The Ontology and Phenomenology of Dreaming in Psychosis: A Group-Analytic Approach With a Neuropsychological Perspective^{*}

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The present study further explores the idea presented first in my book *Dreams in Group Analysis* (Koukis, 2004), i.e., that group-analytic psychotherapy can help patients suffering from psychosis to reconstruct their ability to dream, thereby easing their symptoms. It demonstrates the way in which patients with psychosis transform what Freud (1900) described as the archaic ontological nucleus of dreams—a crude representation of the fantasy of the primal scene that prevails in psychotic dreaming to the detriment of its phenomenology—into a good enough phenomenology, as usually expressed in the dreams of patients suffering from neuroses. To do this, the study uses a systematic analysis of dreams as they evolved during the patients' group-analytic psychotherapy, following the three phases of the group from its primordial/archaic (or oral-sadistic) stage, to the intermediate level of bodily and mental images (or paranoid-schizoid position), and to the level of reality (or depressive position), according to Foulkes (1964), Klein (1946), and Bion (1992) respectively. The study likewise indicates the directions in which the deficit in the phenomenology of dreaming in psychosis, especially the attempt to reconstitute it through group analysis, could be investigated by exploring the neuronal correlates of dreaming on the structural and functional level through neuropsychological research.

Keywords: dreaming, psychosis, group analysis, neuropsychology

Introduction

In this study, I will further elaborate the idea first presented systematically in my book (Koukis, 2004) that group analysis can help patients suffering from psychosis to reconstruct their ability to dream, thereby easing their symptoms. Specifically, I will show the way in which participation in a heterogeneous group-analytic group helps patients with psychosis to transform the archaic ontological nucleus of dreams, as first described by Freud—which is a crude representation of the fantasy of the primal scene that prevails in psychotic dreaming to the detriment of its phenomenology—into a good enough phenomenology as usually expressed in neurotic dreaming. In addition, by utilising the questions arising from the analysis as a whole, I will briefly indicate the directions in which the deficit in the phenomenology of dreaming in psychosis, especially the attempt to reconstitute it through group analysis, could be further investigated by neuroscientific research.

In his mature work, Freud (1917(1915)) believed that people with schizophrenia totally lack the ability to

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dream because their unconscious has been de-invested of representations of thing, the cornerstone of dreaming. This is not the case in paranoia, in which the ontology of dreaming—which is depiction of the fantasy of the primal scene, and is regarded as the umbilical cord of dreaming in both neurotic and psychotic patients (Freud, 1918(1914))—together with its phenomenology, which is mainly based on the transformation of the ontology into relevant imagery, remain essentially intact even though they are presented in a hallucinated way (Freud, 1911(1910)). For Freud, dreaming was a psychotic-like process, which in the case of neuroses was transcended by the fact that its ontology was effectively repressed by depicting it with refined imagery on the phenomenological level. In his later work, however, leaving aside the role of the primal scene fantasy, Freud analyzed dreaming solely as a phenomenological product whose sole remote ontological substratum was the neurotic subject's repressed Oedipal desires, as initially studied in his *Interpretation of Dreams* (Freud, 1900).

Klein (1935; 1940) restated the value of reproducing the fantasy of the primal scene in dreams. For her, dreams normally have a psychotic nucleus since they clearly depict the dreamer's attack on the fantasy of the primal scene which has emerged during the oral-sadistic stage and tends to develop as the idea of a mature parental union in the paranoid-schizoid position (Ps) and especially in the depressive position (D). The evolution of dreaming from representing parental intercourse in a persecuting way (Ps) to representing it in a way that indicates acceptance of the parents' symbolic death (D) marks the transition from psychotic dreams to dreaming proper.

