

**Sleep, Dreams, and Dreaming –
From Experimental Dream Research
to Clinical Dream Research**
**睡眠，梦，做梦——从实验室到临
床梦的研究**

Horst Kächele

(International Psychoanalytic University
Berlin)

Wuhan May 2019

In the wake of the 20th century, in November 1899 Sigmund Freud, the founder of psychoanalysis, convinced his publisher to date his book “**The Interpretation of Dreams**” as appeared in 1900.

It is fair to state that this book became a **centennial publication** as it tackled the old issue how to understand dreams by providing the clinical notion that by interpreting a dream one achieves at the same time explaining the nature of dreaming.

在20世纪之交，1899年的11月，精神分析的创始人西格蒙德·弗洛伊德说服了他的出版商使他的著作“**梦的解析**”得以在1900年出版。公平的说，这本书成为了**世纪性出版物**，因为它解决了旧的问题：如何通过提供释梦的临床概念的同时，来解释梦的本质来理解梦

2

The interpretation of dreams has been the most popular area of psychoanalytic theory and technique.

The **analyst's interpretations** of dreams are as dependent on his conception of the function of dreaming as they are on his theory of the genesis of the dream and on the modification of the dream up to the moment of the manifest dream report.

梦的解析一直是精神分析理论和技术中最流行的领域。**分析师对梦的解释**依赖于他对梦的功能的概念，因为这些解释是关于梦的起源的理论以及直到报告显梦时对梦的修改

3

Which dreams a patient remembers, the way in which he relates them, and the point at which he relates them in the particular session and in the framework of the analysis as a whole are all factors contributing to the interpretation.

I shall outline the **recent important findings** of experimental dream research as they show that interpreting dreams appears more problematic than before.

那些被患者记得的梦，他联系梦的方式，以及他在特定时段和整个分析框架中联系梦的点，作为一个整体囊括了所有促成解释的因素。

我将概述实验室中梦研究的**最新重要发现**，因为它们表明分析梦比以前更容易出现问题。

4

Experimental Dream Research

实验室梦的研究

5

The discovery of the phenomenon of **Rapid Eye Movements** (REM) in babies sleep by Aserinsky and Kleitman in 1953 questioned the up to then prevailing dominant psychoanalytic way of looking at dreaming and dreams and open the field of experimental dream research.

What Freud could not know was that everybody goes through different sleep phases and moves into the REM phases four to five times per night.

1953年，Aserinsky和Kleitman发现婴儿睡眠中的**快速眼动**(REM)现象，这一发现质疑了当时主流的精神分析对做梦和梦的看法。并开辟了梦的实验研究领域。弗洛伊德不知道的是，每个人都经历不同的睡眠阶段，每夜进入快速眼动期4到5次

6

During these REM phases sleep researcher identified the occurrence of dreaming activity with very vivid imagery. But only one third of people report dreams memories in their daily life.

These vivid dreams with a action story line make up two to three hours per night; this means that a 75 year old person has spent six to seven years of life life a

dreaming mentation.

在这些快速眼动阶段，睡眠研究者用非常生动的意象来识别梦活动的发生。但是只有三分之一的人会在日常生活中汇报梦中的回忆。这些以行动故事线构成的生动的梦每晚要有两到三个小时；这意味着一个75岁的人已经经历了6到7年的**梦境状态**的生活

7

Today it is more sensible to speak of **dreaming as a process** instead of using the term 'dream'.

Dreaming describes a dynamic process that appears in various shapes.

Mental psychic activity takes place throughout the process of sleeping; it is still true memories of dreamlike sequences have been found indeed more often after waking in the REM phases whereas waking in non-REM phases generates more rational memories.

今天，把**做梦说成是一个过程**，而不是使用“梦”这个词，是比较明智的。做梦描述了一个动态的过程，呈现出不同的形态。心理活动在整个睡眠过程中发生。在快速眼动阶段醒来后，确实更多地发现了类似梦序列的记忆，而非快速眼动期的清醒则会产生更多理性的记忆

8

Hobson & McCarley (1977) published a famous paper on the **activation-synthesis hypothesis** that dominated for a long time the academic discussion.

This publication shaped the general notion prevailing in the seventies of the last century: dreaming is only the outgrowth of the brain to make sense out of senseless sensations. **Freud's view seemed to be outdated.**

Hobson & McCarley (1977)发表了一篇关于**激活-合成假说**的著名论文，在学术讨论中占据了很长一段时间。

上世纪70年代盛行的一种普遍观念，即做梦只是大脑将那些毫无意义的感觉中产生出来的产物变得可以被理解，**弗洛伊德的观点似乎已经过时了。**

9

Today leading dream researchers like Mark Solms (2000) prefer to speak of two processes, REM-sleep and dream activity, that do have a correlative relation but do not have a causal relationship .

So the more recent research speaks **of two processes** that are controlled of different brain mechanisms; dreaming is organized by frontal brain structures that represent complex instinctual motivational connections.

The neuroscientist Panksepp (1998) postulated a **biological seeking-system** driving these processes.

如今，像Mark Solms (2000)这样的著名的梦的研究者更喜欢谈论**两种过程**，快速眼动睡眠和梦的活动，它们之间确实存在相关关系，但没有因果关系。因此，最近的研究提到了两种不同大脑机制控制的过程;做梦由额叶脑结构组织，代表复杂的本能动机联系。

神经科学家Panksepp (1998)假设这是一个**生物给定的搜寻系统**。

10

An exciting hypothesis has been put forward by Weinstein & Ellman (2012). They connect REM-sleep and dreaming with **attachment experience** and **drive reduction**.

Following Freud's ideas they speak of an endogenous stimulation activated by the REM sleep that would explain the vivid nature of the dreams in the REM phases. They point out that deprivation of REM-sleep leads to a REM-rebound effects as if there is a need for a certain amount of REM sleep necessary for survival.

