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## **A PSYCHOANALYST LOOKS AT DREAMS AND DREAMING**

Everyone here has probably already had some considerable theoretical knowledge of dreams and dreaming and a goodly number undoubtedly, also have clinical exposure as well. For this reason, I will skip over the theoretical background of Freud's original views, as well as the mental apparatus in which dreams operate, to place the greatest stress on their clinical uses and applications; the disagreements among analysts of its current clinical significance; and finally the contributions and questions raised by both recent experimental work in the electro-physiology of sleep and dreaming as well as the implications related to Kohut's "Self-state" dreams. I will however give you a brief definition of dreams, dream work and its purpose shortly.

While I am certain that you all know the nature of the dream work itself, including the roles of condensation, displacement, representing the whole, and parts etc., I will still make some comments on secondary revision and the use of symbols, merely to bring them up to date.

An interest in dreams goes back to antiquity and most typically was seen as a communication from the Gods carrying prophecies or warnings of things to come. There is the classical example in the Old Testament of Joseph's interpretation of Pharaoh's dreams and their prophecy of the lean years to follow the fat years.

As may not be surprising from a Greek in the golden years, Aristotle saw dreams as man's "Sleeping Mentation" – a very sophisticated view. This did not however represent a majority opinion and in the 19<sup>th</sup> Century dreams were still considered to be a

degraded form of mental activity by many Psychologists and frequently intimately connected with ongoing somatic processes relating to body stimuli – or even to what kind of food was consumed before bedtime. Here and there, especially among Poets and Philosophers there were individuals who had insight into the wish-fulfilling aspects of dreams or other important features. It in no way detracts from Freud's contributions to admit priority of expression to others, if we also recognize that he was the first to make a systematic scientific study of the phenomenon and to attempt not only descriptive but correlative explanation in the framework of a general Psychology of the mental apparatus.

At the time Freud became interested in dreams in 1895, he was also engaged in a project for formulating a scientific Psychology. He had seen patients bring in dreams and report on them while giving their associations to other events of their day or night. As in the first dream (1895) of med student who dreamt he already was in the hospital so he didn't have to get up and go there. Within a year or two he was to attempt the world's first Psychoanalysis – his own, and again be impressed with the value of the dream as a key to enter the entirely new and often horrendous world of the unconscious. His work was further stimulated by the death of his father in 1896 and the attempts to do the work of mourning. Thus, in the preface to the 1908 edition of his book, **The Interpretations of Dreams**, he said , it revealed itself to me as a piece of self-analysis, as my reaction to my father's death; that is, to the most important event, the most poignant loss, in a man's life.”

This book, **The Interpretation of Dreams**, which is still the cornerstone of our thinking on dreams and dreaming, was published in 1900. Six hundred copies were

printed which took 8 years to sell and brought their author the equivalent of \$209 for his labors. Hardly an auspicious beginning and perhaps Freud may be forgiven, if like many authors before and after him, he had bitter words to say in the prefaces to later editions about the critics who wounded him by the nature of their reviews or even worse, by their refusal to deign to review it. Yet, this was the work about which he was also to say, “Insight such as this falls to one’s lot but once a lifetime”. He valued it in importance with his essays on the presence and role of sexuality in infants. That he also had a sense of humor about his work may be seen in his comment to Ernest Jones, “it seems to be my fate to discover only the obvious: that children have sexual feelings, which every nursemaid knows, and that night dreams are just as much a wish fulfillment as daydreams”.

A dream may be thought of as the product of the mental apparatus produced during a state of sleep (i.e. stage 1 or Rem sleep) which is experienced as a form of hallucination and which represents underlying forbidden latent dreams thoughts and/or dream wishes after they have been worked over or disguised by the dream work at the behest of the dream censorship or Super-Ego so that an unacceptable wish is disguised behind the resulting distortions. This allows for at least a partial gratification or discharge of the forbidden wish while attempting to preserve the state of sleep. When the dream work fails in its mission, as in nightmares, and forbidden wishes threaten to erupt, our final defense is to wake up and thus stop the process.

