Traumatic dreams: symbolisation gone astray

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Introduction

An underlying claim in the research to be presented in this chapter is that formal laboratory based dream research may inspire clinical work with dreams in psychoanalysis and psychoanalytic psychotherapy and possibly change theory. A dream dreamt in a laboratory setting and a dream dreamt during a psychoanalytic process do not, however, necessarily express the same underlying process. The last will to a large extent be determined by the specific and actual transference-countertransference situation, in contrast to a laboratory setting where transference reactions are usually not accounted for or may be seen as a disturbance. In our research it became apparent, however, that those volunteering to participate in laboratory dream research did have expectations and transferences that were displayed in relation to the setting and the interviewers. A wish for security was obvious in many cases but many had also "unfinished business" that in one way or another appeared as themes in dreams and associations to the dream. This was especially visible in individuals with chronic post-traumatic states who often struggled with long-standing guilt and problems with aggression.

The knowledge gained from the research presented here strives to give insight into significant mental processes that are affected by traumatisation and thus contribute to psychoanalytic trauma theory and to a better understanding of how therapy works. Furthermore, the two different methods applied for the analysis of traumatic dreams deepen the understanding for affect-regulating processes, deducible from manifest dream content (Moser method) for one, and the dreams' transferential and object-relational facets contained in one- and two-person relations in dream telling (psychoanalytic enunciation analysis) for the other.

The traumatised mind

The traumatised mind is characterised by disintegrating, dissociative, and potentially rupturing processes that can be released or provoked by stimuli that bear resemblance (mostly in a metonymic way: *pars pro toto*, resemblance by part) to aspects of the reminiscences of traumatising events.

Because the integrating functions of the mind are impaired, perceptions of these stimuli activate primordial schemes of danger (Varvin & Rosenbaum, 2003; Rosenbaum & Varvin, 2007) and often set off cascades of fear reactions with concomitant neurophysiological patterns of reactions related to the sympathetic nervous system and the hypothalamic-pituitary-adrenal axis. One can observe in traumatised individuals difficulties in organising perceptions of both inner and outer stimuli, of relating perceptions to other perceptions and to earlier perceptions in a functioning memory, and, as a result, difficulties in organising experience as a whole, taking different aspects of the situation into consideration. Trauma does not only (or primarily) refer to memory traces from the past (explicit memory) but more importantly to the ongoing problems in regulating negative emotion, a dysfunction that reflects disturbances in symbolising capacity. The symbolising capacity is at the basis of the above-mentioned capacities (integrative function, mentalising capacity, and so forth) and we hold that post-traumatic disturbances basically are a disturbance of this function.

Dreaming and nightmares: the traumatic dream

Dreaming may serve an integrative and adaptive function in which actual problems are connected with previous significant situations and

earlier unresolved problems. Clinical experience has shown that even if traumatic dreams relate to, and often appear as, earlier traumatic experiences, they comprise day residues that have provoked similar feelings and mental experiences as the original traumatic event, for example feelings of shame and humiliation, experiences that the traumatised often has due to deficiencies in mental functions (Lansky & Bley, 1995). The ubiquitous, but often ignored, presence of guilt in trauma survivors is also central.

The study of dreaming, it being a central part of the mind's work with unmetabolised, trauma related elements (Bion, 1977; Hartmann, 1984), may thus give a privileged insight into the workings of the mind (Freud, 1900) where the traumatised individual tries in his/her dreams to deal with day residues that are experienced in terms of earlier traumatic experiences and nightmares signifying aborted or failed attempts (Fischmann, 2007) of this. But also the clinical work with dreams—and nightmares—of traumatised patients has been shown to be of importance in aiding the traumatised mind to restore its symbolic function (Adams-Silvan & Silvan, 1990; Hartmann, 1984; Pöstenyi, 1996).

In the dream generating model of Moser and v. Zeppelin (1996) (used in this project), conflictive complexes are differentiated from traumatic complexes. The former revive negative affects together with attempted wish-fulfilment (wish-fulfilment is possible, albeit under restricted conditions), the latter contain episodes in which affective events cannot be integrated into a cognitive structure (traumatic dreams).

In the psychoanalytic enunciation model (the second model used in this research), dreaming is seen as an attempt to achieve containment and integration of unorganised imaginary elements in a symbolic mode of functioning (Rosenbaum & Varvin, 2007). The model describes thus the possible movement from unorganised non-symbolic dream material to more integrated symbolic dream scenes.