Bion (1962; 1992) further explored Klein's views on dreaming. For him, contrary to Freud, the ontological nucleus of dreaming is not desire but the imagery of the primal scene, which is the phenomenology of dreaming. Dreams are the inner projections of visual images of the mothering person that resulted from a good enough suckling during early infancy, and from images of the fantasy of the primal scene in its highest form as it evolved from a simple sensual experience into an ideogram and algorithm of the parental union, and marks the transition from the oral stage to Ps and D as a mature Oedipal situation. He sees dreaming, or "dream-work", as the ability to digest mentally the primeval psychic material (the need for the breast as real) day and night and consists of re-suckling at the breast on a symbolic level and of interacting with it through the projective identifications developed with the primordial mother as a means of communication and as a prototype of linking by projecting visual images (elements) on the dream screen or as suckling by recounting dreams in a psychoanalytic session. Patients with psychosis are unable to dream (they lack the "dream-work"), because they can depict the primal scene solely as a sensual and fragmentary experience on the ontological level. This is a result of the hallucinated suckling they received from a mother conceived as a "dead" object inside them, as a result of which they continuously desire (and retain a strong memory of) the breast as real thing. This is why they can only visualize the mother in the form of fragmented images (b-elements) that persecute them during the Ps. People with psychosis fragment the images in their dreams by means of excessive projective identifications against themselves. An image thus articulated would be equivalent to a mothering superego formed during D that proved to be murderous. Thus psychotic dreams are only "visible-invisible hallucinations" that are projected on the therapist or the group through their recounting. Bion does not rule out the possibility that psychotic patients in psychoanalysis could, to some extent, depict the fantasy of the primal scene in an ideogram form but, like Klein and Freud, he does not present any relevant material.

Foulkes (1964), on the other hand, although he has approached this issue only partially and presented few examples, argues that dreams constitute narcissistic encapsulations and are therefore by nature a psychotic

process in either their neurotic or psychotic form. Dreaming by neurotic or psychotic patients can become a healthy activity only on condition that it is produced in the form of group dreams in a group-analytic group by expressing the quality of the dynamics in its matrix based on a number of group phenomena and factors, such as communication, resonance, condenser phenomena, mirror reactions and phenomena, transposition, etc.. The phenomenology of this group communication, as expressed on the intermediate level or phase of the group's bodily and mental images (Freud's anal-sadistic stage or Klein's Ps) and principally on the mature third current level or phase (Freud's phallic stage or Klein's D) constitutes—unlike the ontology of the group as manifested on its first archaic or primordial (oral-sadistic) level or phase—a dreaming process that the members' dreams depict as group dreams.

Foulkes's approach, however, presents the formation of group dreams dogmatically, primarily on the group's current/neurotic level, as the only authentic form of dreaming, which creates a split between the individual and the social. Dreams of neurotic or psychotic patients which, through group dreams, express the group as a reproduction of the fantasy of the primal scene on the primordial level, or as an idea of the parental union represented by the union of the therapist and the group on a more mature level, are totally neglected. Contemporary psychological research has verified the view that the origins of human sociality, of which dreaming constitutes a basic manifestation, go as far as developing primordial defense mechanisms such as projection, splitting or projective identification as described by Klein and Bion (Thomas, 1996). To this we could also add archaic fantasies such as that of the primal scene, as constituting the primeval nucleus of human linking. In this study, the role of the group in the production of dreams will be reconsidered as a representation of the fantasy of the primal scene. The salient point of our argument is that it is this representation of the group that helps patients with psychosis in group analysis to some degree to reconstitute their ability to dream properly.

Dreaming as the Evolution of the Fantasy of the Primal Scene in the Group

Introductory Remarks

The quality of dreaming by patients with psychosis or neurosis is strongly correlated with the progressive evolution of the group from representing the imaginary union of therapist and group as a fantasy of the primal scene to representing the union of the conductor and the group as a highly symbolic idea of the parental couple. This evolution, which Bion (1992) regards as the Oedipal fate of the primal scene, follows the evolution of the group from its oral stage to Ps and D, and of the therapist from a directive figure ("leader of the group") to a conductor ("leader in the group"), trust in whom reveals the group's pre-eminent maturity as described by Foulkes (1964).

