Phantasy, Dreaming and Awakening in Psychoanalysis*

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According to the "Thomas Theorem" advanced by American sociologists W.I. & D.S. Thomas (1928): "If men define situations as real, they are real in their consequences" (pp. 571-572). We act not on the basis of the real situation but on our "definitions of the situation."

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However much our patients' conflicts and symptoms may originate in trauma, they are also grounded in their conscious, preconscious and unconscious definitions of the situation—beliefs or assumptions often grounded in unconscious phantasy (Isaacs, 1948), "personal myth" (Kris,1948) and delusion (Shengold, 1995). We often focus on symptoms and conflicts that are derivatives of more fundamental beliefs or background assumptions that we ourselves may have come to share. Awakening from such counter-transference and exposing the personal myth as mythical, the phantasies as phantastic, and the delusions as

delusional is the analytic deconstructive task.

Metaphor involves linking two things on the basis of similarity. “Dead,” “frozen” or “concretized” metaphor entails reducing similarity to identity. Whatever else he may have meant by the term, Derrida (1983) describes deconstruction as a process through which “structures are to be undone, decomposed, desedimented.” In “The Analyst’s Metaphors: A Deconstructionist Perspective” (Carveth, 1984b), by “deconstruction” I meant the process of de-linking, unbinding or separating out elements falsely equated—

deliteralizing or demythologizing concretized metaphors or myths.

Such emancipatory deconstruction removes the obstacles to development allowing the transformations we seek to effect: from narcissism to object love (Freud,1914); persecutory to reparative guilt (Klein, 1948; Grinberg, 1964), envy to gratitude (Klein, 1957); and from both the paranoid-schizoid (PS) and depressive-reparative (D) positions to the “transitional area” (Winnicott, 1953) that Grotstein (1997; 2007) called the “transcendent position” and I refer to as PsD (Carveth, 2018, ch. 9).

I

According to Freud (1937), “Every normal person, in fact, is only normal on the average. His ego approximates to that of the psychotic in some part or other and to a greater or lesser extent …” (p. 235). In essential agreement, Bion (1957) distinguishes the non-psychotic from the psychotic part of the personality.

In *Delusions of Everyday Life*, Leonard Shengold (1995) argues that, like parapraxes, delusions are ubiquitous. In *The Future of an Illusio*n, Freud (1927) viewed religion as illusion (a belief that cannot be proven true or false but that is

believed because one wishes it were true). Three years later, in *Civilization and Its Discontents* (1930), he redefined it as delusion (a belief widely known to be false but that is believed anyway).

In “Obsessive acts and religious practices,“ Freud (1907) defined obsessional neurosis as a private religion and religion as a collective obsessional neurosis. In this view if an obsessional neurotic became a devout Roman Catholic, the collective dogma and devotional practices, such as repetitively saying the rosary, might substitute for the

previous compulsion. This would amount to a “sublimation” or, in Lacanian terms, a “synthome”—a displacement or transformation that makes the pathological belief or behaviour more socially acceptable or adaptive. I think one could equally say that individual paranoiacs might appear cured if they joined a paranoid mass movement.

Naturally, I am not saying that either the obsessional or the paranoiac would be cured in such circumstances, only that they might *appear* cured insofar as their

belief system is no longer alien to what passes for normal. When it is normal to be delusional the delusional individual no longer looks abnormal.

Social scientists have long been interested in mass delusions, such as that which dominated Germany in the 1930s and led to the Holocaust. Today a wide range of conspiracy theories, embraced by many on both the right and the left with delusional certainty, circulate widely.

Early in the pandemic there were reports of patients in ICUs insisting COVID-19 is a fraud as they died from it. While such denial and delusion are astonishing, the self-righteousness and punitiveness of some of the pro-vaccination forces, not to mention their sudden abandonment of their formerly critical attitude toward “Big Pharma,” suggests they may have gotten swept up in a kind of “moral panic.”

it is important to distinguish socially shared delusions, such as those found in popular conspiracy theories as well as in

various types of religion, from the individually generated and usually unshared delusions characteristic of psychosis. (Pies and Pierre, 2021). But we must not allow this distinction to obscure what these delusions have in common—namely, their estrangement from and distortion of reality.

When religious narratives are taken literally, as in fundamentalism, they employ “symbolic equation” (Segal, 1957) and amount to socially shared delusions. But when interpreted metaphorically,

taken as containing “existential” or “poetic truth”—i.e., when they employ “symbolic representation”—such narratives can not only be reconciled with reality but can even enrich our understanding of it.

