You Can Be in My Dreams If I Can Be in Yours: Dreaming In Relational Space

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Introduction

Dr. Talkoff and I have been colleagues and friends over the last 30 years, and during that time, the psychoanalytic landscape (to borrow the metaphor of his dream) has undergone seismic shifts of perspective that have influenced our clinical approaches and given us much to talk about when we discuss cases. I want to discuss Dr. Talkoff's paper in two different ways that I will interweave. First, I would like to contextualize it theoretically and historically in terms of our models of the unconscious, our ideas about dreaming, and our conceptions of the analytic relationship. Secondly, I will discuss my impression of the intriguing case material he has generously shared with us. In his presentation, Dr. Talkoff has 'dreamed' his patient and in response, I will be dreaming his patient and Dr. Talkoff as an analytic couple, with reference to the work of Freud, Ferenzci, Bion, Matte-Blanco, and others.

Dream Theory from Freud to Bion

In tracing an arc from Freud to Bion, there have been significant reconceptualizations to dream theory and the function of unconscious processing. When Freud published *The Interpretation of Dreams* in 1900, the basic tenets of psychoanalysis were in place, and Freud wrote that "The interpretation of dreams is the royal road to the knowledge of the unconscious in mental life". However, regarding the *purpose* of dreaming, when I teach and supervise, therapists are often surprised to be reminded that, according to Freud, the actual *function* of dreaming is relatively banal. Dreams, according to his perspective, are simply the guardians of sleep, protecting the sleeper from the eruption of disturbing mental contents that are at risk of emerging into consciousness

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when the ego's defensive guard is relaxed in sleep. Freud's 'dream work' then is the process of disguising wishes, emotions, and memories that might disturb sleep primarily through condensation, displacement, symbolization, dramatization, secondary revision, and other creative obfuscations. So, for Freud there is a wide difference between the potential rewards of analyzing a dream, and the actual reason it was dreamed in the first place.

By contrast, Bion's concept of the dreaming is radically different. Dreaming in Bion's lexicon is not the limited dreaming of REM sleep but is a broader process that he calls 'dream-work alpha' (Bion, 1992, p. 62). This dreaming or dream-work alpha, which is essentially a psychological digestive process, is continuous night and day, awake and asleep. It is the mode by which raw emotional experience is subjected to alpha-function and unconsciously processed. As I have proposed elsewhere (Rather, 2001b), this processing is carried out according to what Matte-Blanco calls the logic of symmetry (1975, 1988), and is a way of processing 'O', Bion's shorthand symbol for the totality of everything coming at us from the inside and outside worlds. Metaphorically speaking, dream-work alpha is the process by which the impersonal musical notes of O coming at us from the written page of life, are subjectified and made personal by the unique harmonic overtones of our individual voices, phrasing, and interpretation. It is a deeply creative process with its own aesthetics and beauty. To push the musical metaphor a bit further, the alpha function 'DJ' is constantly mixing the spinning discs of internal and external reality to create a personalized and more acceptable remix of O.

Such an imaginative conjecture reflects a major shift in the concept of the unconscious itself. Following Freud, analysts tended to characterize the unconscious as a seething cauldron of instinctual drives in need of taming. This gave rise to an analytic goal of expanding the observing ego making the unconscious more conscious in order to subject it to the ego's reason. However, following Bion and others, there has been a trend toward conceptualizing the unconscious as a potential ally, as a source of perception and emotional processing which offers a useful second opinion to the conscious mind. Quite in contrast to the ideal of gaining insight, theorists such as Grotstein (2000, 2007), Langs

(1976, 2005), Matte-Blanco (1975, 1978), Meltzer (1978, 1984, 1986), Ogden (2003, 2004, 2005), perhaps most vigorously Ferro (1992, 1999, 2002, 2005, 2018), suggest that we do our most important emotional processing unconsciously, and it is these unconscious processes that need priming and revitalization in the analytic process.