Beyond the dream work proper, another factor that adds to the ultimate disguise is the use of what we call secondary revision on awakening. This stems from the residual tendency of the mental apparatus to impose some sort of order on unrelated and often

bizarre dream fragments; to arrange them so that they at least seem on the surface to tell a coherent story. In recent times there has even been suggested that there are tertiary revisions that take place after one is awake – especially if it is ultimately to be told to an analyst for possible interpretation. Freud kept revising the various editions of his book and one of the last aspects of the dream work to be discussed was the important place of the use of symbols. It should be stressed that the dream work does not create symbols but does make frequent and profuse use of them. Symbols are commonly found in Mythology, Folklore, Literature, Jokes, etc. There seems to be a universality about symbols that at first was thought to have genetic significance, as though there might be a racial unconscious (Jung). Nowadays, we tend to think their universality is much more related to the universality of basic experiences that people share. Symbols, like dream material as a whole, tend to be centered about a relatively small cluster of people and ideas. Thus, there are sexual symbols; parental and sibling symbols; symbols for the important events of life – birth and death; symbols of the human body; castration anxiety; masturbation; nakedness and the like. It might be useful to give some examples of the most frequently used symbols since one of their characteristics is that they may not bring any fruitful associations and instead require interpretation by the analyst. The parents are often represented by kings or queens or heads of state; the human body is typically a house with its doors and windows representing body apertures; smooth walls would mean a man while protruding ledges or balconies would signify the woman; siblings according to one's taste, are frequently represented by little animals or vermin; birth is indicated by falling into or climbing out of water; dying appears as a journey or train travel; and nakedness can be represented by special or elaborate uniforms; and the most private

scenes by public spectacles. As might be anticipated, there is a wide range of objects that can be used to represent the male and female genitalia. Anything that is an elongated cylinder or rod-like in form can be used for the penis, while the female genital is most often represented by hollow containers. The excretory function of the penis can be indicated by hoses while its penetrating or projectile quality can be represented by arrows or guns. The female genital to mention but a few of the most common symbols, has appeared in dreams under the guise of caves, pits, hollows, jars, boxes, chests, pockets, rooms or ships. Landscapes are equated with the human body; castration is frequently seen as getting a haircut, having a tooth pulled out, or breaking a limb. Primal scene or parental intercourse (either actually seen or merely phantasied) is often expressed via catastrophic events of nature like floods or earthquakes because of the overwhelming excitement stimulated in the viewer, or else the roles are reversed and the one who as a child was originally a passive observer is now an active participant while others watch him or her. It is interesting to see how new inventions that fulfill some basic requirements are incorporated into the symbolic armamentarium. Thus, sleek elongated racing cars have become readily usable as phallic symbols as did the Zeppelin when it first appeared.

This then is an aspect of the dream work whose main purpose was to disguise forbidden latent dream thoughts from finding direct expression and hence disturbing one's sleep. Where the dream work fails in its attempt to conceal forbidden material, anxiety erupts in such a way as to terminate sleep and a nightmare is the product. Although the wish to preserve sleep is most often cited (REM exp. Shows it preserves dreaming sleep only) as the primary motive for the dream work, it might be equally

important to remind ourselves that in his seventh chapter on the function of dreams, Freud seems to have anticipated a later experimental finding which we will take up again when we discuss REM sleep; i.e. the discharge function of dreams. Thus, he states (p.579) “dreaming has taken on the task of bringing under control of the preconscious the excitation in the unconscious which has been left free; in so doing, it discharges the unconscious excitation, serves it as a safety valve and at the same time preserves the sleep of the preconscious in return for a small expenditure of waking activity”.

“Thus....it constitutes a compromise; it is in the service of both of the two systems, since it fulfills the two wishes insofar as they are compatible with each other”. He concludes that Roberts may have had a point in 1886 when (p.79) he felt “A man deprived of the capacity for dreaming would in course of time become mentally deranged”; i.e. “they (dreams) serve as a safety valve for the over-burdened Psyche and they possess the power to heal and relieve”. (See, also, p.579, vol. 5, SE)

