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Beyond the Dreaming Experience

> God's my life! stol'n hence, and left me asleep! I have had a most rare vision. I have had a dream – past the wit of man to say what dream it was. Man is but an ass, if he go about to expound his dream. Methought I was – there is no man can tell what. Methought I was, and methought I had – but man is but a patched fool, if he will offer to say what methought I had. The eye of man hath not heard, the ear of man hath not seen, man's hand is not able to taste, his tongue to conceive, nor his heart to report, what my dream was. I will get Peter Quince to write a ballad of this dream: it shall be called Bottom's Dream, because it hath no bottom . . .
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> SHAKESPEARE, *A Midsummer Night's Dream*

Since this is my third attempt to clarify and state my work on dreams, I shall give only a brief outline of my earlier hypotheses. The fundamental bias of my thinking is that psychoanalysis tries to abstract and make sense of the very private subjective experiences in a person. This person can be a patient, the analyst himself or a *mélange* of both.

In my Edinburgh Congress paper (Khan 1962) I had postulated the concept of a 'good dream' and argued that certain intrapsychic functions and ego-capacities were necessary for a person to be able to put together a 'good dream' from his sleep experience. Prominent among these were the ego's capacity to sustain the sleep-wish, controlling excessive influx of the primary process and appropriate dosage of 'day residues' to structuralize the latent 'dream wish' into a contained dream text. I had further stated that it entailed a capacity in the ego for narcissistic gratification from the dream experience in lieu of the more primitive narcissism of the pure blank sleep-state or the concrete satisfactions from reality. The capacity to utilize symbolization and dream work was also necessary for the articulation of the dream text. I had further tried to show how Freud had based the salient features of the analytic situation on the intrapsychic conditions that prevail in sleep, which are conducive to a 'good dream'. I had not given clinical material there because what was then available to

me from my practice could not be exposed for professional reasons. Today, some fourteen years later, I can describe the two dreams from two patients that had guided me to write that paper.

The first dream is from a female patient, Mrs X, whose treatment I have described in an earlier paper (Khan 1960). She had come through a very regressed and dependent phase in analysis. She had been an alcoholic and was used to petty stealing, which had got her into trouble with the police a few times, and I had to rescue her. Towards the end of her treatment, when she was about to leave to take up a responsible job, she had dreamt:

> I find myself in the hospital dispensary. I collect a few bottles of sleeping tablets and walk out. Then I get confused and cannot find my way. Eventually I find myself in the occupational therapy room. I see there are paints and brushes and paper lying around. Since there was no one present I arrange the bottles and start making a still-life painting of them. As I am about to finish I become aware someone is watching me. I become terrified and nearly tear up the drawing, then realize that it is not the drawing but the bottles that I should be concerned about. I had stolen them. I turn round and the man strikes me as odd: he is short, grey-haired and looks like a Gestapo officer. Yet he had a kindly permissive face. I leave everything and walk back to my bedroom.

I shall briefly recount that the patient had come to analysis after she had taken an overdose of sleeping-pills and had gone out to drown herself in a nearby lake. She had become confused and had been aimlessly wandering when she was found by the warden and taken back to the house of her friends. The Gestapo officer had more disastrous and guilty associations. The patient had come to London from Central Europe and money was to be delivered to her here with which she was to help bring the rest of her family to London. The money had been delivered all right but her drinks had been laced with a strong sedative. When she had woken up in the restaurant, all the money was gone. Though she was by profession a qualified doctor, she had signed up as a nurse and worked in that capacity all through the war. The whole of her family had perished in Nazi gas chambers.

That this patient should dream this particular dream just as she was about to embark on an honourable and responsible professional career was very important indeed. It showed that she had acquired

enough ego resources to cope with her guilt, on the one hand, and to sublimate her deprivation experiences into an aesthetic effort. She had not swallowed the pills, but started to paint them. The transference reference to me as the one watching her benignly also showed an intrapsychic shift from regressive dependence on an idealized me to use of me as a discriminating but noncensorious internal figure. The treatment of this patient had revealed to me most vividly how a person can hide her 'true self' behind the most bizarre psychopathology, but given the right holding-environment her untried ego capacities can begin to function with amazing intactness and efficiency. This to me constituted a 'good dream', because it integrated into a coherent experiential narrative what had so far been split-off and denied aspects of the self.

The second dream is from a patient about whom I have also written earlier (Khan 1963*b*). This patient had come in a very disturbed state, which had improved considerably in analysis. The dream I shall report is from the third year when he became well enough to take up a more responsible and lucrative job. It was a 'bizarre dream', to use the patient's own words. The dream was:

> I am watching two dogs playing. An older large dog and a very lively puppy dog. Suddenly the puppy dog mounts the large dog and the large dog collapses on his four feet.

