



## Dreams That Mirror the Session<sup>1</sup>

Giuseppe Civitarese<sup>Ⓜ</sup>

Dreams in which the analyst appears undisguised almost always depict violations of the setting. Often experienced as special, epiphanic moments, they give a glimpse of an intense, emotional reaction to traumatogenic or otherwise significant events that have occurred during the session or in the most recent previous ones. Probably, the essential aspect of these dreams can be found in the 'form of their content'. This may be paralleled by the narrative technique of *mise en abyme* or mirror-text. The dream appears as a story within the main story and the scene of the analysis is reflected anti-illusionistically. The fictional structure of the setting is emphasized. Its theatrical self-consciousness quality is revealed at its best. The author postulates that the transformative therapeutic value of these dreams derives from denouncing the referential illusion of 'concrete reality' and of 'what really happened'. For the analysand, they are an effective (i.e. emotionally intense) opportunity to discover the spatial articulations and the staggering refractions of the inside/outside, the textual/extra-textual, the psychic reality/material reality. In the continual comings and goings from one term to another, the work of symbolization is reactivated and the subject is constructed. Dreams that mirror the session, from this point of view, provide a model for conceptualizing the analytic work, and their significance goes beyond the specific phenomena referred to. A clinical case is given, in which some of one patient's dreams are considered as they occurred over a short period. In one of them, the dream-within-a-dream phenomenon is present.

Clorise:

*Joueray-je un personnage en cette Comedie* [Will I play a character in this play?]

Clarimond:

*Venez que je l'invente & que je vous le die* [Come, I'll devise it and tell you about it].

Brosse, *Les songes des hommes esveillez* [1646]. (Forestier, 1984, p. 120)

*Mais alors me reconnaîtrais-je* [But, then, would I recognize myself?]

André Gide and Paul Valéry (1955, p. 256)

In Brosse's 17th century play *Les songes des hommes esveillez* (Forestier, 1984), the story has to resolve the problem of Lisidor's melancholy. He is convinced that he has lost his beloved Isabelle in a shipwreck. The therapy

*Vous iugerez tantost ce qu'il en faudra croire,*                      You will judge straight away, what you need to believe in,  
*Si c'est invention, ou bien si c'est l'histoire*                      and whether it is invention or history

(p. 196)

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<sup>1</sup> Translated by Harriet Cooper.

devised by Clarimond, the governor of the castle, to distract Lisidor from his grief consists of a series of short dramatic scenes in which the characters from the play take it in turns to be actors and spectators. Each time one of the characters is left out of the preparations for the embedded play, which itself makes the unsuspecting protagonist experience a feeling of radical uncertainty about his own state of consciousness, suspended between illusion and reality—and not only this. As you might expect, the fragment of play within the play invariably affects the main plot because it fills a gap, it resolves a narrative knot and gives rise to transformations in the characters.

In a scene from Act I, for example, Cleonte is persuaded to believe that he has had a bad dream: following a fire in the castle, he finds himself trapped in a little room, without any way of escaping. The ordeal proves frightening and realistic. It leads him to doubt his blurred reason intensely and feel incapable at times of distinguishing between dream and reality. Then, with a sudden and extreme change of heart, induced by the danger he was in, Cleonte views his love for Clorise in a

new light, since she was the reason why he was in the little room. Cleonte associates the fire in the castle with the fire in his heart, and this is enough for him to decide without delay to extinguish it:

<i>Oublier vos beautez, &amp; votre ingratitude,</i>	Forget your beauties, and your ingratitude,
<i>Et, me representant des fantomes nouveaux,</i>	By representing new ghosts to me,
<i>Songer au lieu de feux, des glaces &amp; des eaux.</i>	Dream instead of fire, of ice and of water.

(p. 131)

Clearly, his love was not genuine passion. The experience has caused him to know himself better, and, woken from this false dream, he is no longer the person he was before.

Nevertheless, it is in Act V that the rhetorical device of the scene *en abyme*<sup>2</sup> reveals its full potential. Lisidor, still suffering, attends a play in which a knight tells his story. Little by little, he recognizes himself in the details of the tale, which increasingly resembles the story of his own recent misfortunes: indeed, the knight himself is also mourning the loss of his fiancée in a shipwreck and expresses his inconsolable grief. At a certain point a new character enters, who is also dressed as a knight. The knight takes over the telling of the story at the point where the first actor has left it, and then surprises him by stepping out of costume to reveal his loved one, having escaped from the tragedy at sea. It is indeed Isabelle—who is alive, unbeknownst to Lisidor—to whom Clarimond has given this role! The governor feared that an unplanned discovery of this situation, although it is a happy one,

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<sup>2</sup> Gide coined the expression in 1893 (O'Brien, 2000). Having noticed that, in heraldry, a miniature painting in the centre of a shield which replicates the shield's form is said to be *en abyme* (*en coeur*, 'at the heart'), he gave the same name to other kinds of specular 'enclosed' images and narratives and to structural duplication (e.g. the play within the play scene in *Hamlet*; a small convex mirror in a painting by Memling, and so on). The inserted narrative in some way resembles or reflects on the work which contains it (Dällenbach, 1989): the scene *en abyme* is therefore a (rhetorical) figure of the 'form of the content' (Dubois et al., 1981, p. 204). For more about this concept, see Nelson (1958); Forestier (1981); Segre (1981); Petrella (1993); Magrelli (2002).

might be traumatic for Lisidor, and intends to cure him from an excess of 'realism' by giving him a detached vision of his passion. Thus, the same revelation takes place for Lisidor and for his on-stage double at exactly the same moment. Conscious that he is watching a fictitious play, Lisidor does not yet know that it is Isabelle on stage acting herself; at the same time he begins to distrust his own eyes, so great is the similarity between his beloved and the actress, and he thinks he is dreaming. It is only when he 'wakes up', when the story is revealed to him, that fiction and reality coincide: the unity of time and place is respected and he comes out of his despair.

Here is a summary of the effects that the dramatic duplication device—known as the play within the play—create in the audience. The real audience identifies with the fictitious one that is attending the second-level performance. The scene *en abyme* is, on the contrary, anti-illusionistic (Segre, 1991), or rather does not hide its artificiality, but displays it. It insists on denying the reality of what it represents within its frame, and in direct proportion reduces the 'responsibility' of the author-director for his play; it simultaneously accentuates the degree of reality with which the main as compared to the inner play is perceived.

Thanks to the powerful ambiguity that pervades the drama, produced by the vertiginous game of mirrors, the audience discovers a wider sense of the real, which contains within it the imaginary. The audience draws an effect of truth from illustration of the fragility of human identity, and realizes that subjectivity itself is based on the 'violence' of interpretation, i.e. in the end on narrative and fictional categories. Through the temporary irrationality of the dream, a more perceptive rationality is reached, or at least a few inner convictions are found in the face of radical uncertainty about worldly things. Affects are not excluded from this knowledge: the play *en abyme* brings a crescendo of emotions, a paroxysm, which induces feelings of estrangement and amazement in the audience and keeps it in a state of tension and passion. Reality, doubly denied—but doubly protected by the precise delimitations of the spaces of representation—opens itself to phantastic presences, to material that is further from consciousness, to the return of the repressed.

