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Reporting a Dream Accompanying an Enactment in the Transference Situation

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Patients with pathological organisations of the personality present the analyst with considerable technical difficulties. One of these problems arises from the fact that, in such patients, dreams frequently are not being used for communication of unconscious meaning, but instead for purposes of manipulation of the transference situation. They then represent attempts to identify the analyst with a part of the patient's self or with a particular internal object in order to draw him/her into collusive enactments. Following the work of Bion and Segal the paper presents a two-dimensional model in order to clarify the structure and use of dreams in this situation. The model may serve as a background orientation for the analyst in the clinical situation, as is subsequently illustrated in a detailed clinical sequence with a borderline patient. To conclude, the author suggests that whenever tendencies towards acting in are predominant, the interpretation of the enactment should generally be given preference over the interpretation of the dream content. The possible advantages and disadvantages of both strategies of interpretation are discussed. Finally, the author highlights consequences that arise when dealing with countertransference.

Freud saw dreams as symbolic communications of the unconscious. He distinguished the manifest dream, which constituted a complex, coded message, from the unconscious dream thoughts that acted as ‘dream instigators’—usually wishful excitations seeking to gain expression by attaching themselves to the preconscious day's residues. The link between the two was the dreamwork, which Freud described as ‘the essence of dreaming—the explanation of its peculiar nature’ (**1900**, p. 507, footnote). In order to treat a dream as a meaningful psychic phenomenon, Freud attempted to understand it as a text: just as the manifest dream proceeded from the effects of the dreamwork and the censorship, so the unconscious dream thoughts could be reconstructed with the aid of the dreamer's associations and the interpretative operations that linked them. As in the deciphering of

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hieroglyphics—Champollion's discovery of the bilingual inscriptions on the Rosetta Stone predated *The Interpretation of Dreams* by a good seventy years—the pictorial language of dreams was then revealed as a text to be decoded (**Wallis-Budge, 1950**; **Weiss & Weiss, 1989**).

By making the dream images speak, Freud was able to see dreams as the royal road to a knowledge of the unconscious. In his view, they afforded privileged access to the dreamer's psychic reality. The prime object of his interest in this connection was to discover how an unconscious wish was represented, transformed by means of the dreamwork, and finally reappeared on the surface of consciousness in disguised form. This enabled him to draw analogies between dreams and other psychic formations such as day-dreams, neurotic symptoms, parapraxes, hallucinations or delusional formations. However, he was less interested in what it was that distinguished waking, hallucinating and dreaming (but see **Freud, 1917**) and in the form assumed by the relations between dreams and the transference situation (**Ermann, 1998**; **Will, 1999**).

Even if Freud did not analyse his own dreams from our usual present-day context, he nevertheless occasionally alluded, in the case of those of his patients, to their transference aspects—as, for instance, in the dream of the butcher's wife and her smoked salmon supper party reported in *The Interpretation of Dreams* (Freud, **1900**, p. 147ff.; **Weiss, 1996**). In addition, in ‘Remarks on the theory and practice of dream-interpretation’**(Freud, 1923)** he discussed the effect of the analytic situation on dream formation, with particular reference, in the example of ‘obliging’ dreams, to the relationship between dreams, transference and resistance. Yet he was interested first and foremost in the intrapsychic significance of dreams (Bergmann, **1966**, p. **361**), and he tended to treat dreams as objects for consideration by the analyst and the analysand as two equally interested and dispassionate observers.

This detachment of a dream's content from the context of its telling could only be overcome when the transference situation began to be understood as extending to all utterances of the analysand during the session. Ferenczi had already pointed out that dreamers felt 'impelled to relate [their] dreams to the very person to whom the content relates' (**1913**, p. 349). Klein (**1932**, **1952**), in particular, endeavoured to understand dreams directly in relation to the transference situation and to the unconscious fantasies activated in it. Finally, Bion (**1962**, **1963**; see also **Meltzer, 1984**) expanded our understanding of dream processes by his view of dreaming as an elementary psychic activity taking the form of a creative, knowledge-building trial action. Grotstein summarises Bion's conception of dreams as follows:

> What we commonly call the 'dream' is the visual transformation of a never-ending pageant of events in the internal world. Their daytime transformation may be free association or whatever manifestations of the unconscious may appear. In short, we never stop dreaming. Dreaming is the absorption and transformation of internal and external sensual data which, after they have been 'dreamed', are then ready for mental digestion (**1981**, p. 363).

