Structures of Subjectivity:
Explorations in
Psychoanalytic Phenomenology

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We have proposed, as a supraordinate principle of human motivation, that the need to maintain the organization of experience is a central motive in the patterning of human action (see chapter 1). The basic psychological process that mediates this functional relationship between experience and action is concretization—the encapsulation of structures of experience by concrete, sensorimotor symbols. We have come to believe that the concretization of experience is a ubiquitous and fundamental process in human psychological life and that it underlies a great variety of psychological activities and products. Concretization can assume a number of forms, depending on what pathways or modes of expression it favors. For example, when motor activity predominates in the mode of concretization, then behavioral enactments are relied upon to actualize required configurations of experience. When motor activity is curtailed, as in sleep, then perceptual imagery may become the preferred pathway of concretization, as in dreams.

In this chapter we provide illustrative material that we hope will indicate the wide scope of the concretization principle and the broad range of psychological phenomena it encompasses. We begin with brief examples of neurotic symptoms, because this is
where psychoanalysis first discovered the centrality of unconscious symbolization. Next we offer an expanded formulation of the concept of the transitional object. In the final two sections we present more extensive discussions of enactments and dreams. In our clinical illustrations we seek to identify the specific configurations of experience that these varied psychological phenomena concretize and thereby to demonstrate the diversity of personal purposes served by this ubiquitous process. Wherever possible, we examine the intersubjective contexts in which the concretization products arise and recede.

NEUROTIC SYMPTOMS

The early psychoanalytic discovery that hysterical conversion symptoms and other neurotic inhibitions could be resolved by unveiling their unconscious meanings (Breuer & Freud, 1893–1895) was perhaps the first major demonstration of the role of concretization in the genesis of psychopathological constellations. However, in resorting to metapsychological notions of cryptophysiological energy transformations to explain this phenomenon, Freud and others obscured the important finding that the use of concrete, sensorimotor symbolism was central to the process of symptom formation. As this phenomenon is by now well known, two brief examples will suffice.

Midway through the course of her four-year analysis, a 33-year-old woman reported a new symptom—a tightening of or lump in her throat, with difficulty swallowing. During the session she indicated that she had recently experienced some competitive successes in relation to a number of other women, and that she felt vaguely uneasy about this. Her associations around this theme eventually led to memories of how unbearably guilty she had felt as a child whenever she would present some personal triumph to her chronically depressed mother, who always seemed so pathetic, so emotionally crippled, so painfully unfulfilled. “Whenever I brought home an ‘A’ from school,” she said, “it was like shoving my success down my mother’s throat.” The analyst interpreted that in the new symptom she seemed to be doing to her own throat what she feared her successes might do to her mother’s. This single interpretation of the symptom’s unconscious meaning as a “symbol written in the sand of the flesh” (Lacan, 1953, p. 69) was sufficient to remove it permanently. In this case the sensorimotor symbolism of the throat encapsulated her sense of guilt over the injury her success might inflict on her mother, and the concretization served the purposes of atonement and self-punishment.

A 28-year-old man (whose treatment was briefly mentioned in Stolorow & Atwood, 1979, chapter 6) sought treatment in order to restore some emotional spontaneity to his regimented life and to correct the sexual inhibitions from which he suffered. He explained to his therapist that he believed that he possessed a limited supply of energy and bodily fluids that he had to conserve, and that he could permit himself to have sexual relations only during the weekends for fear that sexual activity on weekdays would so drain him of these substances that he would have insufficient amounts of them left over for the performance of his work. Further exploration of his fear of being drained revealed that in the sexual situation he experienced his wife, much as he had experienced his mother, as a “bottomless pit” of never-ending needs and demands that he, perform, was required to satisfy. The imagery of dwindling energies and fluids symbolically encapsulated his dread of dissipating himself in servitude to the appetites of a mother-surrogate, and the concretization served a self-protective function in providing him with a feeling of control—he believed that he could conserve his energies and fluids and thereby protect against loss of self by constricting and regimenting his sexual behavior.

In this case, interpretations of the meaning of the concrete symbols were not effective in alleviating the sexual inhibitions. Increasingly, as the analysis progressed, the patient’s associations drifted to his father, who crystallized in his memories as an elusive, uninvolved, emotionally absent figure, absorbed in a Walter Mittylike world of private fantasy and reverie, and offering little in the way of strength and protection to his son. It was only when in the transference the analyst became established as an emotionally present, involved paternal selfobject whom, un-
like his father, the patient could experience as a powerful ally against the "insatiable" demands of the maternal imago, that the sexual inhibitions abated. As the patient felt the integrity of his individual selfhood sustained by the selfobject transference bond, the self-conserving concretizations became less necessary, thereby freeing his sexual life to become increasingly spontaneous and a source of pleasure for him.

SYMBOLIC OBJECTS

An important contribution to the understanding of the role of concretization in human psychological life was Winnicott's (1951) concept of the transitional object. He focused in particular on the small child's use of a soft object to master the anxiety and depressive affect evoked by early experiences of separation—both physical separation from the mother and the associated psychological differentiation of self from nonself, of subjective from objective reality. The transitional object stands for the breastmother and creates an illusion of reunion with the missing maternal presence. In our terms, the material object symbolically encapsulates the soothing, comforting, calming qualities of the maternal selfobject, and the concretization serves a restitutive function in mending or replacing the broken merger.

Transitional objects are often used by patients to restore or maintain the bond with their therapist during separations. An interesting example of this occurred in the analysis of a 31-year-old man (whose treatment was described in Stolorow & Lachmann, 1980, chapter 7) who suffered from highly disturbing, foglike states of self-dissolution in reaction to injuries and rebuffs which, for him, disconfirmed his very existence. During a period of the treatment when he was in the process of establishing a stable selfobject transference relationship with the analyst, he made use of a tape recorder in a manner that proved to be highly therapeutic. In the wake of mortifications and disappointments, he would record his feelings on tape, and then listen to the recording with the same understanding attitude he had experienced from the therapist. This use of the tape recorder as a transitional object both concretized the injured state of the self and reinvoked the empathic bond with the therapist, thereby enabling the patient to regain a sense of being substantial and real.

Winnicott's conceptualization of the transitional object can, in our view, be seen as a particular instance of a more general psychological process whereby needed configurations of experience are symbolically materialized by means of concrete physical objects. Such concretizations can serve a restitutive function, but they can serve other psychological purposes as well, as further examples show.