We now approach the clinical aspects of the dream and its current status in our daily work. In the interpretation of dreams, Freud applied the method of free association just as he did for the exploration of the patient’s non-dream mental productions. As applied to the dream it in effect tried to reverse the work of the dream work – to decode the puzzling communication. It started with the distorted manifest dream. It explored each element, each person, act, place or thing of the manifest dream via free association and sought to translate the primary process (primitive) language of the unconscious into our secondary process type of everyday thinking. It is like decoding the patient’s secret code (which is our regular task with all our patients’ free associations or other behavior) and hence would seem to be an excellent source of data about the patient’s unconscious –

perhaps the royal road to the unconscious as it has long been called. Currently, there is a tendency among analysts to polarize along one of two opposing positions. The first group, represented by such names as Altman and Greenson, take the position that dreams still represent a very unique form of communication from our patients and, that in skilled hands it provides data that may not be otherwise available, at least as readily or with the degree of conviction offered by dreams. In part, they tend to preserve aspects of the Topographical Model (an early theoretical model of the mind) in stressing the difference between primary process thinking in dreams as against waking mentation. It is suggested that the observing part of the ego is particularly acute in dreaming and that changes in the transference relationship may be announced much earlier than in any other form of communication. Some insist that the dream shows a special capacity for reviewing the experiences of childhood and so facilitating their recollection. Of perhaps greater difficulty, in verification, is the notion of some on this camp that dreams may present a visual representation of early somatovisceral responses that constituted the primary reaction of the preverbal child and infant when word representations were not yet available to them. This notion becomes increasingly important as core pathology is being postulated as taking place at ever earlier developmental phases. It is stressed that for some patients what emerges from a well-worked through dream has a greater sense of reality and a higher degree of conviction than any other form of data. But a cautionary note should be introduced here that such an over-valuation of the dream by the patient may stem from the analyst's obvious interest in dreams and the importance he so clearly attaches to them. So the dream may become a form of compliance, or a gift, whose content may be secondary or vice-versa, they may be withheld. Thus, I once had a

female patient, with a history of gross incestuous activities with her father, who for a long time had to withhold her dreams to deny any current wishes to submit to me as a father-surrogate. This is perhaps enough to give the flavor of those who would stress the dream as a unique and preferred road to the unconscious. Those who hold a different position tend to approach dreams from the structural point of view (another model of the mind), as do Arlow and Brenner, and which, briefly would see dreams and dream formation as but another expression of the working of the psychic apparatus or Id, Ego and Super-Ego. Following Waelder's principle of multiple functioning, they believe that each mental act represents a summation effect or compromise formation of all the vectors from each component of the psychic apparatus. Hence, the dream is not only a royal road to Id derivatives or wish-fulfillment, but also shows the full imprint and compromise formations imposed on it by the Ego or reality oriented functions, as well as the Super Ego. Like other aspects of our behavior, both primary as well as secondary process thinking can be manifested, with the special attributes of the state of sleep leading to an increase in those characteristics associated with primary process or the developmentally more primitive or regressed ways of functioning. They would postulate that in sleep certain Ego functions – for example motoric drive discharge, interest in the outer world and aspects of reality testing are decathected, or held in abeyance while other functions like memory may even be hyper-cathected for easier recall of childhood events. They do not deny the appearance of infantile traumata or infantile wishes in the latent dream thoughts but argue, instead, that ego analysis and understanding the role of the Super Ego are of equal importance. But, perhaps the most important point in their position is the feeling that the dream is but one vehicle for the expression of intersystemic conflicts and

not necessarily even the best vehicle in all patients. The state of the transference may be seen in the dream but this is by no means the only source of such information. The same is true of the state of the patient's resistance, his defensive patterns, the rate, sequence, and depth of regression, developmental fixation points or libidinal conflicts. The information is equally available from dreams and other sources. As Waldhorn put it in his summary statement in a monograph on "The Place of the Dream in Clinical Psychoanalysis" (put out by the Kris Study Group -- a postgraduate extension of The New York Psychoanalytic Institute), "...we analyze the patient, not the dream". It is not even wise to always interpret all the data we can obtain from a dream. Thus, the first dream once presented to me by a young woman very early in her analysis contained a foreshadowing of the core of her entire neurosis; i.e. that in order to avoid an Oedipal head-on collision with a car driven by a mother-surrogate, over her yearnings for her father, she drove off the road to the left in the direction of latent and overt homosexual relations with women. However, all I interpreted to her that hour was the part of the dream where she was sweeping dirt under a carpet. In effect, my interpretation told her that because she felt her analysis might reveal painful and embarrassing feelings toward the most important people in her life, her parents, she was expressing the wish that it might still be possible for her to sweep some of what she considered to be her personal dirt, under the rug. Although I, personally, have felt that dreams are an excellent additional source of corroboration that our analytic impressions are on the right track, and I do feel that dreams often do present us in addition with a preview of future or upcoming therapeutic developments, I would tend to side with those who prefer to tone down the position of the dream as a unique and irreplaceable aspect of the patient's