The patient had woken up from the dream in tears: a rare occurrence for him. The meaning of the dream was very clear to the patient himself and he complimented himself on being able to cry about his father's debility (the old bigger dog in the dream). The whole of this patient's childhood had been cramped by his father's sudden collapse into an acute melancholic state, which lasted till his death some twenty years later. A gay and lively home had turned into a morbid nursing home. The father had lost all capacity to play with his sons or to take any joy in living. I was also taken in by the patient's sense of elation at expressing sadness and distress. He had not been able to show any sign of grief when his father died. It looked at the time as if this patient had achieved enough inner psychic growth to deal with the cumulative trauma from his father's decay into inertia and apathy. He did start the new job but, alas, his own character stayed rigidly negativistic towards the possibilities of new life.

It was material of this kind that led me to write my second paper, 'The Use and Abuse of Dreams' (Khan 1972*e*). In the intervening decade I had become progressively more sensitive to how the whole

dream as an experiential entity can have quite a different value and function for a person than the component parts of the dream text. I began to suspect that the remembered dream, which I am calling here the dream text, can be a negation of *dreaming*. Following a hint from Winnicott (1971*a*), I began to scrutinize more vigilantly a person's *use* of the dream text in his total psychic experience of the self. Living with the 'dream text' can be an escape from external reality as well as internal psychic functioning, which inevitably draws upon primary process functioning and is enriched by it. But what had been pertinent for me from my clinical experience was the discovery of the *dream space*. I offered the hypothesis that the *dream space* has to be considered as an area where new experiences are initiated, to be affirmed or negated. I gave two clinical examples. I had compared the dream space to the transitional space of the paper which Winnicott (1971*b*) utilized in his squiggle-game consultations. Looking back, I can see that Mrs X used the dream space to extend and establish her freedom from guilt whereas the male patient failed to use the dream space for a new experience. The old dog collapses, as in the childhood reality. Hence the dream, in spite of its affective release, had the function of a negative therapeutic reaction.

I hope I have indicated enough of my earlier arguments. The new hypothesis that I wish to present for discussion is that we should distinguish between the *dreaming experience* and the meanings of the remembered *dream text*. My clinical work leads me to believe that *dreaming* is quite a different psychic event and experience from the remembered *dream text*. In our literature, dreaming and the remembered dream text are not sufficiently differentiated from each other. Yet I feel that Freud himself was aware of this distinction. His statement (Freud 1925*i*), 'those dreams best fulfil their function about which one knows nothing after waking', seems to imply more than merely the dream's function of preservation of sleep. About the defensive function of dreams, Freud (1923*c*) was explicitly clear:

> In some analyses, or in some periods of an analysis, a divorce may become apparent between dream-life and working-life, like the divorce between *the activity of phantasying* and waking life which is found in the 'continued story' (a novel in day-dreams . . .).

Jean Starobinski (1970), in his illuminating essay,'Hamlet et Oedipe', has postulated:

> The unconscious is not only language; it is dramaturgy. That is to say, words in theatrical production, spoken action between the extremes of clamour and silence.

He further argues from it that:

> There is nothing behind Oedipus, because Oedipus is depth itself. Hamlet, on the other hand, invites us to ask a thousand ways the irksome question of what is behind Hamlet: his motivations, his past, his childhood, all that he dissimulates, all that he is unaware of, etc.

Following Starobinski's model, I am suggesting that the dream text has the same relation to the dreaming experience as Prince Hamlet to King Oedipus. Oedipus does not dream. He is the actualized event of a cultural dreaming experience. Hence the awe we feel at the end of Sophocles' *King Oedipus*. Oedipus is destiny:

> Born thus I ask to be no other man,
> Than that I am, and *will know who I am.*

Hamlet is fatedness:

> The time is out of joint: O cursed spite,
> That ever I was born to set it right!
>
> (I.v. 190)

Furthermore, Hamlet is haunted by his dreams:

> O God! I could be bounded in a nut-shell, and count myself a king of infinite space; were it not that I have bad dreams.
>
> (II. ii. 253)

Inherent to the dream text is the 'fatedness' of the person concerned. And it is this which lends the dream text its urgent demand to be shared with the other, interpreted and understood in order for things to be set right.

Ernst Hartmann (1973) has good reason to postulate: 'dreaming sleep has a function quite independent of what one recalls about one's dreams.'