Dreaming in their view has an adaptive function.

Weinstein & Ellman (2012)提出了另一个假设。他们将快速眼动睡眠和做梦以依恋体验和驱力减退联系起来。根据弗洛伊德的观点，他们谈到由快速眼动睡眠激活的内源性刺激，这将解释快速眼动阶段梦境如此生动的原因。他们指出，快速眼动睡眠的剥夺会导致快速眼动反跳效应，好像生存是必须要有一定量的快速眼动睡眠的。在他们看来做梦有一个适应性的功能

11

This fairly new topic in dream research has to do with the role of the neuro-hormone **oxytocin**.

The same brain regions that are involved in attachment-relevant situations, i.e. amygdala and anterior temporal and orbito-temporal cortex, have been shown to be activated during REM-sleep.

Oxytocin secretion reaches a climax early in the morning around four o'clock at a time when the amount of REM-sleep surpasses the NREM-sleep.

梦研究中一个相当新的话题与神经激素**催产素**的作用有关。与依恋相关的大脑区域，即杏仁核、前颞叶皮质和眶颞叶皮质，在快速眼动睡眠期间也被激活。催产素分泌在凌晨四点左右达到高潮，此时快速眼动睡眠量超过了非快速眼动睡眠。

12

One assumes that this supports the internalization of relationship experiences.

Dreaming thus contributes to adaptation of the „**inner working models**“ as John Bowlby called these internal representations of our relationship experiences.

一种假设是，这支持关系体验的内化。因此，做梦有助于“**内部工作模式**”的适应，正如 John Bowlby所说的，这些是我们关系体验的内部表征。

13

It is now interesting to note that in the early development REM sleep phases are organized in the third month of life which is the time when attachment relationships are beginning to grow.

Daniel Stern (1985) described this process as „**representations of interactions that have been generalised**“ - short hand called RIGs. These RIGs are supported by the mirroring functions of the caregivers that contain and modulate the interaction with the baby (Fonagy et al. 2002).

现在有趣的是，在早期发展中，快速眼动睡眠阶段是在生命的第三个月形成的，这是依恋关系开始增长的时间。Daniel Stern (1985) 将这一过程描述为“**已经被推及的互动表征**”简称为RIGs。这些RIGs由看护人员的镜像功能支持，这些功能指能涵容并且调节与婴儿的互动 (Fonagy等, 2002)

14

This developmental step signifies the begin of social relations.

In this vein dreaming during the REM-sleep may be looked at continuous internal stimulation for the work of **internalization of experience**.

这一发展步骤标志着社会关系的开始。在这种情况下，在快速眼动睡眠期间做梦可以看到**对经验内化**工作的持续的内部刺激。

15

The development of the capacity to dream has been the object of only a few longitudinal studies.

Foulkes (1999) reported that children reach the level of adult dreaming only around the age of 13 years. Three-to five year old children only have short memories of static dreams with little actions involved. These dreams often are populated with animals (40%) and only rarely with people (20%).

梦的能力的发展一直只是少数几个纵向研究的目标。Foulkes (1999) 报道，儿童达到成年人的做梦水平只有13岁。三到五岁的孩子对静态梦的记忆很短，很少有动作。这些梦中经常有动物 (40%)，很少有人 (20%)。

16

In most of these dreams there is no **dream-Ego**. Only in the age of 7-9 he found a dream-ego with more actions.

Between the age of 11-13 the influence of **social experiences** becomes more present: girls dream more of their female friends, boys more of their male companions and not surprising more of aggressive actions.

在这些梦中，大多数都没有**梦的自我**。只有在7-9岁的时候，他发现了一个有更多行动的梦的自我。在11岁到13岁之间，**社会经验**的影响变得更加明显：女孩梦见更多的女性朋友，男孩梦见更多的男性伴侣，而有更多的攻击性行为也就不那么奇怪了。

17

Freud's view that dream is the guardian of sleep must now be regarded as disproved; on the contrary, **sleep is the guardian of dream**.

This is one of the **fundamental conclusions** which must be drawn from the many psychobiological investigations of dream and sleep.

弗洛伊德认为梦是睡眠的守护者，现在必须被认为是错误的；相反，**睡眠是梦的守护者**。

这是许多关于梦和睡眠的心理生物学研究得出的**基本结论**之一。

18

Dreaming, the mental activity of the psyche during the sleep, is much more encompassing as Freud and the following generations of psychoanalysts have assumed.

In order to devise an adequate psychoanalytic theory of dreaming one has to respect the findings of the recent dream-sleep research.

做梦，是睡眠状态中的精神心理活动，弗洛伊德和其后的精神分析学家已经假定。

为了构想出一个合适的做梦的精神分析理论，我们必须尊重最近的梦境睡眠研究的发现。

19

One of the first fact is to accept that **there is no such thing as the dream**; dreams have many shapes and configurations, they have different features.

Today it is useful to distinguish between different types of dreams f.e. dreams from REM-phases, NREM dreams, sleeping in dreams, night terrors dreams, lucid dreams, wet dreams, day dreams.

其中一个事实是接受**没有任何一件事如梦一般这个事实**；梦有许多形态和配置，它们有不同的特征。

今天，区分不同类型的梦是有用的，例如快速眼动阶段、非快速眼动梦、睡在梦中、白梦、夜惊梦、清醒梦、湿梦、白日梦。

20

In most of the dreams visual components dominate (60%) but also acoustic phenomena or body sensations appear. Never or rarely never (1%) smell or taste sensation appear.

Also **thought processes** appear that are more frequent than emotions. If they are reported most of the times they exhibit the same qualities as in waking life.

The **most frequent affect** in dreams with normal people is joy followed by anger and anxiety.