Now, in expressive or formal terms, a similar 'rhetoric of illusion' can be found in dreams about therapy—in which it is as if analysis itself became their story and context (Neyraut, 1974). In such dreams, which seem filled with realism at first glance, the analyst appears—to paraphrase Freud (1901, p. 47)—with his 'shape and clothes'. Inside the 'theatre' of the analytic setting the relation of a dream still retains a special status; even if this setting is conceived of as an emotional field whose dynamics can be seen in the light of a radical interpretation of the oneiric paradigm.

The fact of inserting into the first theatrical setting (the therapy) a second narrative frame (the dream that mirrors the session) has relevant consequences. Any moral responsibility which may still be attached to dreams, as well as to day-

dreams or reveries, is reduced to zero. Thus, with any further shift of the narrative level, with any refraction between what is 'on stage' and what is 'off stage', inside and outside—seen most clearly in dreams which depict the therapy and its frame—an increase in emotional 'truth' and a particular significance of plot can be hypothesized, not to mention the major and minor characters who appear.

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It is as if the patient makes himself into a spectator of his own dream, with the analyst, putting on a 'new' play which includes both as actors, even if, in terms of unconscious fantasy, this 'drama' might actually be the oldest. Never do the patient and the analyst find themselves working so closely, shoulder to shoulder, as they do when they observe a dream together through the lens of the setting. The dream, then, in contrast with other kinds of narrative, is taken in by its 'author' in a completely passive way. I now examine some of these dreams.

### The Ghost<sup>3</sup>

*'I met my dead grandfather, who was fishing at the canal. I knew he was dead, that he was a ghost. Speaking in his dialect, he said to me, "I've got a bike, they've fixed it up for me, but the handlebars are too far forward". He was indeed one of those grandpas who repair bikes and play football. I replied, "But, Grandpa, your life is the same as how it used to be!". He said, "It's because, you know, after death we're condemned to do whatever we used to do". I had to come to you<sup>4</sup> for the session. So I grabbed him, fearing that otherwise he would get away, and I burst in here with him. In the room, there was also a woman. As soon as I saw her, I was petrified. You seemed annoyed. You looked more severe than usual. But I apologized and said, "You see, I've brought a ghost!!" The woman understood, and explained to me that it was no longer possible to analyse my grandpa: "Because ... look", she said to me, "your grandpa can't understand the technical part, which the doctor is so good at". While I was speaking to her, I found that, instead of the ghost—though it was impressive—I had a little blue balloon. You<sup>4</sup> were trying to burst the balloon, at first with pins, but when that didn't work you used scissors or something like a dagger. So, crying, I lay down on the couch. I was desperate. It was as if you wanted to show me that I was delusional. I knew that you were only you in a physical sense, because you were away; that in reality this was only my analyst's assistant: it was a scientist, one who didn't believe in the ghost, but who was examining it. Then, when the ghost became a balloon, he had become the ardent murderer of my grandpa. When the balloon burst ... it was like surrendering myself to my illness. If you had been you in soul as well as in body, with your real identity, I would have had more confidence in you.'*

Nothing is as it seems in this dream which Guido, almost 30, brought to me in the second year of analysis (three sessions per week). Superficially, the text appears like something out of an absurdist play. His grandpa is dead, but seems to be alive. He has the features of a person, but he is also a blue balloon. The ambiguity of the pronoun *Lei* merges the identity of the woman with that of the assistant. The analyst is himself in physical terms but he is not himself (his heart is not there). Reality and phantasy, truth and delusion are muddled. So are soul and intelligence, feminine and masculine, compassion and rage, life and death. The dream alludes to dramatic events: Guido's father took his own life (three years before the death of his grandfather), and the analyst who was treating him was unable to save him. The

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<sup>3</sup> Translator's note: Rendition of *fantasma*, which means both 'ghost' and 'phantasy'.

<sup>4</sup> Translator's note: Rendition of *Lei*: the polite form of 'you', but also the pronoun 'she'.

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patient, who is now an adult, is full of despair and anger: for years, and even in the first few months of analysis, he was kept from knowing what had happened. Beyond the tangled emotional knots that are collected and condensed in this heartfelt tale, with its numerous interpretive options, what is striking is the manner in which this dream so clearly addresses the question of the kind of reality found in the analytic encounter and how we confront this reality.

Nobody would dispute Freud's affirmation that analysis plays itself out 'almost exclusively in the phenomena of transference [and that] it is on that field that the victory must be won' (1912, p. 108). Yet it is true that, to fight this battle, there is not a single tactical theory, but many.

One 'line of attack' would be to carry out a meticulous exploration of the patient's associations, make a transcript or translation of the symbols of the dream-script, undo the dreamwork in order to reach the dreamer's desire. One could evoke a primal-scene situation, the place in which sexual and aggressive drives were first activated; the dream alludes to a murder, to a sentence, to a surrender: the grandfather might be seen as a hidden representative of a father figure; the assistant as a screen on which to project hatred towards the father; the analyst as his most recent depiction; the woman as

an ambiguous mother figure, and so on. This is the archaeological model, inspired by the evidential paradigm. An analogy in literature is the detective story.

Other analysts would choose to use the tactic—from the very beginning of the therapy—of analysing the transference in the here and now systematically, a technique which can actually be far more sophisticated than many are inclined to believe. Consider what Klein wrote, on the necessity of ‘unravelling the details’ (1952, p. 437) of the transference from the entirety of the material presented in the session, and not only from the direct references which the patient makes to the analyst. Nevertheless, this runs the risk of becoming the kind of task that, on the one hand, seems mechanical and not as versatile, maybe too sure of its own superior understanding of the forces in play; on the other hand, it might seem obsolete and as such to jeopardize a lot of the territory which has been gained. The mind can be considered as a closed system; knowable through its different elements and the way in which these elements link up with one another. It can be thought of as an internal world populated by characters who play out a story of destructive passions: the ‘mad scientist’ part attacks the healthy parts of the self. The transference, immediate and ubiquitous, often appears predetermined and fixed. In terms of a narrative genre, this would be an allegorical text in which personifications of vices and virtues fight each other for possession of the soul.

There is yet another plan of action—one which takes into account, to a greater extent, the specific ‘geography’ and ‘climate’ of the ‘battlefield’. According to this approach, one might question whether the analyst should not act more like the sweet and maternal woman of the dream and less like the assistant. Whether the patient is actually pointing out a lack of receptivity and of reverie on the part of the analyst: he is present in the dream with his body and with his mind, but not with his soul. Guido is left alone with all his feelings of despair. He couldn’t care less about the technical part—the part which his grandfather ‘can’t understand’. In this case, the dream would be regarded more like a poem: dense, ambiguous, polysemous, it calls

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for an intense emotional and imaginative involvement on the part of anyone who wishes to tune in to it. The greater the desire to explore it, the more this ‘poetic-dream-text’ expands itself. This kind of aesthetic theory ‘filters out’ comprehension, and interpretation takes on a fundamentally emotion-based quality.