This view does not imply that certain of the factors stressed by Foulkes are irrelevant. The concept of the matrix, especially in its form as "social dreaming matrix" (Lawrence & Biran, 2002) has contributed greatly to familiarizing psychotic patients with the group and inciting them to produce dreams. The dreaming matrix likewise functions, in Bion's terms (1962), as a container of the patients' projective identifications expressed by recounting dreams. It has also given the group a "reverie" style that, according to Bion (1992), characterizes the good enough mother in particular, while also helping the therapist, who needs to avoid any related interpretations. All these factors have contributed to the constitution of the group as a good enough mother in the oral stage, which later favors a better negotiation between the Ps and the D and a better integration of the fantasy of the primal scene as the idea of the parental couple on the Oedipal level.

Here we shall briefly present the way in which two patients with psychosis were able to dream properly by depicting in their dreams the fantasy of the primal scene and its evolution towards the idea of combined parents, in accordance with the evolution of the group's stages¹. This process was assisted significantly by other patients recounting their dreams within the context of a dreaming matrix. The patients were members of a heterogeneous once-a-week group—analytic group for four years (Helene in 2001-2002 and 2003-2004), or 7-8 years (George 1996-2004). They entered the group after about three and four years respectively of once-a-week individual psychotherapy. Helene is a teacher, 29, who lives alone. Her symptoms included schizophrenic pathology such as hearing voices and believing that people kept talking about her on television. During her psychotherapy, Helene was under constant medication. She left the group when her symptoms receded considerably and her ability to dream had been significantly reconstituted. George, 26, a mathematician, suffered from acute paranoid psychosis. He usually imagined that he was God and was hospitalized twice. Through his individual and group therapy and medication, the symptoms progressively receded, there were no further hospitalizations, the ability to dream was sufficiently reconstructed and George was able to bid a successful farewell to the group.

First Stage

During the first stage, which lasts for 6-8 months, the patients' initial recounted dreams indicated that the fantasy of the primal scene, and of the group conceived as such, was either hidden in dreams that had all the features of delirium (George's dream), or was depicted in the form of another primary fantasy such as that of the "mother with the penis" (Helene's dream). Both dreams were somewhat similar to many dreams recounted by other members, whose psychopathology ranged between severe neurosis and borderline states. In these dreams, the primal scene was presented as totally split, in the sense that the maternal body was depicted as a total of paternal penises (usually symbolized by snake images) and infants (symbolized by babies) which are "dead" (Jim's and John's dreams). All dreams reveal that the primal scene cannot be represented because the patients' mirroring in the maternal object/group, and an initial benevolent split from it, is absent in this phase due to their fixation in the oral-sadistic stage and on the primordial level of the group. This is illustrated by one of John's dreams in which women and men, including the group therapist, are depicted without eyes. Through their recounting, dreams of this kind constitute destructive projective identifications that aim to stir up the corresponding primeval/psychotic experience which, at least in its initial phase, the group inevitably encompasses:

George: "It wasn't clear where and how, but I dreamed I was God".

Jim: "I dreamed that a snake was threatening me, or faces from the past that disappear quickly, and lots of babies and dead people".

Helene: "I dreamed that my mother was naked with a penis in front".

John: "I saw men and women who have no eyes and that our therapist had no eyes".

Second Stage

During the second stage, which lasts from about six months to a year or two, the psychotic patients' dreams recounted in the group, in their form as either individual productions or more often as "group dreams", have evidently emerged from the first mirroring of the dreaming person with the group conceived as a good

¹ All the group members are designated here by pseudonyms, although the clinical material related to them is real. I would like to thank them all for giving me permission to publish their stories here.

enough dreaming process. The dreams mainly express the paranoid anxiety that occurs in Ps, but the projective identification with the group, which is used to evacuate unwanted material, is now much milder. It can then be contained by the group and in turn supports the function of the group as container (Friedman, 2000).