在大多数梦中，视觉成分占主导地位（60%），但也出现声学现象或身体感觉。从未或很少从未（1%）出现异味或味觉。此外，**思维过程**似乎比情绪更频繁。即使大多数情况下都有人报告过梦中的表现与清醒时有相同的特征。在正常人的梦中，**最常见的情感**是快乐，其次是愤怒和焦虑

21

Day residues are regarded as the main features of the manifest dream. More than 70% of the subjects, objects and sceneries that appear in dreams can be connected to event of the last week. Furthermore most dreams of healthy people are more likely to be banal dealing with daily life aspects **are not** - in contrast to what many people think - loaded with sexual or aggressive content (Strauch & Meier 2004).

白天的残留被视为明显梦的主要特征。梦中出现的超过70%的主题，物体和风景可以与上周发生的事件联系起来。此外大多数健康人的梦想更可能是庸俗的日常生活处理，而**不是**-相反地，许多人认为，充满性或强烈内容（Strauch&Meier 2004）

22

Another salient finding is the so-called **Wake Dream Continuity** (Revonsuo 2000). What has been salient during the day, and has not been resolved, most likely will appear in the dreams in the following nights.

Other researchers like Hobson (1998) stress the alternative hypothesis, the so-called **complementary hypothesis**. They focus on the loss of logical thinking pointing out a specific reduction of frontal brain activity in dreaming.

另一个显著的发现是所谓的“**唤醒梦的连续性**”（Revonsuo 2000）。白天突出的，并没有得到解决，很可能在接下来的夜晚出现在梦中。其他研究人员如Hobson（1998）强调了替代假设，即所谓的**补充假设**。他们专注于逻辑思维的损失，指出在做梦时大脑额叶活动地特定减少。

23

Dreams by no means are ready made products. After waking up the process of dreaming is not finished. **Dreams are continuously worked over and changed**.

What is told during psychotherapeutic sessions are **selective products** that sometimes have little in common what was dreamed during the nights.

When a dream is told a second time it may become obvious that changes have been made. Some parts are left out, other are added to it.

梦绝不是现成的产物。醒来之后梦的过程还没有完成。**梦不断得到改变**。

在心理治疗过程中所说的是有**选择性的产物**，有时这些产物与夜晚的梦境几乎没有共同点。当一个梦第二次被告知时，它可能会变得明显，改变已经发生。有些部分被遗漏了，其他部分被添加到其中。

24

The person to whom a dream is told seems to play an important role in this process. This feature is important to understand this **reporting of dreams** in a psychoanalytic session.

Often dream reports are fitting into the ongoing **therapeutic relationship** (Kächele & Deserno 2009). Therefore the working with dreams in sessions can be understood as part of the dream process itself.

在这个过程中，被告知梦的人似乎扮演着重要的角色。这一特征对于理解精神分析过程中**梦的报告很重要**。通常，梦的报告符合持续的**治疗关系**（Kächele&Deserno 2009）。因此，在治疗中与梦工作可以理解为梦过程本身的一部分。

25

So today dream is regarded as a multifunctional activity.

Freuds main thesis that dreams have a wish fulfilling task is only one of many functions.

Consolidation of memory, problem solving, affect regulation, coping with stress and conflict solution are all **functions of the dream process**.

所以今天，梦被视为一种多功能活动。弗洛伊德的主要论点是：梦完成愿望的任务只是众多功能中的一个。记忆巩固，问题解决，情感协调，压力应对和解决冲突都是**梦过程的功能**。

26

Clinical Dream Research 临床梦的研究

27

After Freud, clinical work concerning dreams was regarded as routine and the amount of clinical publications about dreams and dream analysis progressively **decreased**. Questions relating to the meaning of **transference** and **countertransference** became the focus of interest. Dream lost its status as the royal road toward the unconscious.

However, in the following decades to this day, important **advances** in psychoanalytical dream theory have been developed. 弗洛伊德之后那些关于梦作为一种流程和临床出版物的数量日渐**减少**

那些探索**移情和反移情**意义的议题变成了主流。梦失去了作为通向无意识皇家大道的地位。

尽管如此，在几十年间，那些重要的精神分析梦的理论得到了**发展**

28

Erik H. Erikson (1954) made an important step toward the rehabilitation of the manifest dream content in his paper “**The Dream Specimen of Psychoanalysis**” in which he carefully analyzed Freud’s Irma dream.

In his multi-stage schemata, concerning dream interpretation, are Freud’s known initial approaches of free thoughts or the symbolic interpretation of manifest dream contents; however, Erikson describes, at the same time, a systematic examination of **manifest dream** contents in light of place, time, person, affects, channels of perception, etc.

埃里克·埃里克森（1954）在他的论文“**精神分析梦的样本**”中为显梦的复原做出了重要的贡献。在他的多级图式中，关于梦的解析，有着那些弗洛伊德原初的那些显梦内容自由思想或是象征解释的内容；也有埃里克森提到的一种系统的对**显性梦**内容的检查，在地方、时间、人、影响、感知的通道等方面。

29

Dream contents are connected via present conflicts and day residues as well as the relationship with the therapist. This is described in connection between dream and transference toward inner psychological conflicts and the tasks of life and development concerning the **respective life-span** of the dreamers.

Erikson paves the way for the appreciation of dream contents, the evaluation of relationship capacities, and the inner conflict condition of the individual.

梦内容通过当前冲突和日残留和分析师的关系来连接。这在梦与移情的连接中被描述，这些移情是指向内部心理冲突和生命议题，还有梦者**生命发展各阶段**的。Erikson铺平了一条道路，这是一条鉴别梦的内容、评估关系能力以及个人的内在冲突状况的路。

30

Formal **dream content analyses** show (compare Domhoff, 1995) that one can work fairly close with the systematic analysis of components and processes in the manifest dream and assess how the subject experiences and evaluates oneself in the world and toward other persons in the dream.