In fact, all of these interpretative approaches are legitimate; they can be shared, and indeed they *are* shared. We admit that all the aforementioned perspectives have their roots in the same patch of earth. And yet ... and yet, my patient's dream seems to take a clear stance. The specific object of analysis, to which the analyst must attend, is the ghost (phantasy), psychic reality, the dream of the session. The invitation contained in the dream, at once passionate and inconsolable, is to have faith in the ‘ghost’, to believe in the ‘kernel of truth’ of the delusion, to abandon science (to put it in brackets), to be told a tale by the grandfather (‘But ... tell me ... after death ... is absolutely everything like how it was before?!’). The invitation is ‘to communicate with Grandpa’. If we examine him, he becomes a balloon. In the end, we destroy him. What can we do? In the essay on the *Gradyva*, Freud (1907) high-lighted what Zoe devised to make herself understood by Hanold: ambiguity can be a way of speaking with the delusional part of the personality. And, as readers of Ovid, it would serve well to be passionately fond of the transformations of characters and their stories.

During the session, the dream takes me back to the death of my own grand-father, which happened a few months ago. I think of his last painful years, of his requests—which were impossible to fulfil—for some treatment which would alleviate the terrible physical pain which he had endured for a long time. Suddenly, from a hitherto opaque background of thoughts, there emerge memories, images, feelings: all signs of the phantasy activity which this bereavement entailed.

A certain rather fine Iranian film comes to mind, then ... ‘What was it called? ... ah, yes, *The white balloon* [1995, Director: Janar Panafi]’. It tells the story of a little girl who gets distracted in the streets of Tehran while walking to market. For a while, it seems as if she cannot find her way home. The memory of the film brings me back to the patient's feeling of abandonment, to his need to burst into the consulting room, in which he finds not me with my true identity but, instead, my ‘assistant’: a figure, I would say, of the analyst's mind functioning in a more mechanical, rational, inauthentic way. The burst balloon also makes me think back to the previous session when, perhaps, I did not respect some of Guido's narcissistic defences, and I may have hurt him by being a cold analyst, a ‘scientist’ who does not ‘believe’, being careful to be ‘in role’ as a therapist and overlooking the need for human empathy at this point. But, also, it was as if I represented both a fragile grandpadad and an understanding and affectionate woman-mother at the same moment.

I think again about the early stages of the analysis. Then Guido would phone relatives and friends and even his therapist at all hours with all manner of minor excuses for calling, or sometimes even with open requests for reassurance, not to hear the content of the replies but rather for the sound of them. I told myself that maybe he needed to redraw the boundaries of his very fragile self over and over again, starting from sensory elements which would ensure him of primitive forms of contact. So, now, I try to say something to him that might capture simply the

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emotional essence of the dream, 'I understand how important it can be ... at times ... to receive all the attention of *others* ... so as not to feel alone'. This seems to change the atmosphere in the session. The anguish of the dream diminishes and gives way to a memory which is also valuable in terms of what it tells us about the 'current' emotional situation. A fragment of memory emerges, coloured by the soft magic of the Iranian film, and the tension lessens. Once, as a child, Guido cried over a low mark he got at school, and his dad gave him a little cloth ball. Suddenly, one of my own memories from primary school comes to mind: a bad mark which I received crying, and a little girl who came up to me, discreetly, to console me and then sat near me at breaktime.

What kind of validation has this intervention of 'absolute simplicity' (Di Chiara, 1992), which bypasses the associative weaving—or contextualizes the dream in a way which is different from usual—and, instead, aims to pick up the presence of emotions? The patient, moved, rediscovers a childhood memory that restores to him in an unexpected way an image of a tender and protective father. However, the 'confirmation' of the interpretation can still be considered (provisionally) authentic—although only as regards this brief session fragment—not so much because, as in classical theory, a memory has resurfaced, but rather because of the transformation which has occurred—we could say—from PS to D. The reverie about the film was essential—even though it was not made explicit to the patient—because it helped to find a 'livable' tone for my words. Guido responded, to the amazement of both of us, by evoking this childhood episode. I think, then, that the resonance of *my* own memory—which I kept to myself—with his memory provides further confirmation of the emotional closeness between us.

With this approach, once the dream has been related and its images have been translated, interpreted in a (meta)discourse or verbal equivalent by the patient himself, the dream no longer belongs wholly to him but becomes an intersubjective creation, a reliable index of the current emotional reality of the relationship. It is no longer a case of decoding the dream to dig up elements which relate to the infantile repressed (even if this may happen, and in a certain sense has to happen), but of understanding its nature as a derivative of the mind's activity of symbolization, of which the dream is at once an expression and a paradigm. It is when this function is reactivated that, from the almost-perception of/presence of the phantasy, as a blocked image which 'envelops and immobilizes him', the subject is able to rediscover, out of the falsification of himself in this frozen image, 'the authentic movement of the imaginary' (Foucault, 1994). Here, often if not always, one can consider interpretation as being 'dethroned', or weak, or unsaturated; but what counts, if it is to bring real change, is that it is not too clever (or not 'so good at') and above all that it is in tune with the other.

## Children

After a few sessions, Guido reports another dream: '*I phoned you to say I had a dream to tell you. Then we were in a car and we were going to the hills. There was also a woman by your side. She was very tactful. She might have been your wife. I didn't think it was right that you were using your journey time for our session. In the*

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*dream I was telling you, there was something about a kind of psychological war with a childhood friend of mine—a little boy. I was very fierce towards him. I shouted at him that unlike me he had a father. I accused him of a fault which was not a fault. I was desperate. I hated him. I felt guilty about this. When we fought, he had an unfair advantage because his hands turned into my father's hands.*

*'I finished telling the dream while we were at table, maybe at your parents' house: there were two very kind elderly people there. It seemed almost like a real situation. There was also a child at the table who didn't understand what was going on between you and me. To him it seemed absurd that there was someone there telling his dreams to his dad and so he kept on asking about it because he was really curious. I said to him that his dad was my doctor, and I added new details. We spoke about the frustration that a child can feel when he gets a slap. I said that a child could recognize the hands that punished him from a hundred pairs of hands. Then I realized that I had taken up all your time.*

*'In a second part of the dream, I was at the sea with my friend S who I liked a lot, although I missed R a lot. I felt I really must get away from S. I was full of anguish. I was in my typical state of indecision. When I wanted two things together, I ended up losing both of them. It was a distressing situation, an experience of paralysis. Desire transformed itself into a form of imprisonment.'*

Guido adds, 'The car ... really surprised me ... you were very kind ... I remember now when my father had his first panic attack. He went to see a neurologist a few times, until he realized that he was saying ridiculous things to him. He was someone who gave his patients lifts in his car'.