According to Bion (**1962**, **1963**), dream experiences occur at the very beginning of psychic life. They allow meaning to be attributed to crude psychic elementary events so that these can be used as building blocks of thought. It is only by the transformation of these experiences into dream thoughts that it becomes possible to gradually distinguish between the internal world and external reality—a capacity that psychotics lose when they find themselves no longer able either to be awake or to dream. Whereas Bion saw dreaming as the symbolisation of emotional experiences, in the analysis of psychotic and borderline pathologies, Segal **(1991)** and Meltzer **(1984)** succeeded in linking disturbances of the process of symbolisation to disturbances of dream formation. They describe concretistic and manipulative dream

experiences that, rather than allowing reflection on emotional experiences, more closely resemble actions and things. This can be illustrated by the following brief clinical example.

In her first session a woman patient reported a dream in which *a horse's guts exploded as the animal collapsed and died. The intestinal contents flew in all directions and bespattered her.* She initially connected this dream with her father, whose sudden death from a ruptured aortic aneurysm had been the reason for her commencing treatment. However, it soon became evident that she was experiencing feelings of derealisation after the sessions and was in danger of losing control of herself. The dream was thus to be understood more as foreshadowing an eruptive fragmentation. A few sessions later, having spoken of feelings of barely controllable rage, upon leaving a session, she had a feeling that somebody—for example, myself—was standing behind the door and shooting her through the head. After imagining this, she felt cut off from herself for several days. Clearly, aggressive thoughts directed towards me, which aroused enormous anxiety in her, had 'shot through her head' during the session. She had projected these thoughts into me, where they became concrete perceptions, so that it was now *I* who was shooting her. As a result, she seemed to have lost contact with herself in the ensuing days.

Here, then, we see dream thoughts in the process of transition towards delusional perceptions or dreams that appear to foreshadow action. Segal has provided detailed accounts of the transitional forms between concretistic and symbolic representation in dreams (Segal, **1957**, **1991**; see also **Weiss, 1999**; **Capozzi & de Masi, 2001**).

We can thus imagine a spectrum, extending from true dreams, at one end, to hallucinatory events that cannot be processed by the psyche but can only be evacuated, at the other. In between are a variety of dreamlike products that could be described as pseudo-dreams, dream-type fantasies or experiences of derealisation, of the kind encountered mainly in the analysis of borderline patients. Bion thus distinguished between true, hallucinated and artificially contrived dreams; and what is striking about this last type is the patient's inability to associate to his/her dream material (**1992**, p. 93f.).

A second distinction concerns the manner in which the dream material is used in the analytic situation. Again, we could postulate a continuum, one pole of which could be seen as 'communication about the internal world' and the other as 'evacuation of indigestible material'. In between would be a large number of possible uses, such as the charging of the analyst with countertransference, manipulation of the transference relationship or utilisation of the telling of the dream for enactment in the analytic situation.

Plotting the situation graphically in a system of co-ordinates, we can make a provisional classification in the form of a two-dimensional diagram. This provides a kind of map or compass that can help us to find our bearings in an analytic session (**Fig. 1**).