有条理的**梦内容分析**显示(比较Domhoff,1995),一个人可以很系统的紧贴着显梦的各部分和过程工作，并且评估被试在世上如何体验的和在梦中对他人如何评估的。

31

The emphasis of the **manifest dream** and the focus on the subjective realm of living in the way it presents itself in the dream as well as the attachment constellations, designed in the dream, characterize the progression of psychoanalytical dream theory and dream interpretation.

For psychoanalytic work with dreams, the connection of dream and transmission are important. In this case, the relationship that the dreamer has to his dreams is formulated anew .

显梦的重点和在梦中如何自我呈现主观境界，还有依恋类型，在梦中被设计，这形成了精神分析梦理论和梦解释的进展。对于精神分析梦的工作，梦和传播的联结是重要的，在这种情况下，梦者和他的梦的关系被重新形成

32

Dream and Transference 梦与移情

33

For the psychoanalytic work with dreams the connection between dream and transference became a '**leitmotif**'! This line of clinical dream research was initiated by Lewin (1948), and was continued by Gill (1966/1982) and Morgenthaler (1986).

They insisted specifically in connecting the analysis of transference with the analysis of dreams (Deserno 1992, 1999). 在精神分析与梦的工作中,与移情之间的关系变成了一个“**主题**”! 这一系列临床梦研究是由Lewin(1948)发起的,并由Gill(1960 / 1982)和Morgenthaler(1986)继续。他们坚持要具体地在移情分析中分析梦(Deserno 1992,1999)。

34

The dreaming quality of the psychoanalytic situation and the implementation of unconscious transference is underlined.

Deserno (2005,) developed his ideas even further by combining different psychic realities with **different symbolic modes** in the psychoanalytic situation. He identifies the dream and the memory character of transference actions with different forms of symbolizations.

强调了精神分析情境下做梦质量和无意识移情的实现。Deserno(2005)在精神分析的情况下,将不同的心理现实与**不同的象征模式**结合起来,进一步发展了他的想法。他以不同形式的象征来识别梦和移情行为的记忆特征

35

If one concentrates on how a patient experiences dreams or current relationships to the analyst in the situation of transference and how the characteristics change in the course of treatment one can find indications for the connections of **interpersonal events** and **intra-psychological** functions.

The essential idea is that the dream does not develop like a solitary, detached from daily life experience, but is closely connected with the interpersonal experiences and is sensitive in catching and depicting events that happen during psychoanalytical treatment. 如果一个人专注于病人如何体验她的梦或在移情中与分析师的关系,以及在治疗过程中这些特征是如何改变一个人发现**人际事件**和**心理内功能**联系的迹象。最重要的想法是,梦并没有如同单独的、与日常生活经历分离的那种机制发展,但与人际经验密切相关,对精神分析治疗中所发生之事的捕捉和描述是敏感的。

36

The next step is to examine the dream concerning its interpersonal contexts. Apart from the disclosure of latent dream thoughts and repressed drives, the main point is the examination of **the interpersonal inner realm** of the dreamer.

What are the object representations brought into dreams and how does the dreamer act accordingly?

下一步是研究人际关系情境的梦。除了揭示潜在的梦的想法和被压抑的驱动之外,主要是对梦者**人际关系内部领域**的审查。什么是梦的客体表征所带进梦中的,而梦者是如何应对的呢?

37

In this approach, **context** and **subjective meanings** are generated (Stolorow and Atwood 1993), i.e. the interpretative work of dreams seeks themes of configuration that structure the self and the object in the recounting of the dream.

Understanding of the dream's meaning takes place through conceptual elaboration of these attachment configurations. They assume that these topics are an additional possibility to be able to better understand "**pre--reflective unconscious experiences** that structure the subjective individual inner universe of the dreamer" (p. 216).

在这种方法中,**语境和主观意义**被产生(Stolorow和Atwood 1993),即梦的解释工作是寻求结构的主题,这些结构构成了自体 and 梦中的客体。

理解梦的意义是通过对这些依恋结构的概念阐述中进行的。他们认为,这些话题是一种额外的可能性,可以更好地理解 "**前反思性的无意识体验**", 这种体验组成了梦者主观个体的内在空间(p. 216)。

38

Dream interpretation does not happen simply because of a **causal mechanical model** with which dream work can be made retrogressive in order to identify the underlying wish.

Instead, it concerns the occupation with current emotionally relevant problems in the life of the dreamer.

However, it does not mean that the attempt for **wish fulfillment** via the dream does not have any significance.

梦的解析并不仅仅是一个因果力学模型,这种情况下,梦的工作会倒退回阐明潜在的愿望。

相反,它是一个关注梦者的生活中与当前情感相关问题的职业。然而,这并不意味着通过实现愿望的尝试中,梦没有任何意义。

39

Dreams are now rather understood in a broader sense and interpreted as such. Thus, other individual preferences and intentions of the dreamer appear to be relevant as well.

These processes can be shown best in a particular type of dream that cannot be explained with the idea of wish fulfillment as the function of dream - anxiety dreams and nightmares.

现在的梦在更广泛的意义上被理解,并被解读。因此,其他个人的喜好和梦者的意图也成为被关切的议题。

这些过程可以在一种特殊的梦的形式里得到最好的表现,这是不能用愿望实现来解释梦的功能——而已焦虑梦和噩梦的功能来解释。

40

Nightmares 噩梦

41

E. Hartmann (1998, 2011) described the processes in nightmares as exemplary for all dreams. In this case, the function that plays an essential role in all dreams is most clear: contextualizing of emotions. Following a **traumatic experience**, for example, earthquake, fire disaster, accident, act of war, terror, torture, violence, etc., a typical sequence of dreams can be observed.