I am not going to talk at length about this dream, but I do want to draw attention to its structure, which is that of a dream within a dream, and, therefore, according to the logic of the *mise en abyme*, is evidence of another layer of representation. It is like adding the *n*th lens to an optical device to get a clearer view: after the last 'lens', a key scene in the patient's story shows itself: the extraordinary scene of the 'psychological war'. Born out of an unmentioned trauma, this

war exposes a child-self still unaware of the pain of life to the cruel accusations of the superego of another child-self overwhelmed by hatred and guilt. Then, having become 'cold', this war reverberates in the more 'real' scene of the dream that frames it, thanks to the metaleptic device of the embedding narrative structure. In this framing dream, Guido now identifies with the analyst's son—he says he was a curious and sceptical child, like the one in the dream. Now he distances himself from him in order to allow his desperate jealousy and hate for his father to come to the surface.

In this way, Guido's current conflict between his desire to participate in the therapist's real life and the desire for an unaltered setting (i.e. for the recognition of differences) is dramatized in the transference. There is also a piercing doubt: *is everything which happens in the consulting room a pretence, or are the emotions experienced real? Is it invention or history?* Guido finally succeeds in expressing the feelings of anger, of pain and abandonment which for a long time he has had to deny. Then there is the added fragment of the dream which seems almost to work as a caption for the first part, 'desire makes prisoners of us'; the desire for two things at once, emotional ambivalence.

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In the *après-coup* of this second dream, the meaning of the destruction of the blue balloon becomes clearer. It can be seen now as the projection of resentment towards the father on to the analyst (of course, propitiated by a symbolic 'slap' that the patient might have received in the session itself). The expression of a deep need to be accepted is evident, too, and likewise the feeling of sadness—with its reparative quality—which follows immediately and which emerges from the consciousness of Guido's own internal conflict.

The amazing architecture of this dream within a dream marks a moment of great emotional closeness in the analysis, as is demonstrated by the evident 'intense' feeling experienced by both of us during the telling of the dream.

## Internet

A few sessions later, Guido tells me of another dream, which I would like to relate to that of the blue balloon and that of the childhood friend, as an example of narrative continuity (Meltzer, 1976) and, maybe, of a transformation which is under way or which has happened. Again, it is a dream about analysis.

*Patient: I came to know, having looked on the internet, that Professor Freud was still working and had a consulting room in Turin. 'How incredible!' I say to myself, but I immediately decide to call him, and I speak on the phone to his secretary. I tell her about myself and my father, and she says to me, 'But ... your story, then, really is dramatic!' I ... am lost for words, and I am moved. She [Lei] promises to let me speak to the Professor. In fact, I find myself on the phone with him, although, as I come to know, it's only his grandson and he is also called Sigmund. 'Ah, I see,' I say to myself, 'how else would it be possible to live for such a long time?!' In the background I hear noises and children's voices, like when I call you, and this cheers me up.*

*Analyst: So, only a ... grandson [almost in an undertone].*

*P: And I say to him, 'So, then, it can't be easy for you to have the same name as the Professor!'; and he, joking a little, replies, 'Yes, but ... excuse me, my psychoanalytic problems are my business!' [We laugh.] Then I tell him about myself, and about my father and grandfather. I tell him that I loved my father more than anyone else in the world and that at the age of 13 I lost him, that he too lost his mother at the same age and had a very turbulent relationship with his father. The doctor, touched by my story, then says to me, 'It's not possible that everything happened in exactly the same way!' I say, 'Oh, yes ...' and I continue to tell him about this generational thing, and he is a bit incredulous but very attentive and interested. I tell him about my father's problems; that my grandfather had absurd ambitions for him. Maybe, as a reaction, he couldn't take it ... and, while I am telling the doctor my father's story, I realize that it is as if I had put myself in his shoes. I then tell him about me, and that I need someone who defends me. While I am speaking, I find that I am holding in my hands one of his manuscripts, the 'Theory of sexuality in every phase of life', in which he takes up the theories of his grandfather again. However, at the exact place in the manuscript where the new theories start, the pages are blank and there's*

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*nothing written there. Someone tells me it's time to go, that I should ask to be phoned back. I protest, annoyed, 'But don't you realize? I'm on the phone to Dr Freud ... asking to be "called back"!?!'*

*But, then, he has to go; I have to go. We say goodbye, in a simple way, as if it's obvious that we'll speak to each other again; or like two people who meet by chance and know that it's unlikely that they'll see each other again. I remember that, when at the beginning they passed me the doctor, at first, it was actually his mum on the phone. A sweet woman. I said to her that I was one of the doctor's patients and she said to me*

*that I could address her using tu [informal form of 'you'], that I didn't need to introduce myself as a patient, and that all that kind of official rigour was unnecessary.*

A: The blank pages?

P: A very important thing, who knows ... maybe they are the pages of my life that I haven't yet filled.

The emotional texture of this dream—which takes place a short while after the other two dreams—is made up of amazement, deep feeling, curiosity, humour and compassion. Guido no longer expresses despair, that feeling which engulfs him suddenly (and then becomes anger) when he senses a caesura in the analysis, sometimes just as a result of remembering, as in the previous dream, that he does not belong to the analyst's family, or that there are other patients besides him. This time, in the dream, as he says goodbye on the phone, the feelings he reports are ones of gratitude and sad but calm concentration.

The intense affects, represented in the earlier dreams, which could not yet be contained, and therefore had to be split off and dispersed, now give way to the painful awareness that the mark of Guido's own suffering is visible in other generations. It becomes possible for him to express in a direct way his desire for a mother and father capable of being affectionate and attentive to his needs. He can express hope that it might be possible to achieve 'moments of contact'. It is as if he has started to feel that he has the right to a place in the mind of the other.

This dream is strongly permeated with a sense of personal, family and trans-generational history, as testified by the traumas and losses (the everything [that] happened 'in exactly the same way'), which repeat themselves because, perhaps, they could never be worked through (his father's suicide was denied for a long time). The game of mirrors of idealization and deidealization between his own family and the psychoanalytic family is transparent; each of them with its own ways of thinking, its family romances and its complicated relationships of filiation. Patient and analyst are united in the burdens they carry in terms of names, traditions, stories; as well as in the task of filling the 'blank pages' (at a certain point it is up to oneself to find one's own way in the world; there are no longer any guides), in writing a story (a 'manuscript' of theories) with many different plots. They 'make a text' which is seeking meaning (an 'open' text: each session has the potential to be a successful or a failed encounter). They feel a sense of responsibility towards their fathers for what they have done, but would not want to allow themselves to be crushed (by unachievable demands) nor constrained by 'all that kind of official rigour', and perhaps also find a place for humour in the task.

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However, here, too, where the patient conjures up the problem of the past and of history in such an evocative way, in the foreground are the transformations of the characters from the earlier two dreams, as well as the emotional quality of the meeting. Crucially, it is the *internet*—a journey into the internal world and into memory—which allows him to find the Professor's address. Guido hears children's voices in the background to the telephone call. And I would like to read this detail as an indication of method: *that history is in the background* and that, anyhow, its threads gradually entwine in the consulting room. *How else would it be possible?* It is in the background, in fact, that the children's voices make themselves heard, as if they were coming from a long way off (his own childhood memories?). But what counts most of all is the containment of anxiety in the *here and now*. Only in the virtual space of the internet, of the transference, of psychic reality, and of the emotions which arise in the analytic field and find there the possibility of being narrated and transformed, does psychoanalysis seem to find again its authentic 'address'.