A 35-year-old woman's crushing early history had left her with the feeling that she was absolutely worthless as a person and, in her essence, utterly repugnant to other human beings. Thus any attempt at a close relationship brought an almost unbearable sense of vulnerability and a terror of rejection which, for her, would confirm the conviction that her inner core was rotten and revolting to others. During the course of her psychotherapy she began to use symbolic objects in a particular way to counteract this extreme vulnerability and terror. At some point during the development of a friendship she would indicate to the person with whom she sought to be close that she wished to possess some object, usually an inexpensive trinket. If the prospective friend responded by buying that object for her, the patient would experience this as tangible evidence that the person found her worthy, and her feeling of vulnerability would subside markedly. If such friendships ended or failed to develop further, the patient would continue to cherish these gifts as concrete reminders of her having had value for other persons. Here the physical objects symbolically encapsulated a newly emerging quality of self-worth, and the concretizations served to consolidate and solidify this still unsteady and fragile aspect of her self-experience. She used symbolic objects to fortify various other therapeutic transformations in her sense of self as well. For example, she often punctuated the discovery or development of new aspects of herself by purchasing specific articles of clothing or decorative items for her home—objects that symbolically reified the new qualities of self.

In another young woman's early history, the mother's extreme self-absorption and inability to be genuinely interested in her
children's needs had made it necessary for the patient to rely on her father as her primary caregiving figure. The father was able to provide caring and concern, but increasingly included his daughter in his own fearful, hypochondriacal view of himself. His hypochondriacal worrying extended specifically to her emotional life, so that he reacted to any strong needs or feelings in her, including loving ones, as if these were fatal flaws in her character, rendering her unfit for survival in and acceptance by the world. This had resulted in a painful division within herself, whereby deep aspects of her affective life had to be kept dissociated from her overt functioning with others.

As this aspect of her history and its impact were explored in the therapy, the analyst gradually became established in the transference as a selfobject whose acceptance and positive valuation of her needs and feelings were enabling her to reunite with ever-widening spheres of her emotionality. During this period she developed a strong, loving bond with a teddy bear, who provided her with warm, affectionate contact, and whom she cared for with great tenderness. It was a source of intense joy for her that she could be allowed these needs and feelings in relation to the teddy bear, as this seemed to embody her emerging hope of finding emotional fulfillment in the world. The patient indicated an awareness that the teddy bear enabled her to maintain the bond with her therapist when away from sessions, much as Winnicott described. More importantly, however, the relationship to the teddy bear served to concretize and consolidate her increasingly successful efforts to recover and reintegrate her "lost world of feelings" (Miller, 1979, p. 9) and to resume a process of emotional growth that had been derailed.

Interesting examples of the use of physical objects to sustain an endangered sense of self can be found in the psychological history of Carl Jung, during a critical period of his childhood between the ages of seven and ten. Upon entering school and becoming immersed in the society of schoolmates following an early childhood spent almost entirely alone, Jung felt his sense of identity to be extremely vulnerable and susceptible to powerful influences from his new social milieu. His attempts to protect against the danger of self-loss took the form of a set of secret, quasi-religious rituals involving a series of unique, symbolic objects—fires he tended and considered eternal, an immutable stone, and a small wooden maniken. These sacred objects and the corresponding rituals concretized his efforts to stabilize and fortify a precarious sense of integrity and individual selfhood by creating the illusion of an imperishable self existing in a sealed-off world of self-sufficiency and omnipotent splendor (an illusion to which his central metapsychological constructs later become heir; see Stolorow & Atwood, 1979, chapter 3, for a detailed analysis).

ENACTMENTS

The significance of enactment in concretizing and maintaining organizations of experience is implicit in our conceptualization of character as the structure of a subjective world (see chapter 1). This conceptualization assumes, in particular, that recurrent patterns of conduct serve to actualize (Sandler & Sandler, 1978) the nuclear configurations of self and object that constitute a person's character. Such patterns of conduct may include inducing others to act in predetermined ways, so that a thematic isomorphism is created between the ordering of the subjective and the interpersonal fields.

The proposition that the patterning of human conduct serves to maintain the organization of experience can be understood to apply in two senses. On the one hand, a pattern of conduct may serve to maintain a particular organization of experience, in which specific configurations of self and object, deriving from multiple origins and serving multiple purposes, are materialized. Such configurations, when actualized, may in varying degrees fulfill cherished wishes and urgent desires, provide moral restraint and self-punishment, aid adaptation to difficult realities, and repair or restore damaged or lost self and object images. They may also serve a defensive function in preventing other, subjectively dangerous configurations from emerging in conscious experience. Any or all of these aims can contribute to the formation of a pattern of conduct, and it is essential in psychoanalytic therapy to determine the relative motivational salience or priority of the purposes that a pattern of action serves.
On the other hand, a pattern of conduct may serve not so much to materialize a particular configuration of experience, but rather to maintain psychological organization per se, as when behavioral enactments are required to sustain the structural cohesion and continuity of a fragmenting sense of self or other. This most fundamental functional relationship between experience and conduct, whereby concrete courses of action are required to maintain the structural integrity and stability of the subjective world, we now illustrate through a consideration of sexual enactments.

The question arises: Why can some people actualize their psychological structures primarily in dreams, fantasies, personal myths, social role relationships, and other such systems of symbolization, while other people need to perform dramatic, often bizarre behavioral enactments to maintain their psychological organizations? In general, to the extent that severe developmental traumas, voids, and arrests have interfered with the structuralization of the subjective world, vivid concrete enactments tend to be required for restoring or maintaining vulnerable, disintegration-prone structures of experience (Stolorow & Lachmann, 1980). This formulation is crucial to the understanding and analytic approach to both overt destructiveness and sexual perversion. So-called sexual and aggressive “acting-out” is conceptualized not in terms of a defective “mental apparatus” lacking in “impulse control,” but rather in terms of the person’s need for behavioral enactments to shore up an imperiled subjective world.

A second question arises: Why do many people use sexual enactments for this purpose of restoring or maintaining precarious structures of subjectivity? Some answers to this question can be found by examining the contribution of early psychosexual experiences to the development of the subjective world and to the structuralization of the sense of self in particular, and also by considering a special quality of the experience of sexual pleasure with respect to the affirmation of truth and conviction.

With regard to the role of sensual experiences in articulating the developing child’s subjective world, a number of authors (e.g., Hoffer, 1950; Mahler et al. 1975) have suggested that the delineation of a rudimentary body image is accomplished through the sensual stimulations of the child’s body surface resulting from pleasureable contacts within the mother-infant interactions. More specifically, the epigenetic unfolding of psychosexual modes, as described by Erikson (1950), can be shown to serve in critical ways the consolidation of a sense of an individualized self differentiated from primary objects (Stolorow, 1979; Stolorow & Lachmann, 1980).

Experiences and fantasies in the oral-incorporative mode contribute to the process of self-object differentiation by concretizing the subjective distinction between inside and outside, between the self as a container and the nonself which can be taken in. At the same time, the child may employ incorporative fantasies to symbolize the appropriation of valued and admired qualities of objects to his own sense of self, contributing further to its structuralization.

