ (outfitted and arranged by an interior decorator in order to increase its appeal and selling price). Any part of this account seemingly would have offered ample opportunity for interpretation. For example, I might have linked the demand that her condominium be ‘staged’ to Ms C's feeling that her mother and I could not recognise and accept her as she really is; or I could have connected the repeated cycle of taking in water and emptying her bladder with her long-standing pattern of seeming to take in my interpretations only to evacuate them shortly thereafter. I refrained from making these and many other possible interpretations because I felt that to have done so would have been to join the patient in the use of words to obscure my feeling of the

arbitrariness of our happening to be in the same room—a room that did not feel like an analytic consulting room at that moment. I made a conscious effort to orientate myself to what I was doing there by recalling Ms C's reasons for having come to see me in the first place: she had felt intense feelings of pointlessness in virtually every sector of her life, particularly in her efforts to develop a love relationship with a man. I recalled her having told me in the initial meeting that she had unsuccessfully tried a variety of anti-depressant medications. My thoughts again turned to my former patient, Mr N, and his difficulties with prescribed pain medications.

As I thought more about my having silently concurred with Mr N's ‘recognition’ that his Christmas music hallucination was a neurological symptom that conveyed no utilisable unconscious meaning, it increasingly seemed to me that I had unconsciously colluded with him in evading feelings of sadness. I had foreclosed the possibility that the non-stop shopping centre music was not simply a neurological symptom, but a psychologically meaningful creation that held particular unconscious symbolic meaning for him. It occurred to me (for the first time) that, of all the things that he might have hallucinated auditorily, it was the sound of endless, crassly commercialised Christmas music that he had heard. It was the sound of the worst form of mockery, not only of music (which the patient deeply loved), but also of the Christmases before his parents' divorce, which had been some of the happiest and most loving family events that Mr N could remember.

My recollections of Mr N's Christmas music hallucination, and my emotional responses and associations to it, led me to become aware that having a reverie—any reverie—that I could

make use of analytically was an extremely rare event in my work with Ms C. It was not that my thoughts had not wandered during earlier sessions with Ms C; what struck me at this point in the session was how little psychological work I had been able to do with my reverie experiences. There was a feeling of relief in this recognition.

Ms C began the next session by telling me a dream[4] that she had had the previous night: ‘*I'm at a session with you*. [Ms C pointed to the floor.] *It's here in this office in the morning, at this time. It's this session. Then it seemed to shift and I am in another part of a large office suite. There are lots of rooms, not just the ones that are really here. Hooked around. There was stuff all over the place. There were old yellowing plastic plates, empty paint cans*—I can't remember what else—*books and papers strewn all over the floor. It makes me anxious just to think of it. I couldn't tell what the room was used for. There were also paintings leaning against the wall five or six deep, but I could see only the back of the outside one. There is a desk drawer that I very badly want to open to see what's inside*, but I woke up before I could open it. I was very disappointed that the dream was interrupted before I could look inside the drawer’.

Ms C was quiet after telling me the dream, which was significant because any sustained silence was highly unusual for her. I felt as if she were inviting me—by

giving me more room than usual—to think and talk (just as there were more rooms in the second part of the dream). I said that the first part of the dream seemed to be an unadorned image of my office as it 'really is'. Ms C said, 'Yes, it did feel flat'.

I told her that the second part of the dream felt to me very different from the first: 'It is set in a place that is not a real place but an imaginary one—a much larger place with many more rooms than there really are here'. [I was reminded of Ms C's wish to have an extra room in the house she hoped to buy, to use for thinking—a study.] She and I talked about the way in which the room at first felt like a mess, cluttered with an enormous number of things, and about her feeling of being unable to tell what the function of the room was. I commented on her feeling of disappointment at the end of the dream. Ms C responded by saying that the dream had not left her feeling disappointed. She said that something changed at the end that was hard for her to describe. Ms C talked about the canvasses that were stacked against the wall revealing only the back of the outermost of them, which made her curious about what was painted on the fronts of them. She said, 'It was disappointing to awaken from the dream before I was able to see what was in the drawer, but it was a good disappointment—if that makes any sense. It seems strange to say this, but I actually feel excited about what I might dream tonight'.