I now briefly review the literature on this subject, which, surprisingly, is not very extensive.

## **From Hyper-realistic Transference to the Lever-effect**

In most papers focusing on dreams about analysis, there is a sense of the mixture of fascination and unease which these dreams provoke. This is a likely explanation for the sparse attention given to this subject in psychoanalytic literature, as if some kind of repression were taking place, even though these dreams do occur frequently in the consulting room and in clinical accounts.

Thus, in the earliest studies (Nunberg, 1951; Gitelson, 1952; Rappaport, 1959; Yazmajan, 1964), almost prescriptive technical recommendations are seen. Dreams about analysis can be a sign of a lack of transference neurosis, of a difficulty in living the therapeutic experience in terms of 'as-if'. The patient uses external reality as a defence against instinctual conflicts; and tends to reduce to zero the analyst's neutrality, and to suspend the climate of frustration which characterizes analysis in order to try to develop a real interpersonal relationship. The transference is, all in all, too realistic: the corollary of such theoretical framing leads directly to consider interrupting treatment, especially if it is in its early stages.

For a long time, it was thought that the secret plot of these dreams was the aspiration towards a perfect and absolute fusion with the mother (Feldman, 1945), as if they reflected the desire to return to the warmth and security of the

intrauterine life. This desire, which is destined to be frustrated by the inevitable presence of the oedipal rival, is represented in characters who appear in almost every dream. This is the reason why, so often, the emotional weave of the dream is one of resentment, anxiety and worry. The expression of this intense need for fusion is recognizable in the frequent eroticization of the transference and in the tendency to see in the analyst a need-supplier, someone who should or could satisfy, in a concrete way, the patient's needs (**Harris, 1962; Lester, 1985**).

Patients' profound lack of trust is ever present—there may be a fear that analysts will turn out to be not dissimilar to the original parental figures. Patients want to be

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perceived by therapists as they really are, and not as they were seen or felt themselves to be seen in a distorted way by their parents. Patients are making an implicit invitation to reciprocity. From here emerges the impulse to know the analyst as a real person, as someone to whom intense affective requests can be addressed and, not uncommonly, as someone who can help overcome the pain of real and serious traumatic events from the past (**Bradlow and Coen, 1975**).

In the literature, there are various comments about the stereotypical nature of these dreams. Almost invariably, they depict an intrusion into the analytic space, which can be read as an unconscious attack on the boundaries of the setting and on the analyst's superego (**David, 1992**). An obvious derivative of this is in the sense of guilt generated by the transgressive nature of the scene which has been staged: in the oneiric violation of the setting, what is shown is an echo of the primal-scene phantasy. From this vantage point, the interpretation of dreams about analysis would open up the way to the patient's deepest impulses, which are thus those that have been most tenaciously repressed.

Dreaming about analysts, therefore, is like going into the boxing ring and engaging in a match to transform them into the desired person. It is a protest against the feelings of frustration and the state of deprivation induced by the setting; a demonstration of *resistance* to the work of and the interpretations of therapists. The dream addresses a kind of 'counterproposal' to analysts at the point at which they are getting close to the infantile nucleus of the transference neurosis—and this is why the analysis is experienced as a threat and as a traumatic situation. The patient invites the therapist to turn off towards a more 'real' relationship (**Sirois, 1994**).

Alternatively, it is believed that dreams about analysis might be stimulated by the reactivation of neurotic nuclei in the analyst, by countertransference problems, by technical errors, by overidentification with the patient's needs, or by inclinations to be too supportive. Or, it is thought, such dreams might occur—as an emergency measure—in reaction to interpretations which are given prematurely, which are ill timed, or too profound, and are suffered as being 'abrasive' (**Rosenbaum, 1965**).

This general conception, wanting to find a lowest common denominator, might be defined as that of the 'school of suspicion'. It lasted for a long time, and still does. Then, continuing to consider the question of 'overrealistic' transference (**Gillman, 1980; Pazzagli and Hautmann, 1980**), gradually counterpositions begin to emerge. Dreams that mirror the session could be considered not so much as clues of resistance to the transference as, on the contrary, ostentatious signs of the development of the transference neurosis (**Neyraut, 1974; Kaës, 2002**).

Over time, the initial tendency to give directives or make rules about these dreams decreases. First, the timing of their occurrence begins to be examined. The diachronic axis becomes a defining feature in understanding the dream from a prognostic point of view. A dream that occurs in the more advanced stages of the therapy can have a very positive effect on it. Better still, and in a dramatic U-turn in thinking on the subject, it is thought that when such dreams appear in the final phases they forecast a good outcome. The patient regains a more well-adjusted sense of the real, the transference distortions reduce and the related neurosis begins to resolve itself (**Oremland, 1973; Ferraro and Garella, 2000**).

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When, later, psychoanalytic paradigms start to assimilate concepts from inter-subjective theories, interpretations can be found which value dreams about analysis in a particular way. **Langs (1980)** integrates them into his broader theory of the 'bi-personal' field. Dreams which are set in the analytic space have a reply-comment function [and, with **Searles (1975)**, a function of therapy and restoration of the correct setting] in the form of very accurate 'reflections' (although masked) on the analyst's interventions. Signs of an analytic relationship characterized by immediacy and affective vitality, they offer an unusual but effective 'point of therapeutic leverage' (Kavanagh, **1994**, p. 506). Dreams about the analysis are seen, in the end, as an instrument that allows the analyst to hold, with a 'minimum investment', an important and rewarding therapeutic position.

## The 'Dreamt' in the Dream

The literature on patient's dreams about the analyst contains, as we have seen, contrasting suggestions, which are certainly useful for dealing with particular cases, but apparently lack general validity. It is difficult to confirm these

dreams as a 'pathognomic' sign or to give them a precise prognostic value, just as it is improbable to make a strict link with the chronology of the therapy. In most of the literature, the axiom of self-reflectivity, at least in the 'strong' sense in which it is received in the theory of the analytic field, is for the most part overlooked. There are very few accounts of a non-defensive clinical use of these dreams (Bolognini, 2000). Often they are dismissed as a symptom of a dip in the analyst's competence, or their meaning is made into an instrument for radical objectification of the patient. The negative aura which has shrouded these dreams for so long probably stems from the fact that analysts use(d) heavier 'heat shields' (Ferro, 2002); two basic suppositions can be seen in most of the interpretations: on the one hand, one-person psychology prevails, and, on the other hand, the analyst is conceived of as a detached and impersonal 'blank screen'.