In our research we hypothesise that dreaming by traumatised individuals indeed is an attempt to organise experience and turn passivity into activity and that this process can be observed in the person's attempt to organise the traumatising experience in a dream narrative (Fosshage, 1997; Hartmann, 1999). Dreaming will, according to this line of thinking, be a kind of laboratory for studying some basic functions of the mind and the symbolising process *in statu nascendi*, as well as the effects that trauma has on relational capacities.

Post-traumatic states are, among others, characterised by intrusive phenomena within which dreams recalling the original traumatising experiences are frequent. However, what happens during the night for many traumatised individuals may have different qualities and may even be a distinct phenomenon, on a phenomenological level, a structural level, a dynamic level, and even a neurophysiological level, which makes—as we know from clinical experience as well—the distinction of dreams from nightmares, nightmares from hallucinations, hallucinations from vivid imagery, etc. difficult. In addition, it can be difficult to distinguish so-called night terrors, anxiety attacks while asleep with no mental content, from nightmares (Fischmann, 2007). It is therefore of both scientific and clinical interest to study the dream processes of traumatised persons in depth, which will be elaborated in the following with those traumatised in the Balkan war.

Post-traumatic dreams and symbolisation: context, method, and description of the sample

In the last decade of the twentieth century there were almost continuous wars throughout the western Balkans in the territory of what has come to be known as "ex-Yugoslavia".

Characteristic of these wars was the involvement of huge masses of people and coverage of large multi-ethnic territories. There were diverse ranges of combat activities (frontline to street fighting), but more than anything else it was a violence targeted against civilians, i.e., persecutions, killings, concentration camps, ethnic cleansing, and mass murders (Srebrenica not being the only case). Victims and participants of this conflict became subjects of our study.

At the International Aid Network Centre for Rehabilitation of Torture Victims (CRTV) in Belgrade (www.ian.org.rs), help is being provided to thousands of those who were imprisoned and tortured during the war and also to those from eastern Bosnia (including Srebrenica). Torture survivors proved to be difficult to work with. It is the torture itself that is inconceivable, as it entails the most monstrous acts of violence against other people without any "understandable" reason. It was only years after the war, when the staff at IAN encountered violence in institutions as well (prisons, psychiatric hospitals, and social institutions) that patterns were recognised which were similar both in war- and in peace-time, namely: dehumanisation of others, torture and

Pool of clients (N?2,500):
Torture survivors in CRTV;
war veterans and refugee associations;
Military Medical Academy;

PRELIMINARY TESTING
IES-R (Weiss & Marmar, 1997)
WSAQ (Jovic et al., 2002)
SCL-90-R (Derogatis, 1983)

Current PTSD N = 133
Lifetime PTSD N = 66
Traumatised without PTSD N = 128
Healthy control N = 99

CLASSIFICATION AND DIAGNOSIS
CAPS (Blake et al., 1995)
SCID-I (First et al., 1996)

written informed consent
toxicological tests: illicit
drugs, benzodiazepines
inclusion/exclusion criteria

Experimental group
Subjects with current PTSD N = 25

Psychological testing
Neuropsychological testing
Clinical assessment
Biological examinations

Referential group
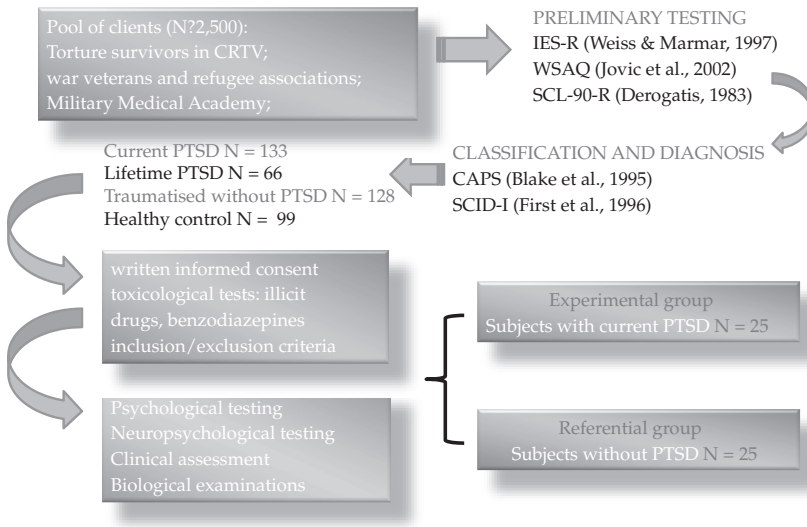Subjects without PTSD N = 25

Figure 1. Recruitment, selection, and assessment procedure.