Ms C was silent for several minutes. During that time, I thought about E, a close friend for many years—a man in his seventies—who had died the previous weekend. During that week following his death, I was continually either consciously thinking of him or experiencing a diffuse background feeling of sadness and a sense of someone or something missing. So the fact that I was thinking about him did not distinguish this moment in the session with Ms C from my experience with each of my other patients that day or that week. However, what was unique to that moment in the work with Ms C was the particular way I was feeling about E. With each patient (and within each hour with each patient), the way in which I experienced the loss of E was specific to what was going on at that moment at an unconscious level in the

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4 Ms C had not been able to recall a single dream in the first year-and-a-half of analysis. When she began to report dreams at the end of the second year of our work, her associations to them—in the rare event that she had any at all—were very concrete, largely centring around ideas already conscious to her. My own associations to the dreams had been equally sparse and superficial and the few interpretations I made felt strained and contrived. Under other circumstances, the very fact that the patient's dreams felt dead would have constituted an important strand of meaning in its own right.

analytic relationship. In the period of silence following the discussion of Ms C's dream, I thought of the previous Saturday evening during which I had spent some time at E's bedside along with his wife and their grown children. E was in a deep

coma at that point. I recalled the sense of surprise and relief I felt about how warm E's hands had felt when I held them. The fact that he had been comatose for almost a day at that point had led me to expect that his body would feel cold.

My thoughts moved from these images and sensations concerning E to the surprise and discomfort I had felt during the encounter with Ms C in the waiting room on the previous day. The reverie involving the unexpected warmth in E's hand contributed to my becoming consciously aware of the growing affection I had been feeling for Ms C over the course of the past several weeks. After a time, I said to Ms C that I thought I had been off the mark in the previous session when I said that I thought that she had been worried that I would not notice her in the waiting room if she were not standing very close to me when I opened the door. I told her that I now thought that perhaps she simply had wanted to be close to me and I was sorry that I had not allowed myself to know that at the time. Ms C cried. After a little while, she thanked me for having understood something that she herself had not known but which she nonetheless felt to be true. She added that it was rare for her to know something in this way without a million other things flying around in her head.

I felt intensely sad at that point in the session, which was almost over. It seemed that Ms C, then in her forties, had missed a good deal of the joys and sorrows of a lived life—as I had missed out on experiencing Ms C's feelings of warmth towards me the previous day in the waiting room (and would miss out on a continuing friendship with E). It was of considerable comfort to me to feel that, while Ms C had forever lost many opportunities to be alive, her life was not at an end. She had put this quite beautifully in saying that her disappointment at the end of her dream was not a feeling of despondency but a feeling of excitement about what she might dream that night.

Discussion

Ms C's unceasing verbiage—seemingly impervious to interpretation—had engendered in me, during the first years of the analysis, feelings of helplessness, anger and claustrophobic fear (for example, feelings of being suffocated or of drowning). In the first of the two sessions I have presented, my mind wandered to the Christmas music hallucinations of my former patient, Mr N. These recollections led me to think of the brief periods of countertransference psychosis in my work with Ms C, during which I had become lost in relation to time, not knowing when we had begun or what time we were to end the session or how far into the session we were. What was most disturbing about this was the feeling that I had no place to turn in my effort to locate myself. The face of the clock felt frighteningly blank.

Only in retrospect was I able to view the moments of countertransference psychosis in the analysis of Ms C as a response to her having flooded me with words (which I had experienced much as Borges described the effect of Funes's onslaught of 'Roman syllables' that did not function as meaningful elements of language used for purposes of symbolic communication). Ms C's non-stop verbiage had had the effect of disrupting my capacity to make use of

my reverie experience (which is central to my being able to do the psychological work necessary to 'catch the drift' (Freud, **1923**, p. **239**) of what is happening at an unconscious level in the analytic relationship). (See Ogden, **1997a**, **1997b**, **2001**, for discussions of my use of reverie experience in analytic work.) In a sense, in the analysis with Ms C, I was experiencing chronic

reverie-deprivation[5] which, like sleep deprivation, can precipitate a psychosis. The counter-transference psychosis allowed me to experience firsthand something like the patient's psychotic experience of not being able to dream (either while asleep or unconsciously while awake).