This is a different emphasis than Dr. Talkoff's when he comments: "the ultimate goal of psychoanalysis is increased self-awareness on the part of the patient", so it might be an interesting discussion point later to contrast the goal of empowering the observing ego, vs. the goal of emancipating the experiencing ego. (I am reminded that when Lacan was asked what he thought of ego psychology and the goal of strengthening the ego, he responded: "Why would they want to strengthen the problem?") On the other hand, these two perspectives need not be in opposition. Grotstein (2007) offers a useful dialectical metaphor when he points out that it is the opposable thumb operating in concert with the forefinger, which allows us to grasp things. In this sense, the system unconscious may be conceived of as 'opposable' rather than 'oppositional' with regard to the system conscious. This is what Bion's refers to in his phrase 'binocular vision' and it is what Matte-Blanco stresses, that both systems are essential, and it is the permeable boundary between them that makes it possible for each to 'irrigate' the other.

Dreaming about a Patient

In just this way, Dr. Talkoff's dream irrigates the clinical field for growth. He worries at first that the very fact of dreaming a dream with his patient in it might reflect an undesirable countertransference, a subtle seduction by the patient, an unconscious boundary violation, or worse, the specter of an 'incomplete' personal analysis. I will have to ask him, after all these years, whether he really believes there is some other kind! However, within the reconceptualization of dream theory and the primary unconscious, we will all 'dream' our patients, and perhaps even notice sometimes that we have done so. It's the just way the unconscious works, and here you can choose your metaphor, as a mental operating system, as an organ of perception, or as a psychic digestive system.

Dr. Talkoff's dream, regardless of its personal latent content, also represents a *second opinion* of what is happening in the analytic relationship. This is a return to the Freud who dreamed up the process by which free association is met with the equally hovering attention of the analyst who surrenders temporarily to his own unconscious mental currents (1923, p. 239). Freud had faith that the analyst's unconscious might better apprehend what's going than the deliberate conscious ego working hard to 'think analytically'.

Dr. Talkoff's dream also has an *adaptive context* (Langs, 1976a, 1976b). This term designates the current factors in the frame that are certain to have a significant unconscious impact on free association and dreaming. The adaptive context for Dr. Talkoff's dream is that both he and his patient openly acknowledged that they feel at an impasse. The dream arrives while Dr. Talkoff is anxious see whether or not they will fall off the cliff into a termination neither of them really wants.

The Impasse

What is the impasse? A careful listening to Dr. Talkoff's discussion reveals a theme of aliveness vs. deadness in the analytic relationship. For example, Dr. Talkoff writes that he feels 'deadness' to his interpretations or, at another point in the paper, he writes that he makes a point of "showing the patient the aliveness of a thinking mind". Dr. Talkoff also interprets to us that his patient has regularly engaged in relationships in which he looks for the 'aliveness' of her partner to save him from hi own 'deadening' depressive undertow.

Dr. Talkoff further describes the impasse as a space that feels "as if we were embattled adversaries caught at the moment before violence erupts... I was pulled again and again into a struggle for dominance or submission which was a perfect recreation of her childhood experiences". His patient is suspicious regarding Dr. Talkoff's analytic motives, and therefore there is little sense of creating a space in which they could play, Dr. Talkoff writes that there were some more congenial times but: "we would devolve to the backbreaking work of rehashing her worries and suspicions, often of me. I felt

trapped in a bad episode of *The Twilight Zone*, in which the character has a different dream each night, which nonetheless always ends the same".

Clearly both Dr. Talkoff and his patient feel that the analysis is not progressing the way they wish it to progress, but it is an open question whether they have really reached an impasse, or whether each has simply become impatient with the other. At least this is an open question for me because I know from our case discussions that Dr. Talkoff tends to focus more on what *is not* happening while I tend to focus on what *is* happening. In any case, what exactly is an impasse?

The term, *impasse,* does not appear as a technical term in the Standard Edition where Freud uses it only in the colloquial sense. Nor does it appear in the venerable *Dictionary of Psychoanalysis* compiled by Laplanche and Pontalis (1973). Freud refers to it implicitly in 1914 when he discusses working-through, cautioning analysts that there will be phases in treatment where it may feel like things are moving glacially slow, and it may even seem as if nothing is happening at all. So, the distinction between working-through and impasse is inevitably a matter of perspective or a judgment call.