pain as a vehicle to humiliation. The latter was governed by a powerful unconscious drive stemming from Oedipal anxieties, where castration fears turn into humiliation and feminisation of other men (one observation was that sexual acts were very much present during torture). At this level only "mild" forms of physical abuse (slapping, hitting, spitting, etc.) become transparent followed by humiliating rituals. It is only when "body barriers" (or "skin barriers") are breached that more severe forms of torture occur: cutting, burning, electrocuting of the skin, inserting objects in body openings, etc. It still needs to be understood better as to how these acts produce long-lasting damaging effects to personality. One line of thinking suggests that traumatic situations, annihilation anxieties, and the unbinding of the death instinct, as well as notions of the relation between symbolisation, integration, and interpersonal space, are dimensions worth considering. Our research aims at understanding dehumanisation, how it develops during war, and how such mechanisms are related to an increase of violence in post-conflict societies.

Subjects investigated for this purpose were all men, exposed to war-related stressors, divided into two groups: those with current PTSD (experimental group, N = 25) and those without PTSD (referential

group, N = 25). Both groups were matched by age and education. They were recruited from a larger group of subjects participating in a "Psychobiology of PTSD" study and assessed by various psychological and neuropsychological instruments, and different biological, endocrinological, and genetic variables where elicited as well. They spent two consecutive nights in the sleep laboratory and were interviewed there in the mornings by two Serbian psychoanalysts. The interviews comprised also narratives of their dreams, which were recorded and translated into English. Polysomnographic recordings (i.e., comprehensive recording of the biophysiological changes occurring during sleep—like electroencephalography (EEG), eye movements (EOG), muscle activity (EMG), and heart rhythm (ECG), as well as respiratory functions) were elicited for the experimental but not for the referential group.

Subjects were also matched by the level and type of the traumatising events they survived, in order to control for traumatisation. The instrument used for this matching procedure, i.e., the war stressors assessment questionnaire—WSAQ (Jovic, Opacic, Knezevic, Tenjovic & Lecic-Tosevski, 2002)—a self-reporting instrument—consists of sixty-nine items describing eight different clusters of war-related stressors: active combat, witnessing of death or wounding, loss of organisational/military structure, war-related deprivation, injury, life in hostile surroundings, imprisonment/torture, and combat exposure. Matching of the subjects of both groups was performed by adding up the total number of positive items on the WSAQ, yielding an average number of positive items for the experimental group of 35.91 and of 25.25 for the referential group, which was not satisfactory. Nevertheless, subjects from both groups reported a significant number of different stressors (cf. Fig. 2), where the subjects from the experimental group had more positive items on clusters which may be summarised as "passive"—as they cover experiences in which the subject is only a witness, or a victim—and subjects of the referential group exhibited more positive items in the cluster of "active combat". This alludes to the notion that active role in combat can be a protective factor for development of PTSD, or that a passive role (and helplessness connected with it) could have a specifically traumatising effect.

Both groups consisted largely of refugees settling in Serbia after the war, most of them being unemployed or working in the grey economy, forgotten by everybody in a country that itself is impoverished and
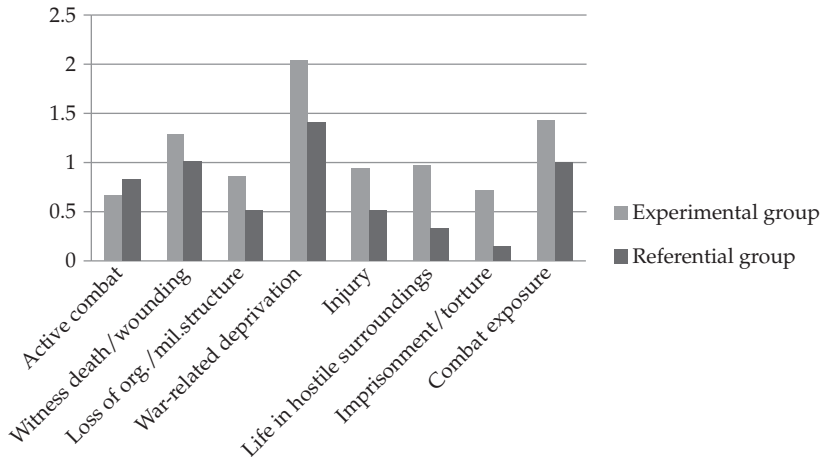
Figure 2. Exposure to different categories of war-related stressors.

drowned in corruption and organised crime. Most of them were ill, suffering not only from psychological disturbances, but also from various psychosomatic disorders. Although the phenomenon of "lack of words for emotions" similar to what is seen in psychosomatic disorders was observable, the evidence from our research points to a distinctive quality in affect regulation of the traumatised.