Experiences and fantasies in the anal-retentive mode provide concrete symbols for a stubborn affirmation of the boundaries separating self and nonself, a definitive milestone in self-object differentiation. Through anal-eliminative acts and fantasies, the child symbolically ejects undesirable contents from his sense of self, further promoting its individualization and refining its demarcation from the object world.

A decisive step in self-definition occurs with the discovery of genital differences and the unfolding of the intrusive and inclusive genital modes, which begin to distinguish the sensual self-experience of boys and girls respectively. As with oral-incorporative and anal-aggressive fantasies, phallic imagery too can serve to buttress the vulnerable sense of self of developing children of both sexes. The oedipal saga itself may be viewed as a pivotal phase in the structuralization of the self (Kohut, 1977), which finds its unique form in emerging from the conflictual flux of experiences of phallic grandeur and depletion, rivalrous triumph and defeat, threats to genital intactness, and envy of the penis or womb.

Thus we see that nature, in her evolutionary wisdom, has harnessed the exquisiteness of sensual pleasure to serve the ontogenesis of human subjectivity. The sensual experiences and fantasies that occur in the course of early development may be
viewed as psychic organizers that contribute vitally to the structuralization of the subjective world and of the sense of self in particular. Psychosexual experiences provide the child with an array of sensorimotor and anatomical symbols that serve to concretize and solidify developmental steps in the articulation of his subjective universe. When these developments are seriously impeded, leading to structural deficits and weaknesses, the person may as an adult continue to look to psychosexual symbols to maintain the organization of his subjective life. By dramatically enacting these concrete symbolic forms to the accompaniment of orgasm, he gives vividly reified, tangible substance to his efforts to restore a failing sense of self. In such instances of sexual perversion, it is not, contrary to what Freud (1905) maintained, the infantile erotic experience per se that has been fixated and then regressively reanimated. Instead, it is the early function of the erotic experience that is retained and regressively relied upon—its function in maintaining the cohesion and stability of a sense of self menaced with disintegration. Analytic exploration of the details of perverse enactments, their origins and functions, should reveal the particular ways in which they both encapsulate the danger to the self and embody a concretizing effort at self-restoration.

A number of analysts have contributed important insights into the function of perverse activity in shoring up precarious structures of experience. Socarides (1978), for example, has shown how homosexual patterns can protect against the danger of self-object boundary dissolution. The function of sexual activity in restoring or maintaining a fragile sense of self has been explored in detail by Kohut (1971, 1977) and Goldberg (1975). They have found that a wide variety of perverse activities may be viewed as sexualized attempts to compensate for voids and defects in the sense of self and to counteract experiences of inner deadness and self-fragmentation. In the perverse enactment, the person sexualizes a fragment of an archaic narcissistic configuration in an effort to find an eroticized replacement for the selfobjects who in his formative years were traumatically absent, disappointing, or unresponsive to his developmental requirements.

In previous work (Stolorow & Lachmann, 1980), an attempt was made to develop some of these notions further by examining the functions of masochistic perversion. It was suggested that in persons with deficits in psychological structure formation, masochistic experiences can serve to restore or sustain a damaged, menaced, or disintegrating sense of self through the stimulations afforded by pain and skin eroticism, through exhibitionistic displays of suffering to a real or imagined audience, through mergings with omnipotent object images, and by actualizing an archaic grandiose self. Extrapolating from the ideas of Nydes (1950) and Essler (1958) on the power of sexual pleasure and of orgasm to create and affirm conviction, it was proposed that the experience of orgasm in sadomasochistic perversions serves to revitalize ecstatically the person's sense of conviction about the truth and reality of his having a bounded and cohesive self. The Janus-faced quality of the orgasm, it was further suggested, in both offering the promise of self-articulation and posing the threat of self-dissolution, accounts for the elaborate ritualization often surrounding perverse enactments.

An illustration of the function of perverse enactments in repairing and sustaining an insufficiently structured sense of self is provided by the case of Mark¹, a young man who sought treatment, not for his homosexuality, but for the disturbances in self-esteem triggered by disappointments in the pace of his professional advancement. Analytic reconstructions traced the origins of the vulnerability in his self-esteem to his early tie to his mother, a vain, self-engrossed woman who possessed little ability to provide Mark with either the warm, sensual body contact or the confirmations that are prerequisites for the rudimentary consolidation of a cohesive and stable self-structure. As a child, he had maintained a precarious grandiose self-organization by embracing the role of mother's confidant, her "little gentleman" and self-extension. At the same time, his mother undermined his more independent grandiose and phallic-exhibitionistic strivings, frequently subjecting him to ridicule and severe shamings, drastically interfering with the consolidation of his sense of self. This history of repeated mortification had become encapsulated and

¹This clinical illustration was originally provided by Dr. Frank M. Lachmann and is described in greater detail in Stolorow & Lachmann, 1980, chapter 8.
concretized in early memories of searing humiliation when he “embarrassed” his mother by urinating on the floor.

Associations to these early traumatic shame experiences disclosed three phases in the development of Mark’s homosexuality, shedding light on its function in sustaining his sense of self. During his early teen years he would periodically urinate on the kitchen floor in order to roll around on his urine. This enactment was understood in terms of his need to shore up the intactness of his precarious self-boundaries by transforming a symbolic encapsulation of narcissistic trauma—his urine—into a replacement for the warm, sensual, confirming contact that his mother had failed to provide. Somewhat later in his adolescence, self-restoration by rolling in his urine was replaced by masturbation in front of a mirror in which he imagined the sight of a perfect version of himself, whereupon he could feel for the moment transformed into an imaginary picture of physical perfection. The self-reparative and self-restitutive functions of these earlier practices acquired a definitive, enduring sexualization in the homosexuality that germinated during his later college years. Two essential components in his homosexual experiences were, first, that they were enacted exhibitionistically, in a public homosexual setting where he could feel enhanced by the admiration of his onlookers, and second, that they made possible a union with an admiring, idealized, sexually identical partner who simultaneously confirmed and duplicated Mark’s own archaic, wishfully perfect, grandiose self. In their mirror-functions, his audience and his partner were heirs to the urine and to the literal mirror of his earlier pubertal years. The exhibitionistic homosexual enactments provided his sense of self with a modicum of cohesion and stability by actualizing an archaic illusion of perfection, stamped by the sexual orgasm with a feeling of conviction and reality.

To summarize, we have considered sexual perversion to be an example of the most fundamental functional relationship between experience and conduct, whereby concrete courses of action are required for maintaining the structural integrity of a subjective world. We have suggested that sexual enactments are especially well suited to serve this purpose because of the developmental importance of concrete psychosexual symbols in the articulation of a child’s experience, and because of the special capacity of sexual pleasure and orgasm to create and affirm conviction. And finally, we have proposed that sexual enactments occurring in the context of structural deficits, as was the case with Mark, can be shown both to encapsulate the danger to the self and to embody a concretizing effort at self-restoration. Such enactments thus provide a dramatic example of the role of concretization in maintaining the organization of experience.