communications. It would be my impression that the real royal road to the unconscious is the technique of free associations itself because a dream, like a memory of the patient, a symptom, a piece of acting out, or a character trait, all contain within them important unconscious derivatives from all three structures of the psychic apparatus – the Id, the Ego and the Super Ego – as well as object related and narcissistic components, but none of this is of any consequence to us, or to the patient, without the explanatory data obtained through the vehicle of the patient's free associations. Thus, patients often present dreams that are essentially in the service of their resistance rather than from a wish to add to our useful knowledge. They may bring in the proverbial whole closet full of dreams which will simply insure that the patient will have no time that hour to get anything from any of them. They may be presented as a gift or a bribe rather than for content. Perhaps I can give you an example of a resistance dream or, to put it another way, of a dream that presents the basic wish that I had been wrong in past interpretations that the patient found especially disturbing to him. A former patient who had been dealing with his fears of longings for a close relationship with a man, as he had once wished to be close to his father, that was currently emerging in the transference, and concomitant fears of what this might mean about his own masculinity. He brought in a dream in which he appeared as a young child of four or five whose pants were down and whose genitals were being touched by his mother while she commented that although he was still a little boy; his penis was already quite a respectable size. In the same room, a rather large man was sleeping so he was partially uncovered; i.e. his bare buttocks were exposed. In associating to the dream one could only feel he was presenting his credentials not only as a man but perhaps even as a super-man. He told of being kidded

as a child about the large size of his nose with the joking implication being made by his mother that it was directly proportional to the size of his penis. At age six or so he had been severely punished for indulging in sexual exploration with a neighbor girl. Older female cousins made double entendre remarks in his presence that spoke for his sexual precocity and many other items in a similar vein were reported. His father had predicted he would be the first child to be married even before his older siblings, and this, too, had come to pass. In regard to the man on the bed, the patient stated that he couldn't see his face as he couldn't see mine while on the couch. He often heard of tall men being mocked for being rather clumsy and stupid oafs. It will come as no surprise to you that he was of quite short stature. In effect then, he was telling me that if I had been awake in the analysis up to this point and not asleep like the man in the dream I would have heard overwhelming evidence of his solid and even precocious masculinity, so it stood to reason that I was stupid or asleep during his sessions if I thought he had any questions about his masculinity and my bare buttocks were a further derogation that in the language of the vernacular may have said "your interpretations have been a bare-assed lie".

It is easy to understand why Freud, struggling with his self-analysis and having no other person to organize his associations or observe his transference reactions, may well have felt that his dreams were the royal, or perhaps the only way into his unconscious. It was after all his own dreams that helped him elucidate and work through his own oedipal complex. We still find this road a very honored and busy road, but one of many. I, instead, would agree with K.R. Eissler who in his article in the *International Journal of Psychoanalysis* (1969), "Irreverent remarks about the Present and Future of Psychoanalysis", favorably compared the use of free association as the primary technique

or conducting psychoanalysis with the “glorious inventions” like Galileo’s telescope and Van Leeuwenhoek’s lenses. “Freud’s method of free associations had the effect with regard to the psychic cosmos of both these inventions” in the physical cosmos.

Rather than citing you further authorities for my point of view, let me try to offer you clinical illustrations for your own judgment. I will give you in excerpted form examples of how the unconscious reveals itself via free association, not only in dreams, but in parallel ways in symptomatic acts and phantasies, or regular associational non-dream material. In all cases their elucidation was arrived at only via the use of free association and all the roads led to the patient’s rome.

First, there was the middle-aged woman patient who, as a result of very real blows in life (the death of her husband and more recently of her only son) regressed to a state of intense penis envy – feeling unconsciously she could never again be smiled on by good fortune unless she recovered what she believed she had lost as a punishment for childhood masturbation i.e. her penis. Her preoccupation would express itself via excessive concern over the health of her bird and whether she should buy a new one if this one died, or should she just leave the cage empty. She told me, without conscious appreciation of her metaphor, that she had expected me to be a magician who could pull a rabbit out of an empty hat – but she had laughed when I interjected, “or could supply the missing rabbit”. She frequently reported losing her keys – those phallic symbols – because at some level she knew she would either find them again or at worst, she could have duplicates made. A male patient who had castration fears stirred up by repeated early exposure to female genitals, revealed only after the passage of a year or two of analysis that he tended to accumulate large numbers of certain objects. Among these