E. Hartmann(1998,2011)描述了噩梦的过程,以此作为所有梦的范例。在这种情况下,一个重要功能在梦中扮演一个重要角色:情感的语境化。接着是**创伤经历**,例如地震、火灾、事故、战争、恐怖、酷刑、暴力等。梦的一个典型序列可以被观察到。

42

In the beginning, immediately following the traumatic experience repeated nightmares appear. This is described as **“re-enactment”** in the dream.

Comparable to a film, the events repeat unchanged in the dream (as if one would watch the same sequence over and again). However, the unchangeability was put into question, for example, in the case of chronic post-traumatic disorders (compare Varvin et al., 2012).

一开始,在创伤经历之后,反复的噩梦出现。这被描述为梦中**“又再现”**。与电影相比较,在梦中发生的事件是不变的(就像一个人会一次又一次地观看同样的顺序)。然而,在慢性创伤后障碍(比较 Varvin et al., 2012)的情况下,可不变性就是一个需要注意的问题。

43

Moreover, Hartmann describes how this **sequence of events** changes i.e., locations or events are exchanged or persons appear suddenly and are integrated in the actions or happenings, respectively.

For example, the victim of a fire disaster dreams after a while about a gigantic flood approaching. However, also this picture changes after some time and becomes in the dream a train approaching. Thus, the content of the images change to an everyday character and decreases in **affect intensity**.

此外,Hartmann描述了这一系列事件的变化。例如,地点或事件交换或人员突然出现,并分别在行动或事件中整合。例如,在一段时间内,一场火灾的受害者做场巨大的洪水逼近的梦。然而,这幅画面在一段时间后改变了,在梦中变成了一列火车不断靠近。因此,图像内容的改变具有日常属性,并在情感强度的过程中减少。

44

Hartmann describes this as **changing contextualization** as an essential function of all dreams.

A tram driver was entangled in a deadly accident, which he experiences in its sequence again in a nightmare.

In the framework of therapeutic work, the dream went through changes.

Finally, he was no longer driving the tram but a suspension railway high above the ground. Via this change, he could be sure to no longer run over the person in the dream (1999, p. 115).

Hartmann将此描述为**改变的语境化**，并将此作为所有梦的基本功能。

一名电车司机卷入了一场致命事故，在一场噩梦中这一场景再次出现并被体验。

在治疗工作的框架中，梦有了变化。最后，他不再驾驶电车，而是悬浮中的火车。通过这种改变，他可以确定不会在梦中从人身上压过(1999年,p.115)。

45

By reason of this example one can deduce that the dream has a **“therapeutic function”**.

New contexts are found from everyday life and because of that an originally overwhelming experience, expressed in nightmares, can eventually be contextualized.

In the continuing process, nightmares change more and more into common dream experiences. In a **safe place**, the dream creates connections, helps in decreasing highly affective conditions of experience and gives them a grip.

通过这个例子，可以推断出这个梦有一个“**治疗功能**”。

从日常生活中发现了新的情境，因为这是一种最初的淹没性经验，在噩梦中表达，最终可能会被语境化。

在持续的过程中，噩梦越来越多地改变成了普通梦的体验。在一个**安全的地方**，梦创造了联系，帮助减少了体验到高度的情感状态和固着。

46

What appears clearly in nightmares takes place also in all other dreams. Whenever discrepancy exists or disturbing experiences, a conflict occurs, a problem must be solved, a dangerous situation develops for the ego.

As long as the **ego capacities** are intact, one attempts to connect the problematic event in the dream with other experiences in the waking state showing less affectivity. This view, concerning dream functions, can be brought into accord with Freud or Stolorow's **psycho-analytical dream theories**. Nightmares and anxiety dreams can be integrated into a more general model.

在噩梦中看起来清晰的事情也发生在其他所有的梦中。当存在或令人不安的经历时，冲突就会发生，必须解决一个问题，一个危险的情况是为了自我而发展。

只要**自我能力**是完整的，一个人就能在清醒的状态中与其他在梦中经历的问题事件所联结，而表现出更少的情感。这个观点，关于梦的功能，可以与弗洛伊德或Stolorow的**精神分析梦理论**相一致。噩梦和焦虑梦可以集成到一个更普遍的模型中。

47

Donald Melzer's Contribution

Donald Melzer的贡献

48

Donald Melzer (1984) attributes autonomous symbolic value to the dream. Through experience of early interaction with the mother, who communicates via physical contact and in rhythmic exchange with the child, the **first emotional symbolizing conditions** and experiences are developed. Later in a second step this process is linguistically interchanged and made describable. With this comes expansion or inclusion, respectively of the experiences and information from and with the outer world.

Donald Melzer(1984)将自主的象征价值归因于梦想。通过与母亲的早期互动体验,人可以通过身体接触和与孩子进行有节奏的交流,**第一个情感象征状态**和经历得到发展。在第二步中,这个过程是通过语言互通的,并使其成为可处理的。随着这一过程的扩大或包容,分别从外部世界和伴随着外部世界获取经验和信息。

49

Melzer speaks of two differing grammars that come close to the pre-verbal and verbal self, and comes very close to, for example, Stern's (1985) view; however, this can also be brought into relation to the concept of **primary processes and secondary processes** according to Freud or to the process of mentalizing as well (compare Fonagy, Gergely, Jurist, & Target, 2002).

Melzer谈到了两种不同的语法,接近于前语言和语言自体,并接近于,例如Stern的(1985)观点;然而,这也可以与根据弗洛伊德的初级过程和次级过程的概念相联系,或者是心智化的过程(比较Fonagy,Gergely,law st,and Target,2002)。

50

In the dream concept of Melzer, the secondary process in dream interpretation receives a central role.