Seen from an intersubjective perspective, the therapeutic implications of viewing sexual perversions as concretized symbolic residues of developmental deficits in psychological structure formation are profound. The patient must be permitted to revive with the therapist the archaic mirroring, idealizing, and other self-object ties on which the early development of his subjective life had founded and through which this development can be once again resumed. Ordinarily, once the self-object transference relationship becomes reliably established, it tends to absorb the functions previously served by the perversion in maintaining the intactness of the patient’s self-experience. Hence the perverse activity tends to recede and even disappear, only to return, intensify, or assume a more primitive form when the self-object transference bond becomes significantly ruptured by empathic failures or separations (Kohut, 1971). Perverse activities—indeed, all products of the concretization process—cannot be comprehended apart from the intersubjective contexts in which they arise and recede. The understanding of the meaning of perverse enactments, in particular their functions in shoring up an endangered sense of self in the context of a disrupted self-object tie, can be pivotal to the analysis and working through of the transference, and hence to the formation and consolidation of new structures of experience.

DREAMS

Historically, the psychoanalytic concept of the unconscious evolved in concert with the interpretation of dreams (Freud, 1900). A significant expansion of the concept of the unconscious
Pathways of Concretization

should therefore hold important implications for the psychoanalytic approach to dreams. It is our contention that an understanding of the form of unconsciousness that we have designated as "prereflective" sheds new light on the unique importance of dreams for psychoanalytic theory and practice. The prereflective structures of a person's subjective world are most readily discernible in his relatively unfettered, spontaneous productions, and there is probably no psychological product that is less fettered or more spontaneous than the dream. As human subjectivity in purest culture, the dream constitutes a "royal road" to the prereflective unconscious—to the organizing principles and dominant leitmotifs that unconsciously pattern and thematize a person's psychological life. In the remainder of this chapter, we explore some clinical and theoretical implications of this close proximity of the dream to the unconscious structures of experience. We offer first some general remarks on the nature of psychoanalytic dream interpretation.

The Nature of Dream Interpretation

In classical psychoanalysis, the technical procedure for arriving at the meaning of a dream is to decompose the dream into discrete elements and then to collect the dreamer's associations to each of these elements. The rationale for this procedure is found in the theoretical idea that the associative chains provided by the dreamer, supplemented by certain connections and additions suggested by the analyst, will retrace the mental processes that gave rise to the dream and will lead the way back to the dream's latent content or unconscious meaning. It is assumed that the meaning of a dream, as determined by this method, is identical to the dream's causal origin; that is, the latent thoughts and wishes disclosed by the analysis are regarded as having been the elemental starting points of the dream's formation.

From the perspective of a framework that takes human subjectivity as its central focus, the determination of the meaning of a dream is a matter of elucidating the ways in which the dream is embedded in the ongoing course of the dreamer's experiencing. By restoring dream symbols and metaphors to their formative personal contexts, interpretation rebuilds the links between dream imagery and the salient concerns of the dreamer's subjective life. In developing a phenomenological approach to the psychology of dreams, we seek understanding of how dreams encapsulate the personal world and history of the dreamer. The utility of collecting free associations, from our standpoint, is thus not to retrace the presumed causal pathways of dream formation, but rather to generate contexts of subjective meaning in terms of which the dream imagery may be examined and understood. In addition to the discrete elements of a manifest dream, the distinctive thematic configurations of self and object that structure the dream narrative may also serve as useful points of departure for associative elaboration (Stolorow, 1978). Such themes, when abstracted from the concrete details of the dream and presented to the dreamer, can substantially enrich the associations that are produced and represent an important source of insight into the prereflectively unconscious structures of experience which organize a person's subjective world.

At the heart of the conceptual framework of psychoanalytic phenomenology is a set of interpretive principles for elucidating psychological phenomena in their personal contexts. With regard to dreams, these principles provide ways of viewing dream imagery against the background of the dreamer's subjective universe. Many such interpretive principles are implicit in the classical Freudian theory of how dreams are formed. We believe this theory is most profitably viewed as a hermeneutic system of rules of interpretation rather than as a causal-mechanistic account of the processes of dream generation. Freud (1900) argued that interpretation reverses the dream work—that the activity of dream analysis moves backward along the paths of dream formation. It would be more accurate to say that the theory of the dream work reverses the pathways followed by psychoanalytic interpretation. The dream-work "mechanism" of condensation, for example, is the theoretical reverse of the interpretive principle that a single element in the dream text may be related to a multiplicity of sub-
jective contexts in the dreamer’s psychological life. Similarly, the mechanism of displacement inverts the principle that one may transpose and interchange the affective accents on various elements in the dream narrative in order to identify subjectively dangerous or conflictual configurations of images that the dreamer may be attempting to prevent from crystallizing in awareness.

The classical notion that dreams represent (attempted) wish fulfillments can also be viewed as an interpretive principle guiding the quest for a dream’s connection to the subjective concerns of the dreamer. By giving the analyst an initial bearing in confronting the complexity of a particular dream narrative, this premise provides an orienting focus in relating the dream to emotionally significant issues in the dreamer’s life. We would expand the classical conception of the centrality of wish fulfillment in dreams into a more general and inclusive proposition that dreams always embody one or more of the dreamer’s personal purposes. Such purposes include the fulfillment of wishes as discussed by Freud, but also a number of other important psychological purposes (self-guiding and self-punishing, adaptive, restitutive-reparative, defensive) as well. Any or all such personal motivations can contribute to the construction of a dream, and it is essential to the therapeutic use of dream interpretation to determine the relative motivational salience or priority of the multiple purposes that the dream has served.

The interpretive principles of psychoanalytic phenomenology as applied to dreams operate as aids to the interpreter in approaching the content of a manifest dream and its associations. They enable the analyst to construct a complex map of the various lines of symbolic expression which connect a dream to the personal world of the dreamer. The utility of these principles for examining a particular dream lies in the degree to which they lead to an interpretation that convincingly illuminates the various features of the dream text as embodiments of the issues and concerns having salience in the dreamer’s subjective life. The correctness or adequacy of a particular dream interpretation, in turn, is assessed by the same hermeneutic criteria that govern the assessment of the validity of psychoanalytic interpretation in general (see chapter 1)—the logical coherence of the argument, the compatibility of the interpretation with one’s general knowledge of the dreamer’s psychological life, the comprehensiveness of the explanation in rendering the various details of the dream text transparent, and the aesthetic beauty of the analysis in illuminating previously hidden patterns of order in the dream narrative and in connecting these patterns to the background structures of the dreamer’s personal subjectivity.

Let us now return from this general discussion of dream interpretation to a consideration of the central attribute of the dream experience—concrete symbolization.