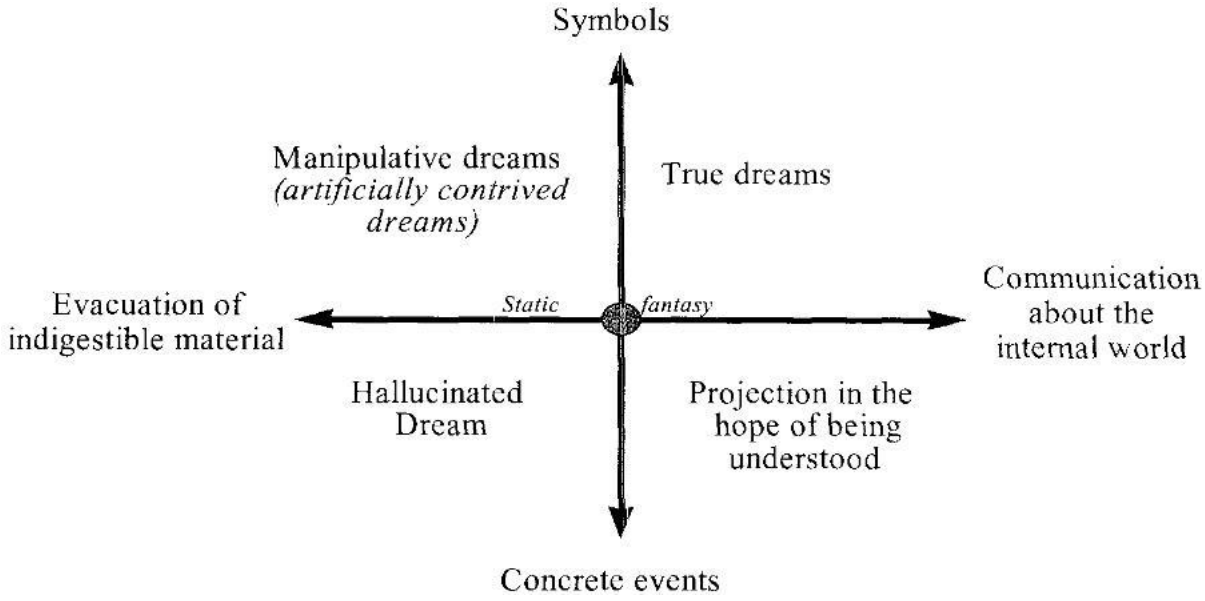
In this diagram, the *vertical axis* represents the structure of the dream material, which varies according to whether it is made up of *symbols of internal experiences* or pseudo-symbols that correspond rather to *concrete events* or *things.* In the latter case, the status of the dream experience is unclear: is the patient reporting a dream from the previous night or

describing a dream experience that he/she is currently hallucinating? Is he/she remembering a dream state or experiencing a derealisation *now*?

The *horizontal axis* describes the *use of the dream material* in the analytic situation: is it serving to communicate something of the internal state of the dreamer or is it directed towards the evacuation of indigestible material by projective identification?

Four fields or quadrants can thus be distinguished. The *top right-hand quadrant* would contain the dreams whose analysis was described by Freud **(1900)**—true symbols

Figure 1 Dream classification diagram showing how dreams are used in the transference situation.



serving to communicate the dreamer's internal state. The *bottom left-hand quadrant*, on the other hand, would comprise dreams that are scarcely distinguishable from hallucinations (see **Capozzi & de Masi, 2001**). The *top left-hand quadrant* is reserved for dreams that, while containing symbolic elements, are communicated in the analytic situation not with the aim of being understood, but rather in order to charge the analyst with countertransference and to manipulate the transference relationship. This category includes, for example, the type of dreams described by Bion as 'artificially contrived'. The *bottom right-hand quadrant* would contain dreams in the process of development (embryonic dreams)—that is, projections with the aim of being understood. This category may perhaps include dispersed material capable of inducing a countertransference dream in the analyst (β-elements in search of a container **(Bion, 1962)**). In the centre of the diagram is the 'static fantasy', which can be understood as a powerful image or sensation in the form of a slow-motion film or snapshot, where the direction in which it will move is not yet known. Isakower **(1938)** described regressive phenomena of this kind as occurring in the process of falling asleep.