Making such a call is difficult because *forward* movement in analysis is never *straightforward*, and to serve as a useful concept an impasse must be differentiated from other difficult times in normal treatment which always involve conflict, anxiety avoidance, defense, enactments, negative transference, negative therapeutic reaction, and reversible perspective in the transference-countertransference matrix. One must ask whether we are truly at an impasse, a true 'block in the road', or whether we are running a psychoanalytic steeplechase with sand traps, water puddles, and all manner of hurdles which test our capacity to sustain analytic reverie [which comes from the French word for 'dreaming'].

Etchegoyen brings some clarity by proposing that an impasse is the opposite of working-through which is the piecemeal metabolism of new insights gained in the analytic process. He suggests we reserve its use for times in treatment when something

that has been developing normally is becoming blocked, even though the conditions of the analysis are being maintained. He writes that in an impasse, “analytic work is carried out, the patient associates, the analyst interprets, the setting is maintained in its fundamental constants; but the process neither advances nor retreats”. Interestingly, this suggests that an impasse may not actually appear as an obvious impasse.

In the one-person model, an impasse arises when the patient’s transference makes them too anxious to collaborate with the analyst (i.e., Kantrowitz, 1993, p. 1022). In the contemporary two-person model, this is amended by awareness that an impasse is inevitably *co-created* by the interaction of both personalities. In an intermediate position, (a 1.5-person model?) Etchegoyan opines that an impasse is never simply a resistance on the patient’s part, nor a technical error on the analyst’s part, but is always rooted in the patient’s psychology and always involves the analyst’s psychology.

In any event, anything that feels like an impasse naturally disturbs and upsets both analyst and patient. For the analyst, it may lead to uncomfortable reflections on the limited nature of analysis and oneself compared to the professional ego ideal. Who would want that after all these years of training, practice, and personal analysis? The myth of the perfectly analyzed analyst is hard to ‘shrink’ given the neurotic and grandiose professional self that has drawn most of us into this field with our ideals of benevolence, omnipotence, and omniscience. But we must be sympathetic to ourselves and learn to be good-enough rather than perfect. As Freud wrote, psychoanalysis is an impossible profession, and as Jung wrote it is practiced by ‘wounded healers’. As Heinrich Racker stated: “The first distortion of truth in the analytic situation is that analysis is an interaction between a sick person and a healthy one”. As Bion said, we are always trying to ‘become’ analysts. As Meltzer suggested, we are destined to seek emotional truth with inadequate equipment. It is hard to perceive emotional truths and to tolerate and contain without recourse to defense. This challenge is beautifully echoed in Dr. Talkoff’s dream, by the ambience of the unspoken question: “Can we look at this together?”

The Dream as Second Opinion

The fundamental fact of our work is that it does take a "together", an interaction of two minds to produce a generative new or third perspective. We never rise above the need for consultation from an 'other'. Such consultation may come from a colleague, it may come from the patient's direct or unconscious derivative commentary, or it may come from the analyst's own unconscious in the form of reverie, parapraxes, and dreams. I like to think that Dr. Talkoff's *unconscious dreaming self* is also saying to his *conscious waking self*: "Can we look at this impasse together?"

Psychoanalysis is as much drama as it is analysis, and on the analytic stage things must be enacted. Dr. Talkoff remembers that impasses are "…moments of potential meaning, moments which can illuminate or enhance the vitality of the transference-countertransference discussion". I agree completely and would add that any impasse will have a *protective* and perhaps a *protesting* aspect, aimed at reducing unconscious anxiety about what lies ahead if forward movement occurs. If we remember that, we may avoid the pitfall of being too hard on our patients or ourselves. But protective or protesting what thoughts, feelings, and phantasies? I think the 'director' of Dr. Talkoff's nocturnal dream theater has dropped a few clues that I'll come back to in a moment.

Reflections on Mutual Analysis

Dr. Talkoff moves through distinct stages. First, he dreams the dream about his patient, then he decides to share the dream, then he invites the patient's associations to his dream. Any one of these would be worthy of a paper, but I want to say a little about the last stage, inviting association to his dream.