Within the analytic field theory, which has inspired this work, the very position of the dream inside the analysis changes. The narration of the oneiric experience tends to move away from the privileged place that has always been reserved for it. The dream is not different from other communications in *qualitative* terms; it is not even different from an account of facts of external reality. Indeed, the events of the empirical and historic world can *even* be considered, in the setting, as products of 'waking dream thought' (Bion, 1962). A quantitative difference perhaps remains: the dream-text has already been worked on a lot by the  $\alpha$ -function (Bezoari and Ferro, 1999); and, in comparison with raw emotional and sensory experiences ( $\beta$ -elements), it shares some of the emotional and cognitive depth of poetry.

Thus, like events which make sense as part of the emotional field and of 'the intersubjective analytic third' (Ogden, 1996, p. 893), even the dream no longer belongs *exclusively* to the patient. Instead, it can be seen as the 'joint construction' (Ogden, 1997, p. 142) of the analytic pair. The analyst's own associations can be taken into account as important factors for understanding the dream; or, perhaps we should say, for *not understanding* it (p. 153). What counts is not so much the

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decodification or translation of the dream into another 'language', which is inevitably reductive, but rather the quality of the reverie of patient and analyst, which, in an intrinsically centrifugal movement, expands its potential to generate meaning.

Meltzer (1984, p. 136) dislikes the use of the term 'interpretation' when referred to dreams, echoing Freud (1937), who expresses a similar sense of unease about the word. In its place, he prefers that of 'formulation' which, more than an increase of meaning, suggests the idea of a transformation from one symbolic form to another. Similarly, for Ogden, the vitality of the analytic experience does not reside so much in interpretation which translates meaning, as in the capacity to dream or to symbolize, 'When one has "figured out" the meaning of a dream, one has lost touch with the aliveness and elusiveness of the experience of dreaming; in its place one has created a flat, bloodless decoded message' (1994, p. 24). Thus, Ogden invites the analyst to accept the experience 'of being adrift', of allowing himself to be carried by the "current" of reverie' (1997, p. 160) in order to get closer to the patient's emotional truths. To this end, the analyst's language should not be focused on the hunt for meaning but should be elliptical, almost musical, 'allusive' rather than demonstrative.

Nevertheless, although the analyst may be willing to think of the whole session as a dream, certainly this is not the patient's point of view. Instead, when he reports a dream, he does not move away from the usual way of ordering his own perceptual experiences and the curtain opens on a scene which contains something out of the ordinary; whether it be in the category of the absurd, or in the antithetical category of the numinous. The telling of the dream is not therefore void of its own specificity, not even where a clinical-theoretical model is concerned in which the paradigm of the dream, used in a radical way, is extended to *all* the patient's communications (Civitaresse, 2005a).

Dreams about the analyst are the equivalent of the analyst's countertransference dreams about the patient (Zwiebel, 1985; Barale and Ferro, 1993). It is only in the practical and functional asymmetry of the mutual emotional investments that we find the explanation for the greater number of the former compared to the latter. Faced with these, as with the countertransference dreams, one needs to 'prick up one's ears'. If by now we are accustomed to thinking that the unconscious narrative derivatives which are superficially present in the patient's discourse do have the sense of a first emotional and cognitive alphabetization of the ongoing interaction and of an accurate (indirect) comment on the analyst's interventions (Bezoari and Ferro, 1999; Ferro, 2002; 2004), it makes even more sense to think that the same process is at work in dreams which mirror the analysis and its devices.

Dreams about the analysis do challenge and leave a mark on the analyst's countertransference, tending to involve and absorb him in their own world. The interpersonal pressure (in the sense of projective identification)—which the analyst experiences—is very intense. Such dreams might come *at significant moments in the relationship, when turning points or opportunities for psychological growth are at stake*—as reported in the clinical vignettes. Alternatively, they may occur in response to the need to rectify a setting which has been perceived (and depicted) as altered, and to overcome a possible impasse factor [or to avoid a 'slippery descent']

into subtle violations of interpersonal boundaries, which, as **Gabbard and Lester (1995)** report, can herald less innocent transgressions].

Often the predominant meaning of dreams about the analysis is, in fact, that they are dreams that cure, like a kind of 'Emergency Room' for the setting. They are an emotionally intense attempt to represent, work through and resolve something that has been perceived as a traumatogenic stimulus in the context of the transference-countertransference relationship; something which has occurred either in the immediacy of the session itself or in the most recent previous ones. I am obviously not referring to clear violations of the setting, which would fall into the category of a pathological relationship. Such violations would have no need of dreams to be detected. Instead, I am thinking of words that may have 'shaken up' the patient, untimely interpretations, a transient loss of the analyst's 'internal setting'. All these are errors that inevitably form part of the analytic process and indeed contribute to reactivating it.

Here, Perelberg's (2003) distinction between two types of patient can be useful: those who create a sense of emptiness in analysts' minds, having few associations and very little emotional resonance, and those who invade the minds of analysts, even with dreams that refer directly to them. Both types of patient share the need to express something 'unrepresentable' from their internal world, either through absence or through an excess of presence. They fill up the space or leave it empty. The analyst cannot be absent, even in the patient's dreams. These patients bring to the transference a mother who is incapable of containing and metabolizing their primitive childhood anxieties.

This 'unrepresentable nucleus' is seeking a stage: in the dream about the session, it seems to have found a very good one. First, it is an oneiric theatre. The *telling* of the dream (the transcribing of the dream images into a metalanguage, since as an experience in itself the dream cannot be an object of observation) announces itself as a communication that is laden with meaning, epiphanic and strongly invested with affect. Second, it is a theatre 'squared', i.e. a theatre raised to the power of two by self-reflection. In general, little attention is paid to the fact that there is a double dramatization (structurally, a 'play within the play') which, while illuminating the dream-scene, immediately hides it with the veil of a second fictional narrative. Nor is sufficient account taken of the dream's *mise en abyme* as the 'form of its content' (**Dubois et al., 1981**), that is, the specularity—the nature of the reflected image is by definition 'virtual'—of the theme or the plot. This structure is the specific figure of dreams that mirror the session. It extends the initial, foundational duplication of the narrative frame of the setting.

These dreams cut out a representational space like a *spectacle détaché* (**Forestier, 1981**); they establish a detached vision inside the space delimited by the setting. A sudden change of narrative level is triggered with the aim of carrying out precise dramatic functions. What cannot be said in the illusionistic scenery of the 'theatre' of the analytic setting (at its degree zero) in which, for the most part, the language of facts and reality is spoken, can be shown instead in the second narrative layer, as if it needed another set of inverted commas. An effect of perspective is created, and certain contents are marked out as belonging to 'other', fictional contexts, at the

exact moment when the diffractions that constitute the identity are brought into the foreground on the dream screen, and, with them, the inner fracture lines that show us the origin of the psychic suffering.

It must not be forgotten that, for Freud, reading the dream depends above all on making explicit the elements articulated in its rhetorical system (condensation, displacement, representation, secondary revision).<sup>5</sup> The scene *en abyme* can be seen as another and meaningful element in this system, which the *Traumdeutung* illustrates, favouring—not by chance—the theatrical metaphor.<sup>6</sup> Furthermore, the presence of this device, clearly seen in dreams about the analysis, is, in the end, constant, if one agrees to recognize in whatever dream both an autoscopic function and—with **Genette (2004)** and **Nelles (1997)**—the metadiegetic and virtually meta-leptic structure of the story within the story.