The fantasy of the primal scene has begun to be represented specifically in a persecutory way, either in the form of the father's or mother's penis (symbolized by a knife) that tries to penetrate the patient from behind (Helene's first dream), or as the fantasy of the mother with the penis in a milder, more effeminate form (Helene's second dream). It can also take the form of the union of the conductor conceived as Christ and the group as Church (i.e., as two good objects) within a state that continues to express delirium and in which the patient is still God (George's dream).

Importantly, these dreams do not differ essentially in content from the dreams reported by neurotic or borderline patients during the same period. A dream reported by Mary, a neurotic patient suffering from panic attacks, expressed the Ps depicted as an attack against the patient by dogs (representing the conductor). The dreams of non-psychotic patients, however, differ from psychotic dreams in terms of the higher level of their representational quality and emotional tone, the finer selection of dream symbols and the sophisticated use of language either in the process of dreaming itself or its narration.

Helene: "I dreamed that I was sleeping on my stomach and, a knife comes from above and pierces me".

George: "I enter a church. I am wearing a long cloak. Suddenly Christ appears. He asks me to give him the cloak. I don't want to give it to him. 'I am God too,' I say to him".

Helene: "It was in a place sort of like where the group meets. Suddenly a naked woman appeared; she had a plastic vulva and inside this plastic thing was a penis, also plastic".

Mary: "I dreamed that a pack of dogs was coming toward me".

Third Stage

During the third stage, in which D continues to develop uninterruptedly in the group in negotiation with Ps, the dreams reported by the patients suffering from psychosis seem to possess a number of neurotic features, thus indicating the patients' first sufficient, although unstable, entrance into the D. Dreams are of a finer group character and are narrated through projective identification in the sense of a good enough communication, but lack any deeper emotional tone or associative process linked with the emotional experience. However, as the group (the maternal body) is now better represented, the patient is better mirrored in the group and is mirrored by it more effectively. The fantasy of the "mother with the penis" seems now to be sufficiently repressed, and this is helped by dreaming itself, by the mother allowing her penis to fall off (Helene's first dream). After that, the primal scene, although it is still homosexual in nature as a union of two men—the father and the phallic mother—indicates the patient's first attempt to achieve the parents' symbolic death by using the D, although in a wild archaic way (Helene's second dream). In other cases, the primal scene is symbolized in dreams as the marriage of the person's parents (or the "marriage" of the conductor and the group), even though the couple either cannot be clearly discerned (George's first dream) or it is the friend's father, not the patient's father, who marries the patient's mother (George's second dream) or later as a marriage of his parents (or group and conductor) within the group as symbolized by a carriage in a way that indicates to some extent the parents' symbolic death (George's third dream).

Again, these dreams essentially lack the symbolic and imaginative plasticity that characterizes the dreams of neurotic patients. For example, in Mary's dreams, the primal scene is symbolized by her own wedding linked with the symbolic death of her parents (or group and conductor).

Helene: "I dreamt a naked woman; in place of her pudenda, was a very small penis that suddenly fell off".

George: "I dreamt I'd gone to a wedding, but couldn't figure out who the newlyweds were".

George: "I dreamt that the father of my friend married my mother".

George: "I dreamt a dead man, maybe my father. But then everything was like a wedding. It was inside something like a carriage and many of you were there".

Helene: "I was in a place like an ancient theatre. It was dark and on the stage there were two posts on which were the heads of two unknown men; the heads were alive. Then the heads died. And all the spectators including me applauded".

Mary: "I dreamt that some people have died, maybe my parents. I'm preparing for the funeral and crying but suddenly I am to be married and getting ready to go and see about a wedding dress".