This last move may remind some of Sandor Ferenzci. Ferenczi's experiments in developing a warmer, more active, and more humanistic technique was actively criticized by Freud and made him infamous with classical analysts who upheld the cherished ideals of anonymity and neutrality. As a result, his work was ignored or suppressed until resurfacing in America with the translation of his *Clinical Diary* in 1988, the same year

that Mitchell's book *Relational Concepts in Psychoanalysis* was published, and the *Clinical Diary* strongly influenced discussion among the American 'Relational' school.

Ferenczi's *Clinical Diary* describes a technique he called 'mutual analysis'. His experiments began when a patient complained that he "lacked any empathy or compassion", that he was "emotionally dead", and that *his* blind spots were creating an impasse (Aron, 1996, p. 165). Aware that his personality would have a decisive impact on the work, Ferenzci chose to self-disclose some of his personal reactions to the patient with an implicit invitation for her to analyze him too. In the end, he was aware that this process could miscarry, and he concluded that mutual analysis should be used only as a last resort. A current view, articulated by Aron in his book *A Meeting of Minds 'Mutuality in Psychoanalysis* (1996, p. 170) is that mutual analysis "is not viable in its extremes, but nevertheless contains rich and vital elements". I think Dr. Talkoff picks up on some of these rich and vital elements when he invites his patient to associate to his dream, disclosing just enough that is relevant to the impasse, and avoiding too much self-revelation. From what he has written, Dr. Talkoff has done a beautiful job handling the dream and using it creatively and constructively. I would however like to dream the dream further.

Dreaming the Dream Further

In reconsidering the nature of dreaming, Ogden has suggested that a dream is not simply the creation of the patient but is an intersubjective analytic event.

> Once again, we must not insist on an answer to the question 'is the dream the analysand's dream, the analyst's dream, or the dream of the analytic third?' The three must be held in an unresolved tension with one another.

If I may be allowed to play with and extend this evocative line of thought, we seem to have arrived at the possibility that a dream may become communal. In other words, I will imagine that the dream arising in the intersubjective space between Dr. Talkoff and his patient might also be further dreamed by us in our discussion. I'll go first by turning my attention to the landscape of the dream and to the twilight world of impasse within

which it takes place. My comments from here on out are entirely speculative, as I have never met his patient nor was I present in the consulting room. To paraphrase one of my favorite comments from Bion: I offer the following conjectures for which I have not the slightest bit of evidence!

To briefly recap the dream setting, Dr. Talkoff and his patient were standing at a picture window in a beautiful mountain house, looking out over a moody vista of fog with mountains in the distance. They glanced at each other with the unspoken question: Could we look at this together?

Comparing the staging of the dream with the dialogue of the session following the dream is evocative. Let me quote Dr. Talkoff:

> My patient said he felt like he had been on a precipice for several days, like he had been holding his breath. I thought of saying, what do you imagine is over the edge? What I actually said was, "Boy, me too!" He said, "I don't trust you." I said, "I kind of had that impression. But you know, why should you? You feel like you're about to fall off a cliff, you don't know why, and I don't seem to be able to help. If I felt that way, I wouldn't trust me either." They both laughed to cry, and his patient said, "I like it better like this." I said, "Yeah, when if feels like we're looking together at something, not fighting about who's going to jump first.

Now one thing I find instructive is that, in contrast to conscious talk of precipices, edges, and cliffs, the actual setting for the dream is *not* a dangerous ledge, but a beautiful mountain home. Also notable is the way they are positioned in the dream. They are not actually in touch with the elements of nature, so to speak, but are buffered from them by the protective glass of a picture window. This is an interesting touch by the internal director of the dream theater. Is it possible that Dr. Talkoff's dreaming self is trying to bring something to his attention? Is the glass symbolic of something defensive that might be protecting them both, keeping them in a comfort zone and at a distance from fog-

enshrouded elements of the psyche? If so, what might these be? There are two possible clues, one about the transference and one about the countertransference.

Remember that Dr. Talkoff tells us his patient tended to get involved with women during periods of depression, always hoping that the "aliveness" of these partners would save him. And remember that Dr. Talkoff also tells us about his own feelings of hopelessness and despair about whether he and his patient can ever come together in a new and creative way as the characters do in the *Twilight* vampire movies.