In summary, it is likely that an essential aspect of these dreams is grasped in the 'form of their content' (**Dubois et al., 1981**), which can be likened to the narrative procedure of the internal duplication *en abyme* ('in the abyss'). This scene sets up a tensive, double and apparently contradictory movement. On one hand, the fictional *structure* of the framing device of the analytic setting is highlighted—the self-consciously artificial nature of the scene reaches its peak; on the other, the *content* produces, in a direct way, a 'reality effect'.

Yet the 'realistic' mirroring of the analytic scene might be better interpreted as a second factor of fictionality, precisely as in the scene *en abyme*. We can assign the same meaning to this as Freud gave to 'what is "dreamt" in the dream' (1900, p. 338), in the plan of the rhetoric of the dream-text: that is of implying—thanks to the simultaneous double denial with which the narrative structure is charged—'the strongest affirmation' of the event represented; a memory of a 'real event'. The subject wants to erase this memory and pretend it never happened. We could add that this is likely to be something traumatic which hindered both the dreamwork and memory, and which repeats itself in the here and now of the

session following some kind of ‘accident’ in the analytic relationship. For example, in Guido's dream, the ‘psychological war’ with his childhood friend and his father's slaps, in comparison with the peaceful scene of having lunch in the hills with the analyst and his family.

These are dreams, therefore, which, behind the screen of resistance to meaning, given their presumption of reality—in fact, a hyper-realism which turns out to be a *trompe l'oeil*—allow affective and ideational elements to come to the surface. These are elements which have been less mentalized, are more ‘concrete’, or are closer to the mental areas in which the dream images have assumed, freezing, an almost hallucinatory quality. *If these dreams are too realistic, they are so in the sense of the function which Freud gave to the dream within a dream, that is, they express the reality of a phantasy.* This could be a way of schematizing a perspective on this subject that is in line with classical theory.

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<sup>5</sup> US literary critic Trilling defined psychoanalysis as ‘a science of tropes’ (1950, p. 53).

<sup>6</sup> Cf. Green, ‘*Il y a plus de choses au théâtre que n'en peut rêver toute notre psychopathologie* [There are more things in the theatre than can be dreamed of in all our psychopathology]’ (2003, p. 155).

## Recognizing Oneself

However, from the perspective of an analytic field model, the value of these dreams derives, instead, not so much from their special content in itself but rather from the fact that the same ‘effect of the real’ seen as a specific structural (semiotic) element of the mirror-text (a highly emotional text) *exhibits the artificiality and theatricality of the narratives generated by the analytic setting* and of the representations which are staged in it. Here, to my mind, is found a good deal of the therapeutic potential of these dreams: as in Brosse's play, *that which cures is the opportunity to experience a very serious game which unmasks the referential illusion and the rhetoric of the real*, in other words, representation in itself. Freudian discourse—which of course cannot be ignored—takes a coherent historicist viewpoint. However, it is likely that the transformative possibilities of dreams about the analysis do not reside so much (or not only) in the recollection of what Freud calls a memory of a ‘real event’, but more in the *theatrical game* which engages both participants, and allows them to reach unusual levels of involvement in the service of developing the mind. It is likely that the transformative possibilities of dreams about the analysis not only reside more in the recollection of what Freud calls a memory of a ‘real event’ (either in terms of the patient's real past or in terms of phantasies from his internal world), which is obviously important but as a secondary, background issue, or as a byproduct of the psychoanalytic process, but also more in the *theatrical game* which engages both participants, and allows them to reach unusual levels of involvement in the service of developing the mind.

Dreams that mirror the session dramatize, in this way, the plurality of layers of the ‘real’ and the possible worlds in which we live simultaneously. A multiple and alternating game takes place between reinforcing and weakening the reality effect of psychoanalytic narratives. Thus, the narrative categories which are involved in the processes which guide observation, the giving of meaning and the construction of the subject are highlighted.

More generally, the rhetorical device, *mise en abyme*, lends itself, in my view, to settling theoretical controversies—to put it briefly—between realists (‘archae-ologists’ of the psyche) and antirealists (‘exegetists’ of the here and now) of interpretation. The mirror-text in fact enables, in an effective way, the discovery of the spatial articulations and the staggering refractions of the inside/outside, the textual/extratextual, the psychic reality/material reality. In the continual comings and goings from one term to the other, the work of symbolization is reactivated and the subject is constructed.

Dreams that mirror the session, from this point of view, provide a model for conceptualizing the analytic work, and their significance goes beyond the specific phenomena referred to. In fact, the ‘direct collusion of a referent and a signifier’, upon which, according to Barthes (1986), the ‘reality effect’ is founded—in descriptions, in historic discourse or in novels, when a certain object is called upon to refer only to itself, to its own factual or historical truth and nothing else—belongs not only to these dreams, but also to what presents itself in the patient's discourse as ‘the concrete real’, or the ‘what really happened’.

An overall aesthetic effect accompanies these dreams: that is, the emotion produced by that estranging and amazing transgression of the narrative frames which also takes place with the transference interpretation(!)—another psychoanalytic ‘narrative’ which holds the same risks and possibilities. As in the transference interpretation, in fact, in the dream about the analysis a metaleptic encounter takes place between the ‘characters’ of the text of the analysis and their co-authors, who at this point (after the *dénouement* of the unconscious plot which the dream itself is responsible for performing) have become ‘fictitious’, rather than purely referential and historic as they were (Civitarese, 2005b).

To close the circle, an observation in the margin. It is worth noting that in a letter dated 11 February 1896 to Gide (Magrelli, 2002), who just three years before had coined the term *mise en abyme* (when *The interpretation of dreams* was already complete in outline), Valéry posed the question: ‘But, then, would I recognize myself?’ (Gide and Valéry, 1955, p. 256; Magrelli, 2002, p. 282)—meaning as a character in the writing of his friend. In this way, he restarted his obsessive inquiry into the nature of the splits in the ego. Valéry was asking himself, yet another time, whether it was not that only in seeing oneself reflected in the other that the ego could be reborn [*se recon-naître*] to itself.