In the **verbalized dream**, thoughts become accessible to the meaning of the dream.

In this case, a transformation - information coded by dreamwork - occurs and experiences from the early symbolized body experience from which emotional conditions and unconscious thoughts originate.

在Melzer的梦想概念中,梦解析的次级过程起到了中心作用。在**言语化的梦**中,想法可以进入梦的意义中。在这种情况下,一种转换——由梦工作编码的信息——发生并体验,这来自于早期的象征性的身体经验,这种身体经验是情绪状态和无意识思想的起源。

51

The transfer of these unconscious symbolized experiences in the symbolic discourse of the secondary process is **not a translation step but a transformation** of the often visual and physical representation into linguistic symbols.

Thus, **the reported dream** is another product as the experienced dream in which the dream work seeks and finds visual-bodily representational solutions for bodily experiences and emotional states.

在次级过程的象征性话语中,这些无意识象征体验的转递**并不是一个翻译的步骤**,而是一种将视觉和物理表征转化为语言象征的**变形**。

因此,**报告出的梦**和被体验的梦本不相同。被体验的梦的梦工作本质是寻求并寻找身体表征的解决方案,以满足身体经验和情绪状态。

52

Ogden and Bion 奥格登和比昂

53

As a continuation of this thought Ogden (2005) describes the **ability to dream as symbolic activity** that must be established in the course of development. This is not automatically the case.

Ogden views the ability to dream in relation to Bion's concepts. According to Bion, alpha function serves to digest the immediate experience (**beta elements**) and "metabolizes" them into understandable symbols (**alpha elements**) such as a communicable form which can be communicated.

作为一种思想的延续,Ogden(2005)提出将**梦象征性活动的能**力必须在发展的过程中被建立起来。这不是自动化的过程。Ogden认为有能力做梦与Bion的概念有关。根据Bion的说法,alpha功能可以消化直接的体验(**beta元素**),并将它们“代谢”成可以理解的符号(**alpha元素**),比如一种可以交流的交流形式。

54

As a result of this process, a symbolic inner world of meaning within the individual develops.

For Ogden, the ability to dream is an indication of efficient **alpha function**.

The dream takes place in sleep (as a visual dream experience) as well as during the waking state (as unconscious process).

由于这个过程,一个意义的象征的内在世界在个人历程中发展。对于Ogden来说,梦的能力是一个有效的**alpha功能**的指证。梦在睡眠中发生(作为视觉梦想的体验),同样也在清醒状态(无意识过程)

55

Dreaming is, therefore, a continuous process that is granted a particular possibility of expression during sleep. If this symbolizing process is disturbed i.e., a transformation of the immediate experiences (beta elements) into symbol carrying alpha elements is limited, it is not possible for the individual to be really asleep or awake.

Ogden is concerned how far **dreaming can be seen as an indicator** for the specific human capacity to give unconscious psychological experience via the symbolization and mentalization of psychological meaning.

因此,做梦是一个连续的过程,在睡眠过程中被赋予了一种特殊的表达的可能形式。如果这个象征过程被干扰了。例如,将直接体验(beta元素)转化为那些alpha元素的过程被限制,那么个体就不可能真正睡着或清醒。

Ogden关心的是,**梦可以被看作是一个指标**,以显示特定的人类能力,通过将心理意义象征化和心智化,给无意识于心理体验。

56

my own research 我自己的研究

57

A often repeated opinion within clinical quarters is the critical statement, that patients dream correspond to the theory of their therapists.

If at all some kind of proof could be based on the famous study of Hall and Domhoff (1968) that compared Freud's and Jung's own dreams with the content-analytic system developed by Hall und van de Castle (1968).

Freud's dreams clearly portrayed his social insecurities as a Jew whereas Jung's dreams reflected his stabile social situation as a Swiss well established bourgeois.

一种在临床领域中经常被重复的观点是关键的称述，即患者的梦与他们的治疗师的理论相一致。如果某种证明可以基于Hall和 Domhoff（1968）的著名研究，将弗洛伊德和荣格他俩的梦在Hall和 van de Castle（1968）开发的内容分析系统中进行了比较。弗洛伊德的梦清楚地描绘了他作为犹太人的社会不安全感，而荣格的梦则反映了他作为瑞士资本家稳定的社会状况。

58

My doctoral student C. Fischer and me, we decided to examine this issue (Fischer & Kächele 2009).

We conceived typical features of Freudian dream's based on Hall and Domhoff's findings and likewise typical features of Jungian dreams.

我和我的博士生Christoph Fischer决定检验这个议题（Fischer&Kächele 2009）。

我们构想了在Hall和Domhoff研究中发现的弗洛伊德主义下梦的常规特征和荣格主义下的梦的常见特征

59

Thirty dreams from each of eight patients - four in Freudian therapy and four in Jungian therapy - were compared both in terms of kinds of content and in terms of changes over time. The patients were matched in diagnosis, age, sex, and social background.

In the first third of the dream series, Freudian patients dreamt more "Freudian" dreams, and Jungian patients dreamt more "Jungian" dreams, producing a significant difference.