Concrete Symbolization in Dreams

Among recent critiques of Freudian theory, some of the most constructive have been those that rest upon George Klein’s (1976) clarifying distinction between the metapsychology and the clinical theory of psychoanalysis. Metapsychology and clinical theory, Klein held, derive from two completely different universes of discourse. Metapsychology deals with the presumed material substrate of human experience, and is thus couched in the natural science framework of impersonal mechanisms, discharge apparatuses, and drive energies. In contrast, clinical theory, which derives from the psychoanalytic situation and guides psychoanalytic practice, deals with intentionality, conscious and unconscious purposes, and the personal meaning of subjective experiences. Klein wished to disentangle metapsychological and clinical concepts, and to retain only the latter as the legitimate content of psychoanalytic theory.

In this section we first comment briefly on Freud’s two theories of the dream work—the metapsychological and the clinical. We then offer a clinical psychoanalytic theory of the purpose of concrete symbolization in dreams, based on the framework of psychoanalytic phenomenology.

Freud’s metapsychological theory of the dream work finds its clearest expression in Chapter 7 of The Interpretation of Dreams (1900). There the dream work (with the exception of secondary revision) is conceptualized as a nonpurposeful, mechanical conse-
quence of a process whereby preconscious thoughts receive an energetic charge from an unconscious wish "striving to find an outlet" (p. 605). The dream work occurs as the preconscious thoughts are "drawn into the unconscious" (p. 594) and thereby automatically "become subject to the primary psychical process" (p. 603).

In contrast with this mechanistic view of the dream work, germ of a clinical theory emphasizing its intentional and purposeful quality appear in an earlier chapter on "Distortion in Dreams." There the dream work is seen "to be deliberate and to be a means of dissimulation" (p. 141) and disguise, serving the purpose of defense. In these passages, we can readily recognize the dream censor as being the dreamer himself, actively transforming the content and meaning of his experiences in order to protect himself from direct awareness of forbidden wishes.

This germinal clinical theory of the dream work, emphasizing its defensive purpose, applies principally to the process of displacement, and perhaps also to condensation. It does not shed a great deal of light on what we regard as the most distinctive and central feature of the dream experience—the use of concrete perceptual images endowed with hallucinatory vividness to symbolize abstract thoughts, feelings, and subjective states. Freud's explanation of this feature of dreams was an entirely metapsychological one: A "topographical regression" (p. 548) of excitation from the motor to the sensory end of the psychic apparatus was thought to result in "a hallucinatory revival of ... perceptual images" (p. 543). Thus, in Freud's view, the pictorial and hallucinatory quality of dreams was a nonpurposeful, mechanical consequence of the discharge path followed by psychic energy during sleep. In contrast, we are proposing that concrete symbolization in dreams and their resulting hallucinatory vividness serve a vital psychological purpose for the dreamer, and that an understanding of this purpose can illuminate the importance and necessity of dreaming.

It is in the need to maintain the organization of experience, our supraordinate motivational principle, that we can discover the fundamental purpose of concrete symbolization in dreams. When configurations of experience of self and other find symbolization in concrete perceptual images and are thereby articulated with hallucinatory vividness, the dreamer's feeling of conviction about the validity and reality of these configurations receives a powerful reinforcement. Perceiving, after all, is believing. By reviving during sleep the most basic and emotionally compelling form of knowing—through sensory perception—the dream affirms and solidifies the nuclear organizing structures of the dreamer's subjective life. Dreams, we are contending, are the guardians of psychological structure, and they fulfill this vital purpose by means of concrete symbolization.3

Closely paralleling the two senses in which patterns of conduct function to sustain structures of subjectivity, the claim that dream symbolization serves to maintain the organization of experience can be seen to apply in two different senses to two broad classes of dreams (with many dreams, of course, combining features of both classes). In some dreams, concrete symbols serve to actualize a particular organization of experience in which specific configurations of self and object, required for multiple reasons, are dramatized and affirmed. Dreams of this first class appear most often in the context of firmly structured emotional conflict. With these dreams there is usually a wide gap between their manifest imagery and latent meaning, because the aims of defense and disguise have been prominent in their construction. Our approach to such dreams incorporates what we earlier referred to as Freud's clinical theory of the dream work, particularly as this was later updated to include the principle of multiple function (Waelder, 1936; Arlow & Brenner, 1964). As we discussed in the preceding section, we also supplement the classical approach with a focus on dream themes and their associative elaboration, as a further means of discovering the specific configurations of self and object that the dream symbolism has both actualized and disguised.

3Lerner (1967) has presented evidence that dreams, through their kinesthetic elements, function to strengthen the body image. This, if true, would be a special, circumscribed instance of the broader thesis we are proposing here. Formulations of the problem-solving (Freud, 1900), focal conflict-resolving (French & Fromm, 1964), and trauma-integrating (de Monchaux, 1978) functions of dreams may also be seen as special instances of the role of dream symbolization in maintaining the organization of experience. Poshage (1983) has arrived independently at a formulation similar to ours.
In another class of dreams, concrete symbols serve not so much to actualize particular configurations of experience, but rather to maintain psychological organization per se. Dreams of this second class occur most often in the context of developmental interferences and arrests, whereby structuralization of the subjective world has remained incomplete, precarious, and vulnerable to dissolution. With these dreams the distinction between manifest and latent content is much less germane, because the aim of disguise has not been prominent. Instead, the vivid perceptual images of the dream serve directly to restore or sustain the structural integrity and stability of a subjective world menaced with disintegration. We have seen that for persons with severe deficits in psychological structure formation, concretization may serve a similar purpose in their waking lives as well, not only in the form of delusions and hallucinations, but also in the concrete behavioral enactments, often of a destructive or sexual nature, that are required to sustain the cohesion and continuity of a fragmenting sense of self or other.

An important subgroup of this second class of dreams, in which concrete symbols serve to maintain psychological organization per se, are the "self-state dreams" discussed by Kohut (1977). These dreams portray in their manifest imagery "the dreamer's dread vis-a-vis some uncontrollable tension-increase or his dread of the dissolution of the self" (p. 109). Kohut suggests that the very act of portraying these archaic self-states in the dream in a minimally disguised form "constitutes an attempt to deal with the psychological danger by covering frightening nameless processes with namable visual imagery" (p. 109). Searle (1980) has discovered a similar purpose fulfilled by dreams that directly depict perverse sexual enactments similar to those performed by the dreamer in his waking life. The hallucinatory visualization of the perversion during sleep, like the perverse enactment itself, shores up an imperiled sense of self and protects against the danger of its dissolution.

The principal purpose of the perceptual imagery of self-state dreams is not, in our view, to render nameless psychological processes namable. By vividly reifying the experience of self-endangerment, the dream symbols bring the state of the self into focal awareness with a feeling of conviction and reality that can only accompany sensory perceptions. The dream images, like sexual enactments, both encapsulate the danger to the self and reflect a concretizing effort at self-restoration. Thus, self-state dreams too represent an instance of our general thesis concerning the central role of concretization in maintaining the organization of experience.