Deconstructing, deliteralizing or demythologizing otherwise delusional narratives—their recovery as metaphor—plays an important role both in liberal theology and, I have argued (Carveth 1984b), in the psychoanalytic treatment of psychopathology. In addition to helping “resurrect” the “dead” metaphors

constituting our patients' pathology, deconstruction liberates us from the concretized metaphors or myths that, often enough, characterize psychoanalytic theory itself—such as the castration phantasy underlying Freud's (1930) notion of civilization as enforcing instinctual renunciation and the conception of socialization as a kind of Procrustean bed (Carveth, 1984a).

II

In *Annie Hall* (1977), as Alvy Singer (Woody Allen) and his friend walk away from a Waspy tennis club they pass two men and overhear one asking the other "Did you?"—which Alvy hears as "Jew?" and takes as an anti-Semitic slur. He is outraged, but his rage instantly evaporates when he realizes it was based on a misinterpretation. Psychoanalysts have tended to assume affect is somehow deeper, even more authentic, than mere cognition when, as this vignette illustrates,

affective reactions are generally founded upon cognitive appraisals or “definitions of the situation.”

For a considerable time Mrs. A and I worked on diverse manifestations of her envy, including her penis envy, without much apparent progress. Until, that is, we began to focus upon the phantasy of “lack” that lay behind and generated it. For a time her involvement with Lacanian theory, which rationalizes and justifies “lack”—*"manque-à-être"*—as ontological rather than psychological, served her

resistance. It defended against recognition that she was “possessed,” as it were, by a phantasy or personal myth that we proceeded to deconstruct. As she fought free of the delusion that she was lacking, as well as the opposing manic delusion that she was full or complete, her chronic envy and resentment dissipated along with the phantasy of “lack” that grounded them.

I had worked for some time with Mr. B on his claustrophobia before realizing I knew little about his early history with his

mother. I finally asked him to interview his eight years older sister about this. She recalled coming home for lunch when he was an infant and finding mother still in bed in a darkened, smelly room with the baby awake and lying passively in the crib with an overflowing diaper—and finally noticing the straps. As an infant Mr. B had been strapped down and had subjected this preverbal trauma to what Fernando (2012) calls “zero process.” In his analysis, with his sister’s and my help, and after much resistance to my efforts to “strap” him to my couch three times a

week, he finally was able to process the unconscious phantasy he had been living as a reality. He recognized it was only “as if” people were constantly trying to trap and restrain him in myriad ways.

Mr. C and his brothers had been terrorized when their father made them wait in the dark at the foot of the basement stairs for “the strap.” In his analysis he learned it was only “as if” going to court to argue a case represented a similar threat. From both his father and the family’s fundamentalist

religion he had acquired a firm sense of his essential sinfulness, a secret that, however delusional, generated his constant terror of exposure.

Mr. D's mother believed "the Devil makes work for idle hands" and put her children to work in "the picking patch" at a very early age, resulting in his murderous rage toward her and the father who failed to liberate him from her tyranny. His unconscious sense of himself as a murderer was traumatically reinforced a few years later when hunting partridge

with his his father and uncle he shot at what he thought was a bird but which turned out to be his beloved dog, which he then had to watch being put down by his uncle. Here lay the roots of his severe, life-long OCPD. When a delusion seems traumatically validated ("I really am a killer!") it can become virtually unshakeable.

III

Shengold asserts that delusions "furnish much of the power for the more persistent

and effective resistances to change in life and in psychoanalysis .... [They] are attempts to preserve narcissistic attributes of fixity and changelessness: no passage of time, no death, no separations, no losses—having everything and being parented forever."

In *Cities of the Plain*, Cormac McCarthy (1998) writes about a young cowboy who has fallen hopelessly in love with a beautiful young Mexican whore. He's planning to help her escape the brothel and run away with him. His more worldly-

wise friend tries to protect him from himself by negotiating with her pimp (a man very facile with a knife), who says:

“Your friend is in the grip of an irrational passion. Nothing you say to him will matter. He has in his head a certain story of how things will be. In this story he will be happy. What is wrong with this story?... What is wrong with this story is that it is not a true story. Men have in their minds a picture of how the world will be, how they will be in that world. The world may be many different ways for them, but there is

one world that will never be ... and that is the world they dream of" (Ch. 2). As evocative as this passage is in other respects, I do not agree with the final sentence. Often enough, for good and for ill, we make our dreams and nightmares come true.