八名患者中，每名患者的三十个梦——四个在弗洛伊德疗法中，四个在荣格疗法中——在内容种类和随时间变化方面进行了比较。患者在诊断、年龄、性别和社会背景方面进行匹配。在梦系列的前三分之一，弗洛伊德患者做梦时更多的是“弗洛伊德综合症”的梦，而荣格患者做梦时更多的是“荣格综合症”的梦，产生了显著的差异。

60

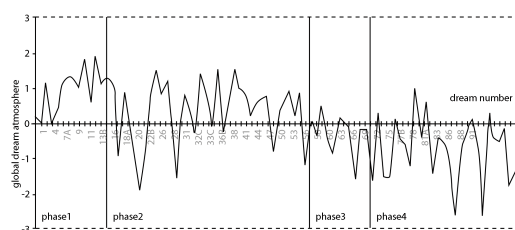
However in the last third of these treatments the difference was no longer statistically significant. These findings support the hypotheses that the theoretical orientation of the therapist exercises an initial influence on the dreams of the patient, and that this **influence diminishes as the treatment progresses** and the patient becomes more independent from the therapist's theoretical orientation. 在最后三分之一的治疗中，差异不再具有统计学意义。这些发现支持了这样的假设：治疗师的理论方向对患者的梦产生了最初的影响，并且**随着治疗的进展，这种影响会减弱**，患者变得更加独立于治疗师。

61

In a systematic study of the patient Amalia X's dreams during a longer psychoanalytic treatment we coded about 111 dream reports using the Affective Dictionary Ulm (Dahl et al. 1992). We could identify a **systematic decrease from negative affects to positive affect** in the course of the treatment (Figure 1) and a growing capacity of **self-reflective commentaries** in the dreamer's associations to her dreams (Figure 2) (Kächele and Leuzinger-Bohleber 2009). 在一份系统研究病人Amalia的梦的更长的研究中，我们编码了大约111份梦的报告。因此，我们可以确定**从负面影响到积极情感的系统性减少**（图1），以及梦者对梦的联想中**自我反思性评论能力的不断增强**（图2）（Kächele和Leuzinger-Bohleber 2009）。

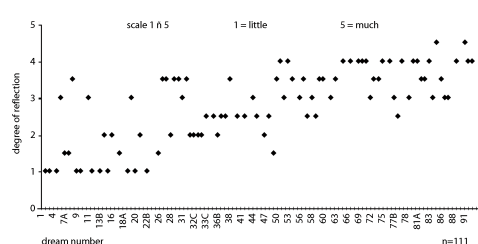
62

Figure 1



63

Figure 2



64

A 26-year-old woman, Franziska X, came for treatment because she suffered from intense attacks of anxiety, which occurred especially in situations in which she was supposed to demonstrate her professional ability. She had brilliantly completed her training in a male-dominated profession and could count on having a successful career if she could overcome her anxieties. The latter had developed after she had completed her training, so to speak when things became serious and the rivalry with men no longer had the playful character of her student days. 一名26岁的女性,Franziska X,因为她遭受了激烈的焦虑而来治疗,尤其是在那些她被认为可以展示她专业能力的情况下。她在一个男性主导的职业中出色地完成了训练,如果她能克服她的焦虑,她应该可以取得职业的成功。这在完成了训练后变得有眉目,所以当事情变得糟糕起来的时候,与男性的竞争不再像是学生时代那种好玩的事情。

65

Franziska X had met her husband during her training and they were united by satisfying intellectual and emotional ties. However, she did not get much satisfaction from sexual intercourse in her marriage; it took a lot of concentration and work for her to have an orgasm, which she could have on her own much faster and simpler.

在培训中Franziska X遇见了她的丈夫,他们的结合,有着让人满意的知识和情感联结。

然而,在她的性生活中,她并没有得到太多的满足感;为了她的性高潮,花了很多的精力和工作,她可以更快更简单地让自己有性高潮。

66

She quickly reacted to the initiation of treatment by **falling in love**, the first signs of which were already apparent in a dream she recalled in the fourth session.

It described, first, a scene between an exhibitionistic girl at a police station and a man who was reacting sexually.

The second part of the dream depicted a medical examination in which the patient was observed by someone with X-ray eyes; only a naked skeleton was visible.

她在治疗中很快对**陷入爱河**有了反应。第一个明显的迹象是,在第四次会谈时她回忆了一个梦。

它首先描述了一个在警察局一个供展女孩和一个有性反应的男人之间的场景。

这个梦的第二部分描绘了一个有x射线眼睛病人的医学检查,这个人只能看到一堆白骨。

67

The patient's dreams contained repeated permutations of the subject of **forbidden love** with subsequent punishment or separation.

She vacillated greatly between her desire to please me, like a schoolgirl doing her homework, and her disturbing desires, which she also mentioned in her associations.

病人的梦包含了对被**禁止的爱**的重复的反复的行为,和随后的惩罚或分离。

她在渴望取悦我的愿望,像一个女学生完成她的作业,和她令人不安的欲望中徘徊不定,在她的联想中也提到了她的欲望。

68

By the eleventh hour I had already become a "**really good friend**," who was all her own and who also satisfied the condition that "it" could never become reality.

What "it" meant was clarified by her next association, when she asked me,

"Did you see the movie late night about the priest who had an affair with a woman convert?" In the fourteenth session Franziska X told me about a dream.

到了第十一小时的时候,我已经成为了一个“**真正的好朋友**”,完全属于她的,能满足了一种“它”永远无法变成现实状况的。“它”在她的下一个联想中得到了澄清,当她问我“你看了昨晚的电影吗?是关于牧师,一个和皈依女人发生婚外情的牧师吗?”在第十四次的时候,弗兰兹卡X告诉我一个梦。

69

P: You told me that you were in love and then you kissed me, when I am in love it only goes to kissing, that's the most beautiful part, then the rest comes whether you like it or not. Then you said that we had better stop the analysis. I was satisfied with your decision because I got more this way.

病人: 你告诉我你爱上我了,然后你吻了我,当我恋爱的时候,它只会接吻,那是最美丽的部分,那么剩下的就来了,不论你喜不喜欢。然后你说我们最好停止分析。我对你的决定很满意,因为这样我能得到了更多。

70

The purpose of this intensive manifestation of **eroticism** seemed to be to fight her experience that analysis is a phase of "hard times" (17th session).