Segal makes the following comments on the evacuative use of dreams: 'Very often it is dreaming and telling the dream to the analyst that accomplishes the evacuation. The telling of the dream may be devised to rouse feelings in the analyst and thereby accomplish a projective identification' (**1991**, p. 66). Here, she distinguishes between the use of the dream for defensive purposes and the communication thereby achieved. A number of authors have referred to the communicative function of telling a dream. Kanzer **(1955)** distinguishes between the intrapsychic significance of the dream content and the narration of the dream as an interpersonal communication. Bergmann (**1966**, p. **362f**.) provides a comprehensive review of the cultural history of the subject and suggests that the telling of a dream not only performs a defensive function but often also contains a concealed communication to the analyst, for example in connection with a crisis in the transference. Klauber cites further literature and includes some reflections on the countertransference. He sees the reporting of a dream mainly as an

attempt by the ego to arrive at a more bearable attitude towards an intrapsychic conflict and hence as an 'attempt to make a new communication' (**1967**, p. **425**). The closest approach to the ideas presented in the present paper is probably Grinberg's **(1987)** distinction between 'evacuative', 'elaborative' and 'mixed' dreams. Grinberg is concerned principally with the relationship between dreams and acting out. He finds that the latter is often associated with experiences of

separation **(Grinberg, 1968)**, and that the purpose of evacuative dreams may be to project unbearable affects into an absorbing object. In this way, a 'projective counter-identification'**(Grinberg, 1985)** may be induced in the analyst. Unlike evacuative dreams, elaborative dreams contain elements of mourning and reparation. They thus potentially allow steps to be taken in the direction of symbolisation and working through. Most recently, Capozzi & de Masi have described psychotic dreams as hallucinatory constructions, which they interpret as a 'delusional transformation occurring in the here and now' (**2001**, p. **947**). As they point out, those dreams may provide valuable information for the analyst, although, because of concreteness, they bear no meaning to the dreamer.

In my own clinical work I have discovered that some dreams of borderline patients tend to be experienced more like videos. In other words, they are seen neither as true dreams taking place in the internal world, nor as hallucinations in external reality, but as a virtual space on the interface between the two, into which the analyst is drawn by various enactments. The relatively extensive clinical sequence that follows is intended to demonstrate how a dream can be used in order to involve the analyst in a specific interaction, where pressure is exerted on him/her to identify either with a part of the patient's self or with one of his/her internal objects **(Steiner, 1998)**. In a similar way, Sandler **(1976)** uses the term 'role-responsiveness' and deems the resulting transference–countertransference constellation to be the actualisation of an object relationship. I should like to show that a partial enactment may sometimes be unavoidable in such situations and that, in favourable cases, it may also be a prerequisite for understanding the complex character of the interaction **(Gabbard, 1995)**. This is possible only if the analyst can detach him/herself from the identification with the patient's internal objects and think through the interaction from a 'third' position. Furthermore, I shall argue that whenever a dream is used for the purposes of acting in, interpretation of its formal properties and of its relation to the transference situation takes precedence over interpretation of its content. Sometimes the content interpretation may then itself be part of an enactment by the analyst, provided it is given without sufficient reference to the transference situation.

Clinical Material

The patient was a lawyer in her mid-30s who was close to having a breakdown after the failure of her five-year marriage. Her husband, a successful executive, had taken a mistress and demanded that his wife tolerate this situation, just as, for a long time, he had insisted that she watch his pornographic videos with him and join him in re-enacting the scenes they portrayed. He rejected her wish to start a family, instead immersing himself in activities involving travel and making one new career plan after another. Eventually the marriage failed and the patient had decided to seek treatment.

The patient was the eldest of three siblings and had grown up in an atmosphere of seductive proximity to a rigid, authoritarian father and of frigid rejection by a mother whom she experienced partly as helpless and partly as punishing and threatening. Whereas she could always make her father proud of her through her intelligence, her attempts to gain access to her mother's feelings usually ended in resignation and despair. For a long

time she had been unable to detach herself from her parental home, while in her fantasies—and sometimes also in reality—engaging in heated relationships with men, which usually ended in disappointment. At the age of 18, she had had a brief psychotic breakdown after falling passionately in love with a theology student who had rejected her. Shortly afterwards, her youngest brother had contracted leukaemia. Her fleeting attempt to study medicine was in effect intended to save this brother's life. She eventually studied law. Towards the end of her studies, in which she obtained a distinction in her final examinations, she had again fallen victim to a depressive crisis, which led her to seek psychotherapy for the first time. After a number of relationships with men who were usually older or married, she had finally met her husband-to-be.