In psychoanalysis we refer to the "stories in our heads" as fantasies (f) if they are conscious or preconscious, and as phantasies (ph) if they are more or less unconscious. Both Freud and Melanie Klein emphasize the role of unconscious

phantasy in mental life. In “Formulations on the two principles of mental functioning,” Freud (1911) writes:

“The strangest characteristic of unconscious (repressed) processes ... is due to their entire disregard of reality-testing; they equate reality of thought with external actuality, and wishes with their fulfilment ..... But one must never allow oneself to be misled into applying the standards of reality to repressed psychical structures, and on that account, perhaps, into undervaluing the importance of

phantasies in the formation of symptoms on the ground that they are not actualities.... One is bound to employ the currency that is in use in the country one is exploring" (p.225).

In "On the Nature and Function of Phantasy," Susan Isaacs (1948) argues that "Unconscious phantasies exert a continuous influence throughout life, both in normal and neurotic people, the differences lying in the specific character of the dominant phantasies, the desire or anxiety associated with them and their

interplay with each other and with external reality" (p.96).

For Jacob Arlow (2008), Freud "showed how hysterical attacks proved to be *involuntary daydreams breaking in upon ordinary life* [emphasis mine]. He had no doubt that such fantasies could be unconscious as well as conscious. Under favourable circumstances, it was possible to account for otherwise inexplicable disturbances of conscious experience in terms of the intrusion of an unconscious fantasy" (p. 21).

Elizabeth Bott Spillius (2001) points out that “For Klein phantasy is an even more central concept than for Freud. ... In Klein's thinking unconscious phantasies play the part that Freud assigned to the unconscious wish. They underlie dreams rather than being parallel to them—a much more inclusive definition of phantasy than Freud's” (p. 371). In the Kleinian model of the mind we oscillate between two mental positions (not stages): the paranoid-schizoid (PS) and depressive/reparative (D). In the former,

experience is quasi-psychotic: narcissism, splitting, denial, projection, delusion and paranoia predominate. In the latter reality-testing is more established. For both Freud and Klein, far from being primarily a rational animal as Aristotle held, we are characterized as much by our capacity for madness as for rationality.

In “Dreams and Acting-Out,” Richard Sterba (1946), though a Freudian not a Kleinian, indicates the need for a more inclusive definition of phantasy—one that

draws attention to those “involuntary daydreams breaking in upon ordinary life” to which Arlow referred. He offers several striking clinical instances of these.

In one, a man who regularly comes to sessions wearing his glasses, realizes on the way to the analyst’s office that he has left them at home. As it would make him late to go back for them he comes without them. On arrival he reports a dream in which, as he is about to get into a fist fight with some man, he removes his glasses and puts them away. Here it is

as if the dream is an association that reveals the meaning of the symptomatic act. In reality, both the act and the dream are manifestations of the same unconscious phantasy or complex.

In another illustration, Sterba describes a woman patient uncharacteristically racing up the steps into his office and hurling herself breathlessly upon the couch. She launched into a dream in which her mother, while speaking with her on the phone, was breathless because she was in labor. The patient had managed to

arrive breathless because she was in the grip of a wishful phantasy and unconscious identification with her mother in parturition (p.175).

IV

We walk around in the grip of unconscious phantasies, moved by dreams we do not recognize as such. In the Bionian perspective, when an hitherto psychotic patient tells us he has had a

dream we know he is recovering, regaining the distinction between the dream and reality.

As Bertram Lewin (1955) was perhaps the first to point out, instead of building its metapsychology on the basis of neurotic conflict, psychoanalysis might have centred on the psychology of dreaming and unconscious phantasy. When we abandoned hypnosis, we no longer put patients to sleep. We settled instead for having them lie down in a quiet, dimly lit room and engage in a rather dreamy

process of “free association” matched by our “freely hovering attention.” It is in and through this slightly somnolent dialogue that we seek to help “dreamers” who are unaware they are dreaming—that is, people dominated by phantasies they do not recognize as phantastic—to more fully awaken to reality.