Obviously she dreamt the fulfillment of her narcissistic wishes that were in sharp contrast to her real disappointing life situations.

这种**色情性**的密集表现的目的似乎是为了与她的经验相对抗,就是分析是“艰难时光”(第17次会面)的阶段。显然,她梦见了她自恋愿望的实现,与她真正令人失望的生活情况形成了鲜明的对比。

71

In a systematic study we compared her narratives about relationships in the session with her dream materials and demonstrated for this patient that **daydreams** and **night dream** were a complimentary: real life was full of frustration whereas the night life was full of gratification (Albani et al. 2001) contradicting the findings of Popp et al. (1990) 在一个系统的研究中,我们把她关于关系的叙述与她的梦的材料进行了比较,并为这个病人展示了**白日梦**和**夜梦**是补偿性的:现实生活中充满了挫败,在那里夜梦则充满了满足 (Albani et al. 2001), 这与Popp等人的发现相矛盾。(1990)

72

Clinical Dream Work 临床梦的工作

73

Let me conclude that clinical work with dreams remains a controversial issue: some analysts are lovers of working with dreams, others are not.

Dreams certainly are no longer the **royal road** to unconscious motivation, but they are one way to access these processes. Many issues have not been studied extensively, f.e. whether to **face-to-face situation** in most treatments nowadays impedes working with dreams.

让我总结一下,与梦的临床工作仍然是一个有争议的问题:一些分析师是与梦工作的爱人,而另一些则不是。

梦当然不再是通往无意识动机的坦途,但它们是接近这些过程的一种方式。

许多问题都没有被广泛研究,例如,是否在现在的大多数**面对面**的治疗中都阻碍了与梦的工作。

74

To provide a detailed example of dream interpretation I take up the issue of **self-representations in dreams**. They open up a hidden dimension because of the scenic character of "dream language."

Deformities of the **body image** then occur in an interactional context. In comparison with dream language and in contrast to the vividness of hypochondric complaints, the descriptions of imagined deformities are one dimensional.

为了提供一个关于梦的解析的详细例子,我提出了**梦中自我表征**的议题,因为“梦语言”的戏剧特征,它们打开了一个隐藏的维度,**身体印象**的畸形变形发生在一个互动的情境中。同梦语言相比,与疑病症的活灵活现相不同,对想象出的畸形的描述是一维的。

75

Self-representations in dreams exhibit latent dimensions lost to conscious experiencing and absent in descriptions of symptoms except for the fixed imagined final product.

The context of the dream thus makes it possible for the analyst to have insights into the genesis and meaning of disturbances that in conscious experiencing take the form of psychopathological phenomena, that is of a "**damaged body image**" to use a brief but appropriate expression.

梦中的**自我表征**表现出潜在的维度,除了固定的想象的最终产物之外,这些维度被有意识的体验所丢失,在对症状的描述中也不存在。因此,梦的美丽图景使得分析者有可能洞悉以精神病理现象的形式出现,在意识体验中的那些扰动的成因和意义,一个简短但恰当的表达就是“**受损的身体形象**”。

76

Dream About an Injection

有关于打针的梦

77

At the beginning of the 37th session Erich Y delightedly told me about his discovery of things that he had in common with his boss. He used to have many disputes with his boss; both had been "blinded by our ambition."

Spontaneously and without any apparent transition the patient started telling me about a dream he had had the previous night.

在第37次咨询开始时，Erich Y很高兴地告诉我他发现了自己与老板的共同点。他以前和老板有很多争执；两人都“被自己的野心蒙蔽了”。在自发而没有任何明显的过渡氛围里，患者开始告诉我他前一天晚上的梦。

78

"I saw a younger doctor in a hospital. I told him about my illness, and he gave me some hope. He claimed he knew something that would help. He experimented by giving me injections in my back, and while he was giving me a shot - it took a long time - I pulled away because it hurt.,

“我在一家医院看到了一位年轻的医生。我告诉他我的病情，他给了我一些希望。他声称他知道一些有用的东西。他在我的背上给我实验性的打了一针，当他给我注射的时候——花了很长时间——因为这太疼了，我就终止了。”

79

He then came to speak in a vague manner of agreeable experiences, ones he might have had together with his wife. The day before, for instance, he had experienced something good at home. It had become clear to him how important mutual confirmation is.

Following his longer statement there was a pause, which I interrupted by pointing out that the patient had received something good in the dream but that it had also caused pain. 然后，他以一种含糊不清的方式来讲述他可能和他妻子在一起的愉快经历。例如，前一天，他在家经历了些好事情。他已经清楚地认识到相互确认是多么重要。

在他较长的陈述之后，有一个停顿，我打断了他的话，指出患者在梦中得到了一些好的东西，但也引起了疼痛。

80

The topic shifted to the patient's ambivalence to therapy. A few sessions earlier the patient had been at a loss as to what he could answer curious questioners who wanted to know what he got from analysis.

The experience that he frequently had not received any concrete support from me could have led the patient in his dream to turn to a young doctor who - as I interjected - knew of a particularly good form of medication.

这个话题转到了患者对治疗的矛盾心理上。几次治疗之前，患者对他能回答那些好奇的提问者问题感到茫然，他们想知道他从分析中得到了什么。他经常性地从我这儿得不到任何具体支持的经历，可能会使他在梦中求助于一个年轻的医生——如我插的那句话——他知道一种特别好的药物治疗方式。

81

The following details of the work on this dream are in your Chinese version of this lecture.

Last not least let me mention that therapists do dream about their patients. Most likely it is a sign of **countertransferential involvement** that calls for a supervision!

接下来的内容在中文文稿中已有呈现。

最后但重要的是，让我提一下，治疗师确实会梦见他们的患者。最有可能的是，这是需要被督导的反移情卷入的一个标志！

82