Clinical Illustration

The case we have chosen to illustrate our conception of the structure-maintaining function of concrete symbolization in dreams is that of a young woman whose sense of self had become fragmented into a set of separate, quasi-autonomous personalities. The dreams discussed reflect various aspects of her lifelong struggle to maintain the organization of her subjective world and achieve unity and cohesion in her self-experience. A feature of this case making it especially well suited for this discussion is that the patient engaged in specific concrete behavioral enactments which served a purpose closely paralleling that of her dreams. Viewing her dreams in the context of these enactments will bring the organization-maintaining function of her dream imagery into sharp focus.

The family environment in which the patient grew up was one of extreme physical and emotional abuse. Both parents treated her as an extension of themselves and as a scapegoat for their frustrations and disappointments in life. Violent physical beatings represented a frequent form of interaction with the parents, and throughout her early childhood she thought they wished her dead. A sense of profound personal disunity had haunted the patient all her life, appearing even in her earliest recollections. For example, she recalled from her fourth year an obsession with the issue of how it could be that her mind controlled the movements

*Since dreams of the first type, in which the perceptual images serve to actualize a particular organization of experience required for multiple reasons, are very familiar to analysts, they will not be exemplified here. We will illustrate only dreams of the second type, in which the imagery serves principally to maintain psychological organization per se.*
of her body. A disturbance in mind-body unity was also indicated by quasi-delusional journeys outside of her body, which began during that same year. These journeys commenced on the occasion when she was visited by the benevolent ghosts of two deceased grandparents. The ghosts taught her to leave her body and fly to a place she called "the field," a peaceful expanse of grass and trees somewhere far removed from human society. She felt safe in the field because she was alone there and no one could find her.

The psychological disintegration implicit in the patient’s out-of-the-body journeys was embedded in a broader context of self-division resulting from the violent abuse and rejection she had received in her family. Beginning at the age of two and one-half, when her parents abruptly ceased all affectionate bodily contact with her, and continuing through a series of pivotal traumatic episodes over the next several years, she was successively divided into a total of six fragmentary selves. Each of these fragments crystallized as a distinct personality, possessing its own individual name and unique personal attributes.

When the patient was seven years old she developed a renal tumor, causing agonizing pain. The need to escape the suffering generated by her condition became an additional motive underlying the journeys outside of her body. It was more than one full year before her illness was correctly diagnosed and the tumor finally removed. The surgery itself was handled with brutal insensitivity by her parents and doctors, and she experienced it as an overwhelming trauma. The impact of all these circumstances on her precarious selfhood was symbolized in a set of recurring nightmares that began during her recuperation from surgery and continued throughout her life thereafter. In these dreams she stood alone in the small train station of her town as flames sprang up all around her. Soon the whole building was engulfed in fire. After the station had burned to the ground, two eyeballs lay quietly in the smoking ashes and then began to quiver and roll about, conversing with each other by means of movements and glances. This dream of burning down to small fragments concretely depicted the disintegrating impact of a world persecuting her both from without and from within.

What psychological function can be ascribed to the patient’s recurring dream of being burned down to isolated fragments? The repeated transformation of the experience of self-disintegration into an image of the physical incineration of her body enabled her to maintain the state of her self in focal awareness and encapsulated her effort to retain psychological integrity in the face of the threat of total self-dissolution. By utilizing concrete anatomical imagery, she was giving her disintegrating existence tangible form, replacing a precarious and vanishing sense of selfhood with the permanence and substantiality of physical matter. The image of the interaction and communication between the eyeballs at the end of the dream symbolized a further restitutive effort to reconnect the broken fragments and restore a measure of coherence to her splintered self. The specific symbol of the eyeballs captured an essential feature of what became her principal mode of relating to her social milieu. She assumed the role of an ever-watchful, often disembodied spectator, perpetually scanning her environment for desirable qualities in others that she hoped to appropriate and assemble into a rebuilt self. Thus, both her restorative efforts and what remained of her vanishing self became crystallized in her waking life in the act of looking and in her recurring dreams in the imagery of the eyes.

The central salience in the patient’s subjective world of the need to maintain selfhood and recover a sense of personal unity was also indicated by an array of bizarre enactments that appeared concurrently with the onset of the recurring dream of being burned. These enactments included the self-administration of severe whippings with a leather belt, delicate cutting and puncturing of the surface of the skin on her wrists and arms, gazing tirelessly at the reflected image of her face in pools of water, fondling and staring into translucent pieces of glass, scratching and rubbing at cracks and crevices in hard physical surfaces such as walls and sidewalks, and stitching the skin of her separate fingers together with needle and thread. Since the appearance of the enactments coincided precisely with the onset of the recurrent nightmare, we have regarded the enactments as “associations” embedded in the same contexts of meaning in which the dream imagery took form.
The self-whipping ritual arose initially as an internalization of the punishing treatment the patient had received during her earlier childhood. She tended at first to whip herself in response to acts that previously would have evoked her parents’ wrath—e.g., acts of asserting her needs, seeking attention, or expressing unhappiness. The function of the self-punishments at this stage was primarily to master a sense of helplessness and counteract the dreaded feeling of being vulnerable to attack from the outside world. The ritual also came to include a wish-fulfilling and restorative element in the form of a sequel to the actual whipping. After first violently beating herself on the back and buttocks, she would adopt the role of loving parent and say to herself in a soft voice, “It’s all right honey, now there will be no more pain.” Then assuming the role of comforted child, she would fall blissfully asleep. This hard-won feeling of peacefulness, however, was rudely shattered when she later awoke and found herself still entirely alone.

In addition to helping her master persecution anxiety and maintain needed images of herself being cared for by good objects, the whipping ritual also began to serve a more fundamental purpose in the patient’s subjective life. One of the consequences of her profound and enduring emotional isolation was a feeling of being unreal, unalive, and insubstantial. This feeling was magnified by the continuing out-of-the-body journeys to the field. The increasing frequency of these journeys came to pose a new and even more menacing danger to her safety—namely, the severing of all connection to physical reality and the final obliteration of her psychic self. The terror that she might permanently lose her physical form and somehow evaporate into thin air led her to return to the whipping ritual with redoubled intensity. The strong sensations of pain distributed on the surface of her skin were used to provide reassurance of her continuing embodiment and survival in the real physical world.