The patient had begun her treatment (three sessions a week because she lived so far away) with enthusiasm. She had been interested in psychoanalysis before, and one of her first dreams depicted *the two of us engaging in a kind of exemplary therapy, achieving epoch-making new results and together revolutionising psychoanalytic theory* . She became, as it were, my Anna O (about whose case she had read), whereas I—like Breuer—was overwhelmed and paralysed by her transference even though I had initially thought that I could interpret it and by and large understand what was happening. A dreamlike erotised atmosphere soon developed and took on increasingly evident delusional features before the first long break from the sessions. The transference situation at this time was represented by one of Somerset Maugham's short stories **(1921)**, of which the patient felt reminded. The story is about the desperate struggle between a missionary and a prostitute, in which he tries to convert her, and she does her best to seduce him. The story ends with the priest one day being found dead on the beach with his throat slit. In her delusional transference, therefore, the patient was virtually convinced that I was in love with her, while seeking to 'convert' her with my interpretations, which she usually ignored, and which were directed towards her separation anxiety at the forthcoming break. During the break, she joined a religious sect in the town where she lived and felt initially seduced, but soon persecuted and manipulated, by its leader. She came back to the treatment in a state of acute paranoid anxiety in which she felt like a marionette and believed that her capacity

for thinking was being destroyed. The psychotic anxiety gradually declined, as we became able to work on dreams in which the therapeutic situation itself featured as a dangerous alchemical kitchen. Over the next few months she succeeded in working through her anxieties and in taking back her projections step by step. Although she did not have any more psychotic reactions, breaks in the therapy continued to be a major problem.

The situation I should now like to describe in rather more detail dates from the third year of her analysis. Until then, the patient had shown clear signs of progress. After living alone for quite a long time, she had started a relationship with a man of her own age. In the analysis we had got to know an arrogant, disparaging part of her personality, which cruelly and perversely controlled the needy part of her self and continually undermined relationships that were helpful to her. If this part gained the upper hand, she might, for example, say, 'I have brought along three dreams to the session today; Number 1, Number 2 and Number 3. You can choose which one you would like to hear!' At the same time, however, the power of this destructive part of the personality had declined to the extent that it was possible to identify and work on it in the transference. The session I shall now describe took place immediately before another holiday break. The patient had just been working on positive aspects of her relationship with her former husband and parents. 'After all', she said, 'they are my parents and it was not only a catastrophe to be married to him'. She also

mentioned that the relationship with her present boyfriend had improved appreciably, that they were able to care for each other better and to forgive each other. However, then she had become annoyed with one of her clients, who had taken sick leave and booked a flight to San Francisco for the period in question. She had cancelled the next session in order to spend a long weekend with her boyfriend, during which they had had sex with each other uninterruptedly. In a dream, *she had come down from a height* —probably the arrogant part of her personality—*but then forced her way barefoot into a lecture room in order to tell me her dreams in front of the audience*.

Material from a session

She began the next session by mentioning a dream, although she felt its content to be so shameful that she was afraid to tell it. She therefore preferred to talk about something more in line with her wish for independence—for example, why it was that she sometimes felt so cut off from her feelings, coming more into contact with them during a session, but then losing this contact again between sessions and during breaks.

I commented that this was reminiscent of her earlier reaction to breaks, when she had reported that she could only go on living mechanically like a robot without contact with her feelings, perhaps because they were too painful. I pointed out to her that she had mentioned the dream she did not want to tell me, and added that it seemed to me likely that the two subjects might be connected.

She then told me about the head of her legal practice, whom she had expected to attack her. When he had not done so, she had at first been pleased, but had then been euphoric for a moment when he left the practice. After a short pause, she said that my mentioning the dream had made her feel seduced and manipulated into telling it after all…

I felt somewhat dismayed by her remark, because it seemed to me that she was to some extent right and that her dream had indeed aroused my curiosity. I then attempted to indicate that, although she was worried about how she would cope with her feelings of mourning and loss during the break without cutting them off, she had perhaps also hoped that I would not attack her and manipulate her into telling her dream. I added that a euphoric feeling, as when a persecutor goes away, might have got mixed in with her anxiety about the break.