Conclusions and Remarks About Future Neuroscientific Research

Dreaming in psychosis, which is initially a hallucinatory or delusional activity, can evolve into dreaming with neurotic features in a heterogeneous group-analytic group, as first described by Foulkes (1964), thereby making a decisive contribution to the patient's therapy. Like dreaming in neurosis, it follows and expresses the group's evolution (conceived as the union of the therapist and the group as a whole) from the primordial level, on which it represents the fantasy of the primal scene as a sensual experience, to the final current level representing an ideal parental couple. These findings confirm the psychoanalytical view—which Freud (1918(1914)) first expressed but then abandoned, and was later taken up by Klein (1935) and Bion (1992), but neglected by Foulkes—that the nucleus of dreaming, and by extension the basic means of transforming psychotic dreaming into a neurotic process, consists of representing the primal scene on an ever higher imaginative and symbolic level. However, the conclusion that for psychotic patients to visualise the primal scene in their dreams, according to the evolution of the group, entails a real reconstitution of their ability to dream should be accepted with some reservations. In fact, we are still a long way from the possibility of helping patients with psychosis to dream in the way patients with neurosis do. Although the latter's dreams also express the primal scene on the ontological level, the phenomenology of neurotic patients' dreams is much more sophisticated in the use of language, imagery, and symbolism than that of dreams by patients with psychosis.

What, then, is the factor missing in the primal emotional experience, as lived and spoken of by patients with psychosis, that hinders the transformation of the ontology of dreaming, i.e., its archaic reality, into a phenomenology based on high quality sublimations of the ontological substratum in the form of refined imagery and vivid dream content? Neuroscientific research has already verified Freud's views of a core common to dreaming and psychosis (Hobson, 2004; Gottesmann, 2006; Scarone et al., 2008) and important neuroscientific studies have been conducted about dreaming processes in psychosis. Further extension of this research would thus be of great help in elucidating the above question. To what extent, for example, is the lack of any phenomenological articulation of psychotic dreaming related to an enduring memory of and desire for a real breast, as Bion argues, and in what respects are psychotic memory and desire the result of either the defective inhibition of dream memory due to pathological alterations linked with the action of vasotocin in the brain, as argued by the findings of Kelly (1998) or a failure of the superior temporal and inferior parietal deactivation, as Fletcher et al. (1998) have reported? Or, should we elaborate on the hypothesis first formulated by Crick and Mitchison (1983) and Hopfield et al. (1983) that, in the case of psychotic patients, some potential memories have not been eliminated before being stored in the long-term memory, thus resulting in inefficient memory processing, which in turn seems to be linked with the hypothesis of reduced cerebral metabolism in frontal areas due to the reductions of synaptic density caused by excessive axonal pruning (Hoffman &

Dobscha, 1989; Feinberg, 1982-1983)? Or should we link the lack of imagery in psychotic dreaming to the fact that people with psychosis develop hallucinatory activity during waking hours (which according to Bion is also a dream-like activity), instead of during REM (rapid eye movement) sleep, owing to serotonin depletion, as Zarcone et al. (1975) and Dement et al. (1969) have shown? In addition, could any phenomenological deficiency in psychotic dreaming—since it inevitably involves the patient's inability to be mirrored by other people or to mirror them—be interpreted in terms of a deficiency in the Mirror Neurons System (Rizzolatti et al, 2002)? And is the Mirror Neurons System sufficient to explain the production of group dreams conceived as encompassing a system of multi-mirroring processes between people (Schermer, 2013)? At the same time, could this system verify individual dreams as psychotic by-products, as Foulkes (1964) maintained, or could it explain the fundamental role played by the fantasy of the primal scene—as primarily based on the mirroring between parents and child—in the formation of dreams in psychotic and neurotic patients alike? Last but not least, given the strong similarities between psychosis and normal dreaming, could the lack of phenomenological elaboration in psychotic dreaming be conceived as a disturbance which is simply greater than that occurring in neurotic dreaming but qualitatively on the same continuum with it, which was Freud's hypothesis, or should it be considered as a quantitatively different disturbance which is much more serious than the disturbance provided by neurotic dreaming, as Bion has maintained?

These are some of the basic questions arising from the above analysis, which future psychoanalytic and group-analytic research should investigate through the appropriate use of neuropsychology, neuropsychanalysis and psycholinguistics, to ascertain whether or not the findings reported here can be further validated and open new perspectives in understanding psychosis and, by extension, in approaching it more effectively through psychotherapy.

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