## Translations of Summary

**Träume, welche die Sitzung spiegeln.** Träume, in denen der Analytiker unverkleidet auftaucht, stellen fast immer Verletzungen des Settings dar. Sie werden häufig als besondere, epiphanische Momente erlebt, die einen Eindruck von einer intensiven emotionalen Reaktion auf traumatogene oder anderweitig signifikante Vorgänge vermitteln, die sich während der Sitzung oder in einer früheren Stunde ereignet haben. Der wesentliche Aspekt dieser Träume ist wahrscheinlich in der “Form ihres Inhalts” enthalten. Eine Parallele dazu könnte die narrative Technik des *mise en abyme* oder Spiegeltextes sein. Der Traum wirkt wie eine Geschichte in der eigentlichen Geschichte, und der Analyseschauplatz wird anti-illusionistisch widergespiegelt. Die fiktionale Struktur des Settings wird betont. Der selbstbewußt theatralische Charakter tritt in aller Deutlichkeit zutage. Der Autor postuliert, dass sich der transformative, therapeutische Wert dieser Träume aus der Kennzeichnung der referentiellen Illusion der “konkreten Realität” und dessen, “was wirklich geschehen ist”, herleitet. Für den Analysanden sind sie eine effiziente (das heißt emotional intensive) Gelegenheit, die räumlichen Gliederungen und schwindelerregenden Brechungen von Innen und Außen, Textuell und Außertextuell sowie psychischer Realität und materieller Realität zu entdecken. In dem ununterbrochenen Kommen und Gehen von einem Begriff zum nächsten werden die Symbolisierungsarbeit reaktiviert und das Subjekt konstruiert. Unter diesem Blickwinkel betrachtet, können Träume, welche die Sitzung widerspiegeln, als Modell zur Konzeptualisierung der analytischen Arbeit dienen. Ihre Signifikanz weist über die spezifischen Phänomene, die thematisiert werden, hinaus. Der Verfasser schildert einen klinischen Fall und untersucht einige Träume des Patienten, die innerhalb einer kurzen Zeitspanne auftauchten. Einer davon enthielt auch das Traum-im-Traum Phänomen.

**Sueños que reflejan la sesión.** Los sueños en los cuales el analista aparece tal como es en la realidad casi siempre representan violaciones del encuadre. A menudo vividos como momentos especiales, epifánicos, permiten atisbar una reacción emocional intensa a acontecimientos traumatogénicos o de alguna otra significación importante que han tenido lugar en el transcurso de la sesión o en las últimas sesiones. Probablemente el aspecto esencial de estos sueños se encuentra en la ‘forma de su contenido’. Puede establecerse un paralelismo con la técnica narrativa de la *mise en abyme* o con la del texto-espejo. El sueño aparece como una historia en la cual la historia principal y la escena del análisis se reflejan de manera anti-ilusionista. Se enfatiza la estructura ficticia del encuadre. Su carácter teatral consciente revela su mejor faceta. El autor postula la hipótesis de que el valor transformador y terapéutico de estos sueños proviene de la denuncia de la ilusión que se refiere a la ‘realidad concreta’ y a ‘lo que realmente ha ocurrido’. Para el analizando se trata de una oportunidad efectiva (es decir, emocionalmente intensa) de descubrir las articulaciones espaciales y las refracciones vertiginosas de los binomios dentro/fuera, textual/extratextual, realidad psíquica/realidad material. En los movimientos

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incesantes de un término a otro, se reactiva el trabajo de la simbolización que permite a su vez la construcción del sujeto. Desde este punto de vista, los sueños que reflejan la sesión aportan un modelo para conceptualizar el trabajo analítico, y su significación va más allá del fenómeno específico al que se refieren. Se presenta un caso clínico en el cual se discuten algunos sueños de un paciente en el arco de un corto periodo de tiempo. En uno de ellos aparece el fenómeno del sueño dentro del sueño.

**Rêves qui reflètent la séance.** Les rêves dans lesquels l'analyste apparaît non déguisé dépeignent presque toujours des violations du cadre. Souvent vécus comme des moments particuliers, d'épiphanie, ils donnent un aperçu d'une réaction émotionnelle intense à des événements traumatogènes ou autrement significatifs survenus au cours de la séance ou des dernières séances. Probablement, l'aspect essentiel de ces rêves peut être trouvé dans la « forme de leur contenu ». Le parallèle peut être fait avec la technique narrative de « mise en abyme » ou de texte en miroir. Le rêve apparaît comme une histoire dans laquelle l'histoire principale et la scène de l'analyse sont reflétées de façon anti-illusionniste. La structure fictionnelle du cadre est soulignée. Son caractère théâtral conscient de lui-même est révélé au meilleur de lui-même. L'auteur fait l'hypothèse que la valeur mutative, thérapeutique de ces rêves provient de la dénonciation de l'illusion se référant à la « réalité concrète » et à « ce qui s'est réellement passé ». Pour l'analysant, il s'agit d'une opportunité effective (c'est-à-dire émotionnellement intense) de découvrir les articulations spatiales et les réfractions stupéfiantes du dehors et du dedans, du textuel et de l'extra-textuel, de la réalité psychique et de la réalité matérielle. Grâce aux mouvements incessants d'allées et venues d'un terme à l'autre, le travail de symbolisation est réactivé, ce qui permet au sujet de se construire. Les rêves qui reflètent la séance procurent, de ce point de vue, un modèle pour conceptualiser le travail

analytique, et leur signification va au-delà du phénomène spécifique auquel ils se rapportent. Un cas clinique est proposé, dans lequel certains des rêves d'un patient sont discutés, dans la mesure ils sont survenus sur une courte période. Dans l'un d'eux, le phénomène du rêve-dans-le-rêve est présent.

**Sogni che riflettono l'analisi.** I 'sogni della cura' sono quelli in cui, nel contenuto manifesto, l'analista è ritratto senza mascheramenti. Vissuti spesso come un momento speciale, epifanico, essi raffigurano quasi invariabilmente effrazioni del setting: s'intravedono in filigrana reazioni emotive intense ad eventi 'traumatogeni', o per altro verso significativi, verificatisi nell'immediatezza della stessa seduta o in quelle antecedenti più prossime. E' probabile che un aspetto essenziale di questi sogni vada colto nella 'forma del contenuto', che si può accostare al procedimento narrativo della 'duplicazione in abisso': il sogno si presenta come un racconto incluso all'interno di una 'storia principale' di cui riproduce il paradigma. Il rispecchiamento della scena dell'analisi è antillusionistico: l'esplicitazione della struttura finzionale del dispositivo del setting è enfattizzata; la rivelazione del suo carattere di teatralizzazione auto-cosciente raggiunge l'apice. L'Autore ipotizza che la virtualità trasformativa terapeutica di questi sogni derivi dalla denuncia dell'illusione referenziale del 'reale concreto' e del 'realmente accaduto' che essi operano. Per l'analizzando, essi sono un'occasione di rappresentarsi in modo efficace, cioè emozionalmente intenso, le articolazioni spaziali e le vertiginose rifrazioni del dentro/fuori, interno/esterno, testuale/extra-testuale, realtà psichica/realtà materiale: nel continuo andirivieni dall'uno all'altro termine si ri-attiva il lavoro della simbolizzazione e si costruisce il soggetto. I sogni della cura, da questo vertice, offrono una risorsa di modellizzazione del lavoro analitico. Il loro significato va quindi al di là del fenomeno specifico cui si riferiscono. E' riportata una vignetta clinica in cui sono discussi alcuni sogni di uno stesso paziente, comparsi in sequenza, in un breve arco di tempo. In uno di essi è presente il fenomeno del 'sogno nel sogno'.

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