When there was no response, I felt the need to explain to her why I had mentioned the connection with her fear of telling the dream. I said that it was important that we recognised that we were in a situation in which either we both tacitly agreed to disregard the dream—perhaps because working on its content would arouse too much anxiety or was too dangerous—or I would remind her of the dream and she would then feel herself to be seduced and manipulated by me.

When I had finished, the patient seemed somewhat relieved. She said she had been afraid to tell the dream because its content was sexual and pornographic and was furthermore mixed with cruelty, and she found it difficult to admit that such thoughts and feelings could emanate from her. She then mentioned the last session but three, in which she had also been pleased to reach the end of the session because she had then no longer needed to tell me a fantasy she had had during her anatomy course as a medical student. She reported that she had been required to dissect a head. It had been terrible and ghastly to remove the skin and destroy the face. However, she had thought she had to do it and learn everything she could so that she could save her terminally ill brother. She had admired the professor of anatomy, who could explain everything so wonderfully with his drawings, and had discovered that she was in the process of falling in love with him. She had then had the fantasy: 'How on earth can he stand it? Perhaps he is a nice professor during the daytime and a perverse necrophiliac at night!' When she had told a female

friend of this fantasy, the friend had been shocked and worried about her state of mind.

I interpreted that she had manifestly found herself in a situation in which she had been torn between dead bodies, terrible anxieties about killing and destroying, and her admiration for the anatomy professor. She had perhaps sought a way out by creating a perverse fantasy in which she wondered whether the professor could be trusted or whether he was himself perverse. I then remembered the dream from the previous session, in which *she had come down from a height and forced her way barefoot into the lecture room, where she had told me her dreams in front of all the students* .

I therefore tried to connect her memory of the anatomy course with the present situation—she had responded once before to one of my interpretations with the cheeky comment, 'Straight out of the dissecting room!'—and I said that the situation here might be very similar; a part of her felt terrible anxiety in the analysis, while another part admired the 'professor'. The resolution of this conflict might lie in the idea that I was taking a perverse, voyeuristic interest in her dreams.

She then told me her dream, surprised now that she had found it so difficult to do so. In the dream *she was in a room with other couples making a cake. A man who already had a partner then came up to her, with a knife in his hand, and caressed her bottom. She liked it, although she thought it was not right. Then she went into another room and looked out of the window into the night. She could see some punks lurking in front of a house. Among them was a couple having sex with each other in a vulgar way. At this point the man from the previous scene came up to her again and remarked, 'Aha, so you are interested in such things!' And she thought: Why can't he leave me alone?*

After telling me the dream, the patient appeared less anxious and less excited. I interpreted the motif of voyeurism in the dream by recalling the words 'manipulated' and 'seduced'. She had manifestly felt that *I* was curious about her dream and voyeuristically interested in hearing it. So perhaps her not wanting to tell it and her way of experiencing my reaction were a subtle re-enactment of the dream.

She then told me how bad she used to feel when her husband had brought home the pornographic videos. Even worse, though, was the fact that she had not only felt disgusted but had also noticed in herself an excited, lustful urge to do these forbidden things.

I added that the major problem for her was perhaps to discover these fantasies in herself and to take them back into herself, instead of perceiving them only in her husband. She said, 'I mentioned this dream and did not want to tell it, and in that way perhaps aroused your interest'.

I thought that this was at least partially correct. I therefore said that, in this last session before I went away, she had felt torn between feelings of persecution (the head of the legal practice, who she was afraid might attack her, and the anatomy professor) and anxieties about loss (being cut off from painful sad feelings). She had attempted to solve this problem by creating a sexual scene. But this had made her feel—as in the dream, and also in the past with her husband—that she was in a trap.

Towards the end of the session the subject turned to her earlier reactions to breaks in the analysis, including the catastrophic reaction in the first year of her analysis, when she had been overwhelmed by psychotic anxieties. The patient now seemed more thoughtful, sad and moved in a way I could easily understand.