were eight new wallets, many antique lamps without lampshades, and decorative picture frames without pictures. In each case the objects were incomplete, like the wallets that could be filled with valuable possessions, etc. and in each case his associations revealed that they were a source of reassurance because of their potentials; i.e. they could be made whole or complete or valuable again just as the female genital could someday reveal its hidden or restored penis. Another former patient who had to rigidly defend himself against the free expression of any feeling lest its intensity cause him to lose control became aware one day of having a phantasy while lying on the couch shortly after he had talked of being equally afraid of pleasurable or angry feelings. Suddenly, he had a picture of himself wearing a policeman's uniform and pulling down a trap door from the ceiling that opened into a room crowded with mental patients. His rigid defensive system was the external policeman he felt was essential to keep "the bats in his belfry" locked up; i.e. what he feared were psychotic sexual and aggressive impulses. In a similar vein, another former patient who even then was himself treating psychiatric patients, suddenly became aware of an electric outlet on the wall near my couch, and said he had one in his office, also. However, he had found it a very ugly sight and besides he worried lest a patient inadvertently stick a finger into it and get electrocuted or badly burned and so had it covered with a metal plate. This was expressed as a real danger even though he later, in the course of his associations, recognized that modern outlets are no longer built as hollow sockets. This hollow object from the past was, of course, a symbol for the vagina. He had displaced his own castration anxiety from himself to his patient and further from the penis to a similarly elongated appendage, the finger. Then via the mechanism of condensation, he represented not only himself, but the idealized good father and the good

therapist who doesn't allow the patient/child to be exposed to the danger of the symbolically expressed female genital/light socket. His father was away from home when the patient as a child had become involved in exciting but frightening sex play with an older sister. If I were now the good father, I should help cover up the whole unsightly mess as with a metal cover in order to spare him the agony of recalling all the frightening and guilt-ridden details. Compare the above formulations and derivatives of the normal grist from the free associative mill with a typical dream formation! In my last illustration this former patient had very intense sado-masochistic problems that colored all areas of his character structure and the way he would perceive any given situation. Hence, it was no surprise that the sex act, itself, was seen as a battle between the sexes. In one dream he saw a heap of dead bodies piled up in his mother's basement, although one of the men stirs, as though he may still be alive. This patient had spent some time on a farm in childhood and heard stories of mother pigs devouring their litters, as hamsters were also alleged to do. Clearly, his own sadism was being projected onto women. He recalled being impressed with the way pigs could eat dried corn right off the cob and leave the chewed-over cobs. He had often seen corn stored in silos to be preserved as feed for the pigs. It is undoubtedly not a surprise to you that mother's basement represented her genitalia which were equated with the voracious pigs, a variation of vagina dentata. The corn cobs represented the male genitals which these dirty pigs devoured as they wouldn't hesitate to devour their own young. In his regular speech, women were often referred to as pigs. He had apparently wondered how father had been able to survive mother's cannibalistic basement. We could cite much additional material but this will have to suffice for now. It should not be surprising that free association in the regular analytic

usage tends to elicit material similar to that elicited in dreams. Many factors in the analytic situation favor similar regressive forces – however temporarily, thus, the typical patient is asked to decahctect the external environment in favor of looking internally into his psychic apparatus; he is asked to suspend judgment about the appropriateness of the morality, or reality of his thoughts; he decahctects motoric discharge and mobility by his position on the couch and the day residue of the previous analytic hour is most crucial in determining the latent thoughts and wishes that will be at the core of dreams or any other non-dream associational analytic data. For all the above reasons it has long been my conviction that if one is not at home with and adept at interpreting dreams, one cannot feel more secure with the non-dream analytic data and vise-versa! So, I have grave doubts when I hear analysts who profess to feel secure or adept with one source of unconscious material – but not with others. This would accord with the view Freud expressed so clearly in Vol XIX of SE, p. 112, in his paper of 1923 on “Remarks on the Theory and Practice of Dream Interpretation”. “What conclusions can one draw from a correctly translated dream? I have an impression that analytic practice has not always avoided errors and over-estimations on this point, partly owing to an exaggerated respect for the ‘Mysterious Unconscious’. It is only too easy to forget that a dream is as a rule merely a thought like any other, made possible by a relaxation of the censorship and by unconscious reinforcement and distorted by the operation of the censorship and by unconscious revision.”