As Freud discovered, sometimes the most profound aspects of a dream are those that appear to be minor and unimportant. Very much off the cuff, Dr. Talkoff says to his patient about the impasse: "This basically sucks!" Could it be that the latent content of the dream has something to so with the elements embedded in the vampire myth?

Some Reflections on Vampires

I think we are unconsciously fascinated with vampires because their stories dramatize just about everything human in which psychoanalysis takes an interest: sex, aggression, dependency, attachment, symbiosis, merger, even true self/false self as the vampire survives by concealing his true essence until the moment of the feed. Vampire stories hint at object loss and longing. Vampires are people who have died, yet still live on as the 'undead'. They are not gone, and they can take us with them, but we must sacrifice and become enslaved. The vampire myth represents the principal theme of existential psychoanalysis, namely the fear of death and the wish to transcend its reality through immortality. The vampire myth also embodies the themes that appear in Dr. Talkoff's description of the impasse: aliveness, deadness, the longing for the other, and dynamics of dominance and submission.

We do not know much about the whereabouts of the patient's father but can surmise that he is a 'dead father': "I never had one" he says, and as they discover, he longs for a loving father in the transference. Dr. Talkoff has not quite completely realized the importance of this dynamic until his dream helps his patient tell him more:

> You're like that damn vampire in the movie. You're like the guy's father: you want me to open up, but you won't show me how. I don't know what you think, and it scares me. I never had a real father. I think that's what your dream is about.

Now again I want to say that none of us can really tell what's going on in someone else's consulting room because we are not there to receive the visceral impact of the relationship towards which our clinical intuition attunes itself. And so, I don't want to second-guess Dr. Talkoff's case, but I find myself musing over a few of the following possibilities

As I mentioned earlier, Dr. Talkoff and I often discuss our clinical work, and I know that he puts much focus on his patient's thinking and observing ego functioning, not only for his patient's benefit, but also because he himself finds it 'enlivening' and in the impasse he feels 'deadened'. To his great credit as a thoughtful analyst, he realizes that he hasn't been letting his patient create a 'home in his mind'. Like the characters in *Twilight*, he needs love, understanding, emotional mirroring and emotional acceptance. I wonder if Dr. Talkoff, perhaps by the legacy of the classical training that bit him long ago, is looking to get his patient to 'think analytically', while what the patient is looking for is being welcomed into the enlivening paternal 'mountain home' in his analyst's mind that he has been seeking for so long. Perhaps they are each seeking something different and have lapsed into the vampire's dance of dominance and submission. The patient seeks his long-lost father and perhaps has ended up in an impasse where he experiences Dr. Talkoff's clinical zeal as an interest in feeding his own needs rather than accepting his patient's. Such are the perils of therapeutic ambition, but because of boldly sharing his dream, he does in the end offer a safe home, opening the windows of the impasse, and helping them both explore these previously fog-enshrouded dynamics further.

Concluding Comments

Keeping in mind the theoretical shifts regarding the nature of unconscious processes and dreaming, psychoanalysis has opened its windows and broadened its clinical and theoretical

vistas in many salutary ways. It is an enormously interesting time to be an analyst, to loosen up, and experiment a little. These days the analytic police in our minds are much less likely to pull us over for wild analytic driving than they once were, and that is a healthy thing indeed.

There is so much more to discuss in this vocative paper. I will simply note that self-disclosure is always relative. Abstinence, neutrality, and anonymity are ideals not realities. I do believe they are generally useful ideals, though I also think our patients often register much more about us than we, or sometimes they, recognize. A deliberate or spontaneous direct self-disclosure of the kind discussed in this paper may or may not pay off, so we generally do well to proceed slowly and thoughtfully, bearing in mind that we may not know the result until afterwards. When Ferro visited San Francisco a few years ago, he remarked that the purpose of psychoanalysis is to get the mind back to dreaming as actively as possible. So, I will end by returning to where I began: Dr. Talkoff, it is always a great pleasure to dream with you and let us all dream on generatively in our discussion!

**References for this and all other presentations are listed on a separate PDF*