Regrettably, instead of elaborating our dream psychology in such creative ways, we have, to a considerable extent, turned our attention away from dreams. In on “The Fate of the Dream in Contemporary

Psychoanalysis," Susan Loden (2003) argues that "Freud's metapsychology of dream formation has implicitly been discarded" and that "the current bias toward exclusive emphasis on the exploration of the analytic relationship and the transference has evolved at the expense of classical, in-depth dream interpretation ...." (p. 43).

Our determination to replace so-called "one-body" with "two-body" psychology has given the analyst a more central role in the analytic drama. We have become

preoccupied with our patients' feelings about us and with the feelings induced by them in us. However useful in other respects, this has tended to deflect our attention from the systematic study of the patient's psychic reality—i.e., the mind of the *other*—as we might have expected in the "culture of narcissism." However important we might become to our patients, their minds were troubled long before meeting us. Our rather excessive current preoccupation with the role we may be assigned in the patient's drama (the transference resistance) distracts us,

as resistances always do, from our central task—to promote the patient's self-inquiry, the development of an "observing ego," and the in-depth exploration of the analysand's unconscious mind or phantasy-system.

For decades, long before the current preoccupation with the transference/countertransference, psychoanalysis had opted to develop primarily as a psychology of conflict rather than a psychology of dreams and unconscious phantasy. This was more the case in

Freudian ego psychology, for the Kleinians always retained a central focus on the need to help analysands become acquainted with the phantasies they mistake for reality and creatively transform or fight free of them.

As Lewin points out, Freud saw the function of the dream as preserving sleep —that is, in the service of the wish for an oral-narcissistic regression that Lewin famously characterized as involving an “oral triad”: the wish to eat, to be eaten, and to sleep. Related to this is the so-

called “Isakower phenomenon” in which on going to sleep we are approached by an ever-larger spherical object into which we are finally absorbed (Isakower, 1938). Inner and outer stimulation that might awaken us—that is, separate us from the breast/womb—is taken up into the dream so as to preserve the regression into sleep.

In writing that “ ... the analyst continuously operates either to wake the patient somewhat or to put him to sleep a little, to soothe or to arouse” (p.193),

Lewin indicates our seemingly paradoxical technique: we seek both to induce sleep and to awaken. In my view, we want our patients to sleep and to dream—but also to observe and analyze their dreams so they may better awaken from them.

Sometimes our patients are so caught up in a dream, so dominated by it, that we must encourage them to sleep, to put the dream back in the context in which it belongs—namely sleep—so that on awakening they may begin to come out

of it. Unfortunately, we are not able to treat mass psychosis in this way. We were not able to put masses of deluded Nazis to sleep in order to wake them up, so had to resort to killing many of them instead.

Lewin writes: “The idea that a psychosis is a kind of dream is ancient” (p.193-4). In this connection he cites John Rosen (1955) who asks “What is the psychosis but an interminable nightmare?” (Rosen as quoted by Lewin, p. 194). But while, as Lewin suggests, “many maneuvers used

in the treatment of schizophrenia have a rousing intention," others have the opposite aim (sedation, insulin coma, electro-convulsive therapy). As parents are advised to gently lead the sleepwalker back to bed, so in psychoanalysis we encourage "sleep" in order to help "sleepwalkers' properly wake up.

Harry stack Sullivan is famous for the attitude towards schizophrenics contained in his so-called "one-genus hypothesis": "Everyone is much more

simply human than otherwise" (Sullivan, 1953, p. 33). The Kleinians always insisted that PS and D are positions that we constantly oscillate between, the former quasi-psychotic, the latter more reality-oriented. If we can recognize ourselves as the dreamers and sleep-walkers we are, we would be able to appreciate psychotic patients as not so alien after all, to be less afraid of them and, hence, better able to work with them empathically and productively.

But however much we value our dream psychology, in work with psychosis, more Important than interpreting the dream is helping the patient recognize it as such and awaken from it. As Kurt Eissler (1951) recognized in his classic paper on “The psychoanalytic treatment of schizophrenia,” offering interpretations of the psychodynamics involved in the psychosis is seldom very helpful. Soothing the patient’s terror and easing him or her into sleep in order eventually to begin to awaken to a hitherto

unbearable reality seems to be a more useful approach.

I think if psychoanalysis had opted to follow the path suggested by Lewin, we would long ago have recognized and been recognized as followers of the ancient meditative path by which people caught in “the net of Maya,” the veil of illusion, seek to join “the awakened ones.” In this sense, psychoanalysis is a meditative practice that has failed to recognize itself as such.

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