Essentially parallel functions were served by the patient’s ritualistic cutting and puncturing of the skin on her wrists and arms. These behaviors seemed to originate as a restaging of the traumatically imposing medical procedures associated with her renal surgery. In addition to the operation itself, the procedures included a spinal tap, numerous injections, catheterization, intravenous administration of medications and fluids, etc. By cutting and puncturing her skin, she actively relived a passively endured trauma and sought mastery over her feelings of unbearable helplessness. Like the ritualized whipping, the cutting and puncturing activity also began to serve the function of strengthening the patient’s conviction that she was substantial and real. By violating the physical boundary of her body with a needle or a knife, she dramatized the very existence of that boundary and reestablished a sense of her own embodied selfhood. In addition, the stinging sensations and the droplets of blood produced by the delicate cutting provided her with concrete sensory evidence of her continuing aliveness.

The enactments involving water and glass were more complex, but also related to struggles with a precarious self-structure and a deep sense of helpless vulnerability. The water ritual began when she gazed at her reflection in ponds and pools of rainwater. She recalled becoming fascinated by how the image of her face would disappear and then magically reappear when she disturbed the water’s reflecting surface. One meaning of this activity pertained again to her need for mastery over passively experienced traumatasa—by actively being the cause of the disappearance of her image she was seeking to overcome the shattering impact on her sense of selfhood of her whole earlier history of victimization and abuse. In addition, in eliminating her reflected image she thought of herself as actually ceasing to exist and becoming nothing, which provided a feeling of safety because what does not exist cannot be made a target by a persecuting world. The water also seemed to function as a transitional self-object, giving reassurance that while her sense of self (concretized in a visual reflection) might be made to vanish on a temporary basis, it could not be annihilated permanently. A sense of self-continuity was thus tenuously achieved. A final significance of water to the patient was associated with its paradoxical quality of being both transparent and reflecting. There was something in the conjoining of these two properties with which she wishfully identified, and this identification was even more pronounced in her involvement with objects of glass.
The patient began to collect small glass objects during her early adolescence. The reflecting and refracting properties of crystal prisms and spheres particularly fascinated her. Acts of fondling and staring into such objects developed into a ritual behavior pattern duplicating and sometimes blending into her relationship with water. On occasion she would fill a crystal container with water and place it in a window where she could observe its interaction with the sun’s rays. This ritual was enacted several times during the psychotherapeutic sessions. As she studied the interplay between the light, the water, and the glass, she would softly chant, “water...glass...water...glass.” Her consciousness could become wholly absorbed in this preoccupation, which she seemed to experience as a refuge from the social environment. The psychological sources of the patient’s attraction to glass were bound up with her difficulties in maintaining a feeling of her own personal selfhood. She was excessively vulnerable to the expectations and perceptions of others, and tended to feel that she became whomever she was seen as being. For instance, when a grandfather told her wistfully how much she reminded him of his long-dead beloved wife, the patient felt the departed soul of the wife invading and assuming command over her body. Such episodes drastically affected her sense of being in possession of her own identity, and she responded to them by cultivating secret realms of herself protected from the annihilating potential of others’ perceptions and definitions. Included in the elaboration of these hidden sectors of her subjective life was the development of her alternative personalities, each christened with its own secret name. The fact that no one knew her secret names made her feel safe from the engulfing potential of others’ experiences of her. A consequence of the patient’s defensive secrecy, however, was a further intensification of her feelings of estrangement. She was driven into isolation in order to protect herself from self-loss in relationships; but the isolation itself presented the danger of self-extinction through unendurable loneliness. Her preoccupation with glass sprang directly from the conflict between her need to retreat from others into a world of secrecy and her need to break out of isolation and reestablish bonds to the social environment. The glass concretized a wishful solution to this conflict by embodying the twin properties of translucency on the one hand and reflectivity on the other. The translucency of the glass meant that it was open to the passage of light from the outside, which served to lessen the patient’s fear of isolation and entombment within her own secret world. The reflectivity of the glass objects, their solidity, and their firm boundaries, by contrast, meant that they were real and substantial, which made her feel safe from the dangers posed by involvement with her social milieu. A fusion of these properties also appeared in a recurring fantasy concerning a house she wished to build in the field she had been visiting in the out-of-the-body projections. She pictured this house as a beautiful construction of one-way glass, so that from the outside it would be a mirror, but from the inside transparent.

The remaining enactments to be considered were those in which the patient scratched and rubbed at cracks in solid surfaces and stitched her fingers together with thread. These enactments pertained to the patient’s experience of being an assembly of disjointed parts. With regard to the scratching pattern, she explained that crevices and cracks in the external environment “itched” unbearably and compelled her to scratch them. The locating of the subjective sensation of itching in physical objects represented a transposition onto the plane of material reality of her feeling of inner fragmentation. She described herself as being like a jar filled with small spheres or cubes with concave surfaces, and as a checkerboard filled with round checkers; even though the constituent elements might be packed together very tightly, they still would not form an integrated and smoothly continuous whole. The itching cracks and crevices in the external environment corresponded to the subjective interstices between the various fragmentary entities comprising her self-experience, and the scratching represented her effort to find relief from her distressing lack of inner cohesion.

Closely similar was the function of her pattern of sewing her fingers together with needle and thread. This ritual began with holding her hand up to the light and gazing at the spaces between her separate fingers. Then she would push a needle and thread just under the skin of her little finger, then under the skin of the
next one, and the next, etc., and then back and forth several times until they were all tightly interconnected and pressed together. The act of weaving the fingers together was one in which separate parts of her physical self were literally joined and made to appear whole and continuous, concretizing her effort to fashion an internally integrated identity out of the collection of part-selves into which she had divided during the course of her traumatic early history.

The enactments in which the patient engaged are functionally parallel to her recurring dreams of being burned to fragments. The essential feature the two sets of phenomena share in common is the reparative use of concretization to give an experience of self-disintegration a material and substantial form. In the dreams the emphasis appears on the concrete symbolization of the experience of self-dissolution, and the additional reparative trend of reassembling the broken pieces is hinted at in the image of the communication that develops between the eyeballs. In the enactments one finds analogous symbolizations and also the vivid expression of the patient’s need to mend her broken self by reconnecting the separate fragments into which she had disintegrated.

Each of the patterns of behavior discussed here was repeatedly enacted during the psychotherapeutic sessions. Some of these performances were extremely difficult for the therapist to witness, especially those in which she slapped, whipped, and cut herself. For the first year and a half of treatment she brought knives, needles, pieces of broken glass, and a leather belt to the sessions on a regular basis and frequently used one or more of these objects against herself. When the therapist attempted to prevent this behavior by taking her objects away, she would scratch, slap, and beat herself with her hands and fingernails. The only means of ensuring that the patient would not engage in self-abuse was to physically restrain her until the self-destructive urges had passed. This physical restraining occupied a significant portion of many sessions during the early phases of the psychotherapeutic work and proved to be critically important in solidifying the therapeutic bond. In addition to the restraint required to prevent the patient from harming herself, there were a number of times when she approached her therapist and grasped him tightly, pressing her face against his body. After the first occasion of such an approach she explained she had needed the physical contact to prove he was not an unreal apparition or hallucination she had conjured up. She reported having been shocked and surprised when her arms met the solid resistance of his flesh, for she had expected them to pass right through him as though he were made of mist. Contact with her therapist’s physical being served to differentiate him from the ghosts and other imaginary entities on whom she had previously depended. This contact also provided an anchoring point for the beginning stabilization of her own physical embodiment. It emerged in discussions of the meaning and significance of holding and being held that the patient had not experienced affectionate bodily contact with another human being since the age of two and one-half, when her parents ended all such interaction with her.