Discussion

The patient coped relatively well with the ensuing separation, partly, I believe, because of the way she had made it possible for us to understand her reaction to it. However, her real feelings had originally been concealed by

the content of the dream, which dealt with exclusion from couples and with excited, perverse proximity. All the same, she was able to accept that this was *her* dream and not a video played to her by a perverse partner.

The situation this time was therefore not, as with the first break in the analysis, a 'transformation into hallucinosis' (Bion)—to be placed in the bottom left-hand quadrant of the diagram in Fig. 1—but an attempt to work on the forthcoming experience of loss. In the sessions leading up to the last one before the break, the patient had been working on good and bad experiences in the relationship with her parents, former husband and present boyfriend. Then she had become annoyed with one of her clients, who had taken sick leave and flown to San Francisco for the period in question—which I saw as a reference to her feelings about the imminent break. She had then cancelled the next session, to spend a heated sexual weekend with her boyfriend—perhaps in an attempt to get rid of her feelings of exclusion and abandonment and to project them into me. Then, in a dream, *she had forced her way into the lecture room to tell me her dreams* —which I saw as a desperate effort to force her way inside me and not to accept the separation.

The last session before the break was taken up with her dream that could not be told. The dream manifestly symbolised an inner experience and did not constitute a 'concrete event' barely distinguishable from reality—belonging,

therefore, in the upper part of the graph. However, it was not initially used to communicate something about the patient's internal state, but rather to draw me into a specific interaction that was very similar to the one in the dream scene, and thereby to manipulate the transference situation. Because of this use, the dream would thus fit best into the upper left-hand quadrant of the diagram. By the manner in which she introduced the dream into the transference relationship, the patient was at the same time enacting what she had reported in the dream from the previous session: she was forcing herself inside me and turning herself into the object of a public scene in which I took an inquisitive interest in the content of her dream. This may have been an allusion to the early period of the analysis, in which, in one of her first dreams, *we had conducted a kind of exemplary therapy with each other in front of an audience, with a view to revolutionising psychoanalysis together* (in reflecting on the present paper, I wonder whether my diagram might not itself be a continuation of this idea).

By mentioning the dream and at the same time saying that she could not tell it, the patient created a dilemma for me: whatever I did was going to be wrong. In other words, in this situation I would be identified with one of her internal objects. If I consented not to look closely at the dream in this last session, I would be acting like someone who felt her anxieties to be too threatening and who thereby acquiesced in disregarding this part of reality—I should be 'turning a blind eye' to it **(Steiner, 1993)**. Conversely, if I were to concentrate on the dream, I would be identified with an object that took a perverse interest in her internal images—like the man in the dream *who came up to her from behind and remarked, 'Aha, so you are interested in such things*!' That is why she felt seduced and manipulated by me.

In the sense of role-responsiveness **(Sandler, 1976)** or projective counteridentification **(Grinberg, 1985)**, I thus felt that I was being drawn into this enactment, either by turning a blind eye or by feeling guilty at my curiosity about her dream. In both cases, I felt uncomfortable and out of kilter with my analytic function. The patient then mentioned the attack she feared from her boss and her sense of triumph when he left the practice, while I was increasingly beginning to question the motives for my interest in her dream. This was clearly the background to my feeling that I had to give her an *explanation* for my interpretation—which was, I think, at that time less an attempt to understand and more

an expression of my sense of guilt, and hence ultimately a continuation of the enactment. It was only when I was able to extricate myself from this interaction and consider the situation as a whole, by attempting to interpret the dilemma in which we found ourselves, that the patient felt somewhat relieved. She was then able to recount the scene with the anatomy professor from the time of her medical studies.

It was now no longer very difficult to connect these memories with the present situation—with her anxieties of persecution and annihilation, with her desperate attempt to save a dying object (her brother), with her erotisation and splitting of the 'professor'. It seems to me that this understanding of the transference situation became possible only after we had been able to work on the initial enactment. Moreover, it was only then that the patient was able to tell her dream.