For the sake of completeness we must include the more recently expressed views of Kohut towards dreams. Let me now just briefly repeat that in his first book in 1971, The Analysis of the Self, he listed a great number of dreams and presented his

interpretation of them without any mention of the associations of the patients involved. Always the interpretations in keeping with his new Metapsychology, stressed only aspects of the patient's self-integration or disintegration, by the time he wrote his second book in 1977, The Restoration of the Self, he was postulating the existence of two totally separate classes of dreams. The first class would fit those we have described above, while the second would be what Kohut called "Self State Dreams" which essentially reflect the patient's anxiety about the possible fragmentation and disintegration of his cohesive self. Here (1977, p. 109) "free associations do not lead to unconscious hidden layers of the mind; at best, they provide us with further imagery which remains on the same level as the manifest content of the dream". Since he further feels that we are seeing more and more instances of self pathology and less and less of structural pathology with intra-psychic conflict, it would seem that such self-state dreams should be increasingly frequent with little or no need to look for latent content. This in no way conforms to my clinical experience. "Narcissism and Adaptation to Indignity" which shows that even where early self pathology plays an important role, the dreams can and must be explored in our usual manner if we are not to lose important unconscious messages.

This leaves us with the task of at least recognizing the increasing amount of experimental work that has been going on in laboratories in recent years on dreams and dreaming. While it has reported interesting findings and raised some important questions, I do not believe that it has, as yet, required any major alterations in our psychoanalytically derived understanding of dreams. Psychophysiological studies of sleep and dreaming received tremendous impetus when in 1953 in Kleitman's

laboratories it was noticed by a graduate student (Aserinsky) that the electroencephalographic recordings taken in a stage that indicated light sleep was also being accompanied by ocular movements. This observation by Kleitman and Aserinsky led to an increasingly growing number of electroencephalographic and other instrumental recordings of the physiology of sleep. Prominent among the names of the early researchers in this area are Fisher and Dement. First, the sleep of average subjects can be shown electrically to be divided into four depths of sleep which are referred to progressively as stages 1 through 4. The first is the lightest and because it is found to be regularly associated with rapid eye movement as well as dreaming, it is often simply referred to as the REM stage. The REM stage occupies approximately 20% of the total sleep time, and each REM period lasting from 10-20 minutes during each cycle and recurring about every 90 minutes, will appear some four or five times during a typical night's sleep. It has been determined that if a sleeping subject is aroused during or just after this period he is apt to recall dreaming in 75 to 90% of the awakenings; thus, confirming our clinical impression that everyone dreams – even though it is common to forget them or not be aware of having dreamt. Neurophysiological characteristics during this period are quite unique, different from the waking state or the other stages of sleep – as measured by pulse rate, blood pressure, respiration and muscle tone. It is regularly accompanied by an inhibition of the anterior horn cells in the spinal cord which corroborates Freud's earlier hypothesis of the decathexis of the motor system in dreaming. Another very unique but as yet unclear discovery was the regular appearance of penile erections during the REM periods. The REM periods show some variation in early and late life but stabilize during most of the adult life. If subjects are awakened at

the onset of each REM period so that they are not allowed to dream but can sleep through any other period, the REM periods tend to increase greatly in number as though trying desperately to make up for lost dreaming. But if the subjects are still aroused during each REM period, ultimately emotional disturbances ensue and even transient hallucinatory psychosis can develop. This is true whether the REM sleep is disturbed or prevented – by awakenings, the use of drugs (alcohol, Nembutal, Dexedrine, Barbiturates or Benzedrine derivatives) or by total sleep deprivation. It was this finding that led Fisher to feel that perhaps on the evidence of the discharge function of dreams, Freud’s dictum that “we dream to sleep”, i.e. in order to preserve sleep, might better be changed to “we sleep to dream”. I feel, however, that it is not a case of either/or but that both are a part of the facts of dreaming; i.e. dreams, as Roberts suspected so early, do serve a discharge or excretory function but further, it is the dream work done on the specific latent dream thoughts clamoring for discharge that helps preserve sleep and keeps it from rising beyond stage 1 into a waking state. While much more can be said of this work – I will end my presentation here and hope that you will feel free to raise any questions you have regarding the clinical uses of dreams or dream interpretation.

Thank you for your attention.