The first year and a half of the patient’s treatment were devoted primarily to establishing a therapeutic relationship that would give her some relief from her estrangement and loneliness while at the same time strengthening her sense of individuality and separateness as a person. She oscillated during this period between expressions of suicidal despair and a mergerlike close-ness in which she seemed to want nothing but physical proximity to the therapist. The actual physical contact, together with the symbolic holding (Winnicott, 1965) implicit in the therapist’s consistent provision of acceptance, concern, and understanding, established a nexus of archaic relatedness in which the patient’s aborted psychological development could move forward once again. Very gradually the functions inhereing in the enactments we have described passed over to the empathic bond that was becoming established. The nature of the patient’s evolving reliance on her analyst at the beginning of this process was shown by her reactions to his periodic failures to comprehend or appropriately respond to what she tried to communicate. Such misunderstandings tended to be followed by a resurgence of one or more of the enactments, which then continued until the disrupted empathic bond could be reestablished. As she increasingly came to rely on the therapist as a self-object for the maintenance of her psycholog-
 pathological organization, the ritualized enactments (and the out-of-the-body projections), which she had formerly needed for this purpose, lessened and finally disappeared. The repeating nightmares of being burned to fragments came to an end simultaneously.

The function of dreams in maintaining the organization of a person’s subjective world is to be seen not only in situations wherein structures are breaking down, as was the case with the patient at the time of the onset of her nightmares; dreams may also play an important role in consolidating and stabilizing new structures of subjectivity which are in the process of coming into being. Let us turn now to a consideration of another dream of the patient we have been discussing, this one having occurred midway through the long course of her psychotherapy. The context of this dream in the treatment was one of intense conflict and struggle over the issue of self-unification. Two of the initial six part-selves had at this point been assimilated into the remaining four, but the next steps of integration were being approached by the patient with trepidation and reluctance. Specifically, she feared that becoming one would render her vulnerable to being destroyed, either by attack from the outside world or by unendurable loneliness. At the same time, however, she had come to abhor the prospect of a life spent in continuing disunity.

In her dream she walked into the living room of her house and saw on the mantle above the fireplace four cement boxes resting side by side. There seemed to be bodies inside the boxes. The scene terrified her and she awoke, but then fell back asleep and the dream continued. Now the four boxes were replaced by just one box, with four bodies arranged inside with their backs against the cement walls and facing inward toward a central point. The box seemed to be a coffin. In discussing this dream with the therapist, the patient spontaneously associated the four boxes with the four remaining part-selves still requiring integration. A great deal of progress toward this goal had already been achieved, principally through the four parts growing less and less distinct from each other in the facilitating medium of the therapeutic relationship. The patient was oscillating, however, between experiencing herself as a single person with multiple facets on the one hand, and as a collection of separate persons who happened to resemble each other and share the same body on the other.

The dream concretizes one phase of this oscillation by replacing the image of four separate boxes with the image of just one that contains four bodies. The patient spontaneously offered the interpretation that the shift from four to one could be understood as a prelude to the integration of her personality, with the exterior boundaries of the final box representing the developing structure of a unitary self. The danger felt to be associated with her impending integration is also concretely symbolized in the dream, by the identification of the box as a coffin. The patient frequently expressed deep anxiety that becoming one would end her life, and she once even suggested that she was coming together as something dead.

The image of the box containing four bodies may also be understood as a symbol of her experience of the therapeutic relationship. The empathic bond, which by this time had become well-established, was exorcizing a holding, containing, and integrating function in the patient’s efforts to achieve psychological wholeness. Her ambivalence regarding this task emerged quite clearly in the transference, wherein she alternated between embracing her therapist’s unifying comprehension and rejecting it as a deadly threat to the survival of the selves. These alternations arose most fundamentally from the patient’s deep conviction that she could never fully trust another human being, a conviction that was gradually overcome in stages closely paralleling the integration of her personality.

The dream of the transformation of four boxes into one box buttressed the patient’s evolving self-integration by giving her developing unity a concrete form. In the same way that the earlier dream of being burned encapsulated her need to maintain her own self-experience as she underwent psychological dissolution, this second dream expressed her need to maintain and consolidate the new but still unsteady structure of integrated self-experience that was gradually crystallizing. An enactment sharing this latter function appeared some nine months after the dream of the boxes. During the interim the patient had continued to wrestle with the problem of unifying herself, with each of the residual
fragmentary personalities making a common commitment to a shared future as one individual.

In the subsequent context of such statements as “We are me!” and “I am one now—we voted last night and we all agree,” the patient began a therapy session by bringing out twelve small pieces of paper. On six of the slips were written the six names of the part-selves, and on the other six were short phrases designating the pivotal trauma she considered responsible for each of the self-divisions. After asking the therapist whether he thought he could match the selves with their appropriate traumas, she cleared off his desk and assembled out of the twelve pieces of paper two closely juxtaposed columns displaying the temporal sequence of her shattering psychological history. The act of arranging the names and experiences into a single ordered structure clearly concretized the patient’s increasingly successful efforts to synthesize an internally integrated, temporally continuous self. By giving the newborn self a tangible form and demonstrating its unity and historical continuity to the therapist, she consolidated the structure of her experience more firmly than had been possible heretofore. Following the integrating enactment involving the twelve pieces of paper, the patient came to feel her own subjective integrity on a consistent basis, and the focus of the therapeutic work shifted to issues other than that of mending her self-fragmentation.

CONCLUSIONS

The basic psychological process that mediates the relationship between experience and action is concretization—the encapsulation of structures of subjectivity by concrete, sensorimotor symbols. After briefly illustrating the role of this process in the creation of neurotic symptoms and symbolic objects, we focused more extensively on two pathways of concretization ubiquitous in human psychological life—enactment and dreaming. While enactments and dreams can be shown to embody multiple personal purposes, a distinctive feature of both is the use of concrete symbolization that serves to crystallize and preserve the organization of the sub-jective world. Our clinical cases demonstrate that the structure-maintaining function of behavioral enactments and dream imagery can be observed not only when existing structures are threatened, but also when new structures of subjectivity are coming into being and are in need of consolidation. Our cases also show that concretization products such as enactments and dreams cannot be fully comprehended psychoanalytically apart from the intersubjective contexts in which they arise and recede.