The interpretation hardly touched on the content of the dream. What mattered more to me was to understand, together with the patient, how the dream *had already been enacted* in the transference situation, so that it now seemed more like the retrospective elucidation of an interaction that had already taken place. However, it might also have been important to understand better individual elements of the content of the dream. But I think we would then have moved into a borderline area again. On the one hand, interpretation of the content of the dream might perhaps have afforded us a better understanding of the unconscious conflicts, such as her separation anxiety **(Quinodoz, 1991)**, or of the oedipal material contained in the dream (the knife as a representation of her psychotic fear of a murderous breakdown; the obscene couple as a fantasy of the primal scene being observed by the patient in her separation).[1] On the other hand, however, we might have risked moving back from the top right-hand to the top left-hand quadrant in the diagram—that is, unconsciously switching back from a symbolic understanding of the transference situation into a form of relationship to which the patient may have been alluding by her subsequent associations to her husband's pornographic videos. We should then have unwittingly shifted from examining the dream to re-enacting a perverse object relationship.

In my view, it is difficult to decide which type of interpretation—that of the dream content or that of the enactment—should be given preference in a given clinical situation. Each alternative has its advantages and risks. Interpretation of the dream content may overlook the underlying enactment whereby the transference situation is manipulated and the analyst (even if he/she is seemingly behaving correctly on the technical level) is drawn into the re-enactment of the dream scene as if into a maelstrom. But analysis of the enactment alone risks remaining on the formal level, putting the analyst's intellectual defensive needs on the stage and overlooking the concrete dream material whereby the interpretation would come alive and gain depth **(Steiner, 1998)**. Furthermore, interpretation of the enactment may itself be part of an enactment that has not yet been understood.

In the case reported here, I nevertheless decided to interpret only the enactment—that is, the way the dream influenced the transference situation. It seems to me that this made it easier for my patient to take back her projections, to

see me less as a perverse husband luring her into a particular interaction, and thus ultimately also to begin to acknowledge the feelings of mourning and loss against which she was thereby trying to defend.

The crucial point in the interpretation of enactment is probably that, at a given time, the analyst should be able to register his/her involvement in the patient's internal world and, by the manner of formulating his

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[1] I wish to thank A. Banki, Stuttgart, for these suggestions.

interpretation, to assume a 'third' position that will enable him/her to find his way out of the relevant transference—countertransference enactment. If he/she succeeds, the interpretation will have the effect that 'the intrapsychic and interpersonal realms are joined' (Gabbard, **1995**, p. **482**). The question of the processes that allow the analyst to switch to a third position of this kind remains open **(Steiner, 1998)**. It may be a matter of phases of reduced pressure, during which the analyst is able to detach him/herself from the patient's internal objects and to re-establish a triangular situation in the sense of a symbolic space (Britton, **1998**, p. 41ff.; **Weiss, 1999**); however, another factor may be the overcoming of obstacles on the analyst's part that impede the working through of his/her countertransference (**Money-Kyrle, 1956**: the metaphor of the 'slow motion picture' in phases of non-understanding). These problems always become clinically significant when the patient exerts powerful projective pressure with a view to minimise the discrepancy between the relationship with an internal object and the analytic situation **(Feldman, 1997)**. This may take place, for instance, through the creation of a symmetrical situation of mutually accepted projective identification, which imperceptibly transforms the current treatment situation by projection of parts of the self into the equivalent of an internal scene and thereby prevents the analysis from proceeding further **(Beland, 1999)**.

For this reason it may be helpful for the analyst to keep in mind the atmosphere of the transference situation when the patient tells a dream, and not to allow him/herself to be distracted too much from it by the description of the dream's content. In a recent clinical paper, Feldman **(1998)** enquires *why* patients tell their dreams (see also **Ermann, 1998**). In the case of my patient, one could also ask why she did *not* tell her dream. I believe that in the analysis of borderline pathologies in particular, this question should be present in the analyst's mind at all times. After all, as Hanna Segal has put it (**1991**, p. 64ff.), in these patients such dreams are not so much communications about unconscious fantasies as, primarily, outlines for future acting out. On occasion (p. 69), the session itself may constitute a re-enactment of the dream.

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