



OGDEN, T.H. (2017). 'Dreaming the analytic session: a clinical essay'. *Psychoanalytic Quarterly*, 86, 1, 1-19.

In this clinical paper, Thomas Ogden peers through the lens of over four decades of psychoanalytic experience to advance the Bionian-inspired notion that the analyst helps the patient 'dream previously "undreamt" and "interrupted dreams" by dreaming the session with the patient.' He suggests, 'Psychoanalysis was, for millennia, a thought without a thinker, long pre-dating Freud when seen as the primordial human need for self-understanding.' Ogden too gives rise to a previously unthought thought when he turns Freud's conception of dreaming on its head, suggesting instead that 'dreaming is not a process of making the unconscious conscious ... (but rather) the conscious unconscious ... (by) transforming ... rational experiences with external objects into internal object relationships' ... (thus making them) 'available for unconscious psychological work.'

Perhaps this is an example of what Mitchell (1993, p. 33) suggests is Ogden's decentering of the psychoanalytic subject (from consciousness) toward its ultimate location in intersubjective space. Reis (1999, p. 379), in an earlier paper, proposes that Ogden's resituating of the Freudian psychoanalytic subject represents a significant move akin to the shift from Descartes to Merleau-Ponty, now emphasizing preconscious instead of chiefly conscious processes.

Ogden approaches this enigmatic subject, not to capture and conquer it like pinning a butterfly to corkboard through a formulaic technique, but to more deeply appreciate its multivalent qualities. Remembering the dream upon waking, he says, is not necessary for psychic growth, but rather core development becomes possible in correlation with one's 'capacity to unconsciously think his lived experience' and in accordance with the amount of support one receives 'in containing his undreamable thoughts.'

In what may be an expression of Ogden's main underlying credo, he compares this rich 'dream thinking' to daytime stars that 'continue to emit light even when ... rendered invisible by the glare of the sun' and suggests (along with Bion) that this way of thinking is the 'inherently therapeutic psychoanalytic function of the personality.' He goes on to make a distinction in his definition of the 'dream' and its relationship to 'psychic health,' stating that a dream which does not change one is 'not a dream,' but rather an 'unconscious event ... that does not lead to psychic development.' If 'conscious lived experience' is not 'rendered unconscious' then its embryonic potential remains dormant, like an acorn that falls on the sidewalk instead of into the rich fertile earth.

At times, his poetic sensibility feels like reading creative non-fiction written down amidst the hypnopompic shadows of the night. He states, elsewhere, that through his analytic papers, he aspires to 'give the reader an experience

that is as much emotional as conceptual' (Kohavi, 2017), as illustrated in evocative lines such as, 'she swiped her forefinger across the (phone) ... with a gesture that seemed to be at once sensuous and a slap across the face.' He attempts to (re) create 'the music' (Ogden, 1999) of the analytic experience by including the 'feeling (and) tone of voice' of his own reverie during the session when writing a case description.

Ogden references his own 'analytic third' concept, which he calls the 'dreamer of reveries,' suggesting that this is 'an unconscious construction of patient and analyst' experienced through one's own separate subjectivity. The three case examples he includes illustrate his basic tenet regarding intersubjectivity and how transference and countertransference can only be understood in relation to one another rather than as separate phenomena, while also highlighting the uniqueness of each analytic 'dreaming' pair (Dorenbaum and Yanchyshyn 2013, p. 6).

His first case description illustrates a patient's 'dream-disruption' where 'the dream experience has become too disturbing ... to bear (thus symptoms arise)' and he sees the analyst's role as helping the patient to begin to dream again what has thus far been too upsetting to dream. Ogden equates this 'inability to dream' (i.e. to do psychological work on a piece of lived experience) to that of a 'night-terror in which (one) cannot be awoken from (a) dreamless sleep.' In this case, he spontaneously adds amplification by sharing his own vivid reverie with the patient, who, disoriented and scared by this, slips into silence. Ogden, in his 'dreaming' state, is filled with regret, guilt and identity-less-ness, but he manages to stave off foreclosing on the patient's process and thus the dream (ie. her dream) can go on (in the session). According to Ogden, they were not dreaming 'about ... of ... in' the session, but rather, they were dreaming a 'living dream' together, which included all of the elements of the session from beginning to end. Perhaps this example illustrates the necessary risk that comes with his non-formulaic approach and is a testament to Ogden's (2009) belief that 'when the analyst is off balance, he does his best analytic work.'

His second case example drops the reader into a process where the patient's 'psyche is threatened with fragmentation.' Ogden keeps his interpretations targeted at his own mind in order to express that the patient's mind is 'his own' and the integrity of his inner world will not be insensitively invaded. Ogden provides this safety to his readers as well, by inviting us into part of his own interior realm of thoughts and feelings without telling us what to think or feel.

In his final case example of 'dreaming the session,' he relates a case where the patient has radically 'split-off aspects of the self.' Ogden illustrates how his own reverie image of a stillborn baby enters the room and re-opens the patient's pathway to feel her unfelt 'failed grief.'

As an analyst, reading this article engages the analytic instincts, as if one were in the session with him, searching together in the tall grasses. It often feels that

Bion is very nearby, but there is also a self-determined courage that comes through in Ogden's spontaneous inclination to join his patient's inscape, pointing at the value he places on following the living process instead of tacking it down with theoretical principles. His orientation is not so much a struggle toward understanding, but rather, in his own words, trying not to get in the way of the dream. Ogden's current work underscores his assertion that the experience of the dream, as it is dreamt together by analyst and patient, is more essential to the patient's psychological development than discovering the 'meaning' of the dream.

### References

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