I experienced considerable relief on recognising the degree to which the patient and I had been unable to dream in the analytic setting—including our inability to engage in states of reverie that were utilisable for purposes of communication with ourselves and with one another. The dream Ms C told me at the beginning of the second of these sessions seemed to me a triptych in which the first part of the dream was a flat depiction of the way my office 'really is'. Like a snapshot, it had the feel of a simple, mechanical registration of what was perceived. I view this part of the dream as a dream that is not a dream, but rather a visual image in sleep that is composed of elements that cannot be linked and upon which no unconscious psychological work can be done. Consequently, it did not give rise to associations in either the patient's mind or my own. Ms C compliantly agreed with my account of it.

The second part of the dream had the feel of a genuine dream, both depicting the experience of not being able to dream and doing unconscious psychological work with that experience.[6] The chaotic room was filled with disconnected elements—yellowed plastic plates, empty paint cans, books and papers—a morass of disparate elements not adding up to anything. And yet, as the dream proceeded, the elements were transformed into something that was by no means meaningless: the empty paint cans, for example, became linked later in the dream to paint with which paintings could be made; man-made imaginative images (not yet seen). Even Ms C's 'throwaway' comment, 'I can't remember what else [was in the room]', reflected the fact that the patient was now able to forget (repress). As Borges put it, in speaking of Funes, 'To think is to [be able to] forget differences, generalize, make abstractions'.

The third part of the dream—centring around the patient's intense curiosity about the contents of the unopened desk drawer—seems to me to involve an enlivening tension between what is seen (i.e. what is available to conscious awareness) and what is not (i.e. what is dynamically unconscious). The differentiated, internally communicating mind is filled with possibilities that spark the imagination, like the 'almost secret footsteps' of Ireneo Funes, and allows for both unconscious and conscious psychological work to be done. For example, Ms C made a thoughtful discrimination in modifying an aspect of my response to the third part of the dream: she emphasised the ascendancy of the feeling of enlivening

possibility (as opposed to disappointment) in the ending of the dream and in her feelings on awakening from it.

In the weeks that followed the two sessions I have presented, I became better able to understand something that had continued to trouble me about these meetings. I came to view my anxious withdrawal from Ms C in the waiting room as a manifestation of my inability to dream Ms C's emotional experience (her undreamt dream) which she had evacuated into me. Once I became able to observe the analytic interaction from this vantage point, it became possible for the patient and me to create in the sessions an intrapsychic-interpersonal field in

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5 In other instances of reverie-deprivation in an analytic session, I have experienced great difficulty in staying awake. In the half-sleep state that has occurred under these circumstances, I have found that I dream fleeting dreams that feel similar to those that occur in sleep. At times, it seems that the function of these dreams is that of reassuring myself that I am capable of dreaming. At other times, these fleeting dreams seem to represent an unconscious effort to dream the dream that the patient is unable to dream at that point. In still other instances, my 'dreams' seem to be hallucinations (often auditory) that are substitutes for dreaming intended to disguise the fact that at that moment neither the patient, nor I, is able to dream.

6 Only now, as I am writing this paper, am I aware of the effect of the patient's shifting tenses in recounting the dream, moving from the immediacy of the present tense ('I'm at', 'It's here') in her telling the first part of the dream to the more distant, more reflective, past tense ('I looked', 'There was') in telling the second part.

which to 'dream' the transference-countertransference and to verbally symbolise our responses to that 'dream' in the form of interpretations. The outcome of the psychological work that Ms C and I did in this way included a fuller understanding of the patient's relationship to her (internal object) father. Ms C spoke about her experience of the 'loss of her father' during her adolescence. It seemed to her that when she was about 12, he had abruptly, and completely unexpectedly, closed off the loving relationship that the two of them had enjoyed up to that point 'as if it had never happened'. Ms C had known in a diffuse way, but had not previously been able to think or articulate for herself, that both she and her father had been frightened by the romantic and sexual feelings he felt towards her and she towards him. She said, 'What makes it [the emotional breach] so sad is that it was so unnecessary'. These feelings and thoughts were used to do further psychological work with 'the waiting room incident': the patient and I became better able to dream (and thereby live) that experience together—an experience which kept changing as we kept dreaming it.

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