It is precisely this function of *dreaming sleep* that I wish to examine. And I would like to make a variation on Pontalis' (1955) aphorism, 'The speaking subject is the entire subject' ('Le sujet parlant est tout le sujet'), and say, 'The dreaming subject is the entire subject.' The dreaming experience is an entirety that actualizes the self in an

unknowable way. The dream text gets hold of some aspects of this dreaming experience and works into it the conflictual data from the *vécu* (remembered or repressed) of the person, to make a narrative that can be communicated, shared and interpreted. Dreaming itself is beyond interpretation.

Few will contest the assertion today that our clinical use of the reported dream text has changed significantly from what we find in the classical literature (cf. Sharpe 1937). We do not pursue the dream as a hermeneutic fetish. It is treated like all other reported or expressed behaviour, a piece of psychic reality and functioning to be evaluated and interpreted, *relatively*, in the here and now of the total transference situation. To say this is not to undervalue the unique character of dreams as 'the royal road to the unconscious' (Freud 1900*a*). The dream still provides us with the most condensed, vivid and complex specimens of the conflictual intrapsychic, intersystemic, as well as the interpersonal experiences in any given individual. Furthermore, one has to admit that though our clinical usage of dreams has changed, our understanding of dreams is not significantly more than where Freud left it. To my knowledge the only new conceptual hypotheses offered by analysts since Freud are those by Bertram Lewin (1946) of the dream screen and by Pontalis (1974) of the dream as an object. My concept of the dream space locates the dream more precisely but adds little to the understanding of the mechanisms of dream formation. It was an attempt to define significantly the space-potential of the dream towards self-experience. And it is this issue of the role of the self in dreams that I wish to elaborate further by distinguishing between the dreaming experience of sleep and the remembered dream text.

The difficulty here is of presenting pertinent clinical material. We have a vast literature on conflictual data, in dreams and otherwise. But those quiet and somewhat paradoxical vicissitudes of the self between 'the clamour and the silence' within are very hard to put into words, largely because our patients do not, either! These are inferentially assembled through a mutuality of playing dialogue between the analyst and the patient in an atmosphere of trust in unknowing.

My clinical attention was first drawn to the possibility of this distinction from treating young drug-addicts. I was impressed by the repetitive quality of their dreams and the banality of the imagery entailed. This paralleled their account of their 'trips', which were in the spoken narrative always repetitious and cumbersomely prosaic, in contrast to their subjective feeling that they had lived through a

very intense, vivid and unique experience in the 'trip' itself. I began to suspect that the verbal recall failed as well as screened, even negated at times, the experience in the actual 'trip'. A chance phrase of a gifted and successful young pop-musician in analysis 'clicked' the issue into focus for me. He had smoked a lot of pot the night before and was dismayed at the paucity of his recall of what had happened to him. He had paused and then remarked:

> Let me try saying it this way: when I hear the right tune in that state I *am* that tune which I am also hearing. This may sound silly to you but it is true to my experience. There are four of us: the tune, me listening to the tune, and the tune and me as one. And yet again we are also all one. That is the joy of it.

Trying to link up with his trend of thought, I quoted him George Braque's statement about his cubist collages, where shapes are superimposed upon each other: 'Il ne s'agit pas de reconstituer une anecdote, mais de constituer un fait pictural.' ('It is not a case of reconstructing an anecdote, but of stating a pictorial fact.') This made sense to him and he elaborated it further by saying that in some ways the complete song undoes the auditory absoluteness of the tune. This had then led me to interpret to him that we were speaking of the distinction between the dreaming experience and the dream text; that in the dreaming experience the anecdote is absent, whereas the dream re-establishes the anecdote. I had then reminded him that when he had come to analysis it had not been to seek relief from any definite symptoms but to inquire into his feeling, which he had stated as: 'I am with life but not in it. I know others experience living differently and more fully than me. I am an onlooker.' He also had a keen awareness that there was something he experienced in sleep and in the 'trips' that he could never get hold of in his ordinary consciousness. This meant his staying almost suspended in a somewhat somnambulistic state while awake, hoping to lapse back into a sleep-state where he might re-find the experience. This stance of existing had proved to be very taxing for his wife and he had sought treatment largely to escape her pressure on him to become fully awake and to participate in family life.

It was in this climate of clinical work that I began to view the reported dreams as the sign of a failure to be in and with the *dreaming experience* outside sleep, and even in sleep. In this patient I began to see rather clearly how he used banal dreams and shallow sleep as a way to control his sinking deeper towards the dreaming experience. The

search for this dreaming experience had, however, led him into smoking pot and taking LSD. The 'trips' *did* something for him, but again, on regaining his ordinary consciousness, he could not 'hold' or get in touch with that experience. The danger had arisen of him taking more frequent 'trips' and wishing to stay longer in them. This meant going deliberately absent from his waking or sleeping self and staying forever in a satellite psychic state of the 'trip'.

I am not satisfied with my description of how I learnt from this patient, but one thing is clear to me, namely, what I learnt: that there is a dreaming experience to which the dream text holds no clue; that the two are not complementary or antithetical to each other. In the total self-experience of a person they can sometimes be superimposed and at others stay separate and unrelated. But one has to be able to allow for the fact that the dreaming experience exists and influences the behaviour of the person, even though it cannot be cognized or brought into anecdotal narrative (pictorially or verbally); that one has to work with the *absence* of a *lived* experience in the person without seeking for its articulation through the secondary process thinking.

What I am searching to say is that the dreaming experience is not symbolic in the way we know the various dream structures to be. If that is so, then what sort of psychic process plays the crucial role in the actualization of the dreaming experience? The only feasible answer seems to be: the primary process. Here we encounter another area of contemporary analytic thinking and clinical work which is different from the classical approach. We do not consider the role of the primary process thinking or imaging as antithetical to secondary process thinking, as Freud did (cf. Laplanche & Pontalis 1973). Nor do we think that the primary process is inevitably and exclusively aligned to the pleasure principle (cf. Rycroft 1962, 1975). Today it is possible to envisage psychic states that further and actualize self-experience through predominantly primary process functioning. I am inclined to think that Winnicott's (1971*b*) squigglegame consultations depended for their success on the child's and therapist's alliance towards that relaxed mutuality of confidence and effort where something very near to the dreaming experience could crystallize. Case III, Eliza, aged seven and a half, is a good example of it. Looking back on the consulation reported, Winnicott says: 'The main part of this work was the child's own discoveries, or ordered sequence of discoveries, culminating in her being able to use the dream which she had had but from which she had not been able to derive full benefit until she was able to produce it and to draw it for my benefit in the therapeutic consultation.'

It is in Marion Milner's (1969) subtle account of her clinical encounter with her patient, Susan, that a person's struggle to gather something vital from the dreaming experience that has been lost, is most poignantly described.

Who can communicate the whole of his self-experience through verbalization, to himself or the other? An essential part remains inaccessible. Freud, I believe, covered this by his concept of the primal repression. What is entailed, however, is a certain type of psychic experience that never becomes available for ordinary mental articulation. I advisedly use the word 'ordinary' because it seems that poets, painters and writers have access to it through their imaginative functions. Hence William Blake's claim: 'The imagination is not a state: it is the Human Existence itself.'

To my earlier hypotheses of 'the good dream' and 'the dream space', I am adding a third: *the dreaming experience*. My argument is that a person in his dreaming experience can actualize aspects of the self that perhaps never become overtly available to his introspection or his dreams. And yet it enriches his life, and its lack can impoverish his experience of others, himself and his sleep.

3
Grudge and the Hysteric

In human cultures the hysteric has worn the mask that reflects the overt morality and the hidden sexual aspirations of the contemporary ethos. Hence if the hysteric has been at times identified as a witch and burnt, he or she has also been sanctified and celebrated as a saint. It was only toward the end of the nineteenth century that Charcot established the status of the hysteric's predicament as a specific clinical syndrome worthy of attention. But even with Charcot the understanding of the hysteric's predicament went little further than treating it as a prestigious psychiatric exhibit. It was left to the genius of Freud to define the nature and character of the hysteric's ailment. And Freud arrived at his insights through respecting the hysteric's 'resistance' to being known and his refusal as well as unwillingness to cooperate in his own cure. Freud (1895*d*) had argued that the hysterical patient's *not-knowing* was in fact a *not wanting to know* and he had concluded that this was 'a not wanting which might be to a greater or less extent conscious'. It is well known that Freud had at first ascribed this *not-knowing* to episodes of actual sexual seduction in childhood and later corrected it to fantasies of seduction that had been repressed and which the patient now expressed through a somatic language but refused to become aware of psychically.

Throughout history the bizarre sexuality of the hysterics had been castigated as the characteristic feature of their personality. What distinguished Freud's approach to the hysteric was that, in determining the aetiology of the hysterical symptoms, he had emphasized the predominant, and almost exclusive, role of infantile sexuality. This changed the whole approach to the hysteric's predicament. The hysteric was no longer to be maltreated as a psychopathic liar or a depraved sensualist but to be seen as a person trying to cope with experiences in early development that were vastly beyond the means of the emergent personality and for which there was little understanding available in the child's care-taking human environment.

In some seven decades since Freud's earliest writings on hysteria, psychoanalytic researches have added little to our further understanding of the hysteric. Instead, the clinical status of the hysteric has become confused with more severe personality disorders. In this