The protocol of the sleep laboratory called for morning interviews after just a short acquaintance of the subjects and interviewers the previous evening largely "blinding" the interviewers and having them listen to narratives of dreams without knowing anything about the subjects, which gave them a quite unusual feeling of "walking in a dark room without any orientation" (personal note of interviewer). This procedure enlightened the aspect as to why so much research about war trauma is concerned with statistics (numbers), biological variables, and ideas about the damaged brain—as it is so much easier for the researcher not to deal with emotions, not to deal with horrible stories of human suffering as were revealed in the interviews conducted in our research. Narratives of subjects are abundant with horrible stories, like being witness of another man killing a woman who was holding a child, or of collected pieces of the friend's body, and yet another of how a torturer brought his ten-year-old son to beat the victim.

These narratives do have a traumatising effect upon listeners, as was recognised a long time ago (McCann & Pearlman, 1990). Another frequent observation was that when untrained and unprepared people (like secretaries who transcribed the material) were listening to these stories, they themselves reported anxieties and nightmares. This is a most vivid example of the effect of "undigested introjects", or "beta elements", demonstrating that it is extremely difficult to take in, digest, and contain feelings that these narratives evoke. This is frequently observed in a clinical setting and makes the work with trauma survivors so difficult.

The experimental situation in itself might have included the risk of re-traumatisation. By focusing on nightmares and their contents a situation of heightened alertness within the subjects was created while simultaneously triggering anxiety that the subjects had somehow been able to control up until that point. The experimental situation in itself thus contained a risk for regressive processes and psychopathological symptoms. One example comprising transferential elements may demonstrate this point: the interviews were perceived by some as interrogations, as a part of an investigation or judicial procedure, and elements from the interview situation could appear in dreams dreamt in the laboratory. Ambivalence towards the interviewer could be observed in that the interview was marked by openness and collaboration (that sometimes was astonishing) while simultaneously causing withdrawal and persecutory anxieties.

It seems that in this perspective it could be understood that post-traumatic affect-regulation mostly comprised defence against destructive impulses in relation to others—from internal as well as from external reality. That is probably the reason why guilt plays such a significant role in the dynamics of post-traumatic states. Our protocols are abundant with themes related to guilt: scenes of friends being killed or dying, suicide of friends, young men being electrocuted, civilians being killed, bodies of teenagers found in the house which was previously shot at, and so forth. While it is easy to imagine the guilt in soldiers, it is rather difficult to understand it in torture survivors and victims in general. This guilt cannot be understood without taking into account unconscious dynamics: and that is probably why it is excluded from official criteria for diagnosis.

Post-traumatic dreams and symbolisation. The dream dreamt—a method of dream analysis by Ulrich Moser and Ilka v. Zeppelin

In the dream generating model of Moser and von Zeppelin (1996), dreaming is assumed to reveal inner possibilities and constraints as well as individual patterns of both (Moser, v. Zeppelin & Schneider, 1991). Information integration and processing are considered to be actions of cognition as well as of affect-laden thought, moderating the dream, giving it its concrete composition. A dream is usually instigated by day residues (experiences, thoughts, wishes, affects), which stimulate a so-called focal conflict. The dream hence tries to find a solution for the thus activated conflict, which will provide the needed safety while accounting for the wished-for involvement—i.e., relationship to others. This stimulated focal conflict is embedded in a dream complex, which can express itself in various different focal conflicts. The notion of a dream complex is closely related to a memory model, where affects, self- and object-representations as well as representations of interactions that have been generalised (RIGs, cf. Stern, 1985) are interlaced in networks. Traumatic experiences form rigid areas within this otherwise flexible network, with not integrated free-floating affects searching for a solution for these traumatic experiences; they are activated in the same form over and over again and are often related to a failure of affect-regulation, causing fearful awakening.

Interrupting a dream scene is one of the most effective means to stop affective overflow when the affects cannot be integrated or become too intensive. Concrete affects and relationships, which may be experienced as verbalised in dreams once the person is capable of language, are considered to be distancing the dreamer from affects and provide him with more control as well as creating a distance between the dreamer and the actual dream event by transforming him into a spectator commenting on his dream.

The dream coding system of Moser and von Zeppelin—as it was used here—is described in detail in chapter 11 of this volume.

Analysis of a dream

The following dream from the experimental group was analysed by using the Moser method. Hereby the dream is put into sequences of different scenes and transformed into the present tense in order to emphasise the coherent scenes experienced while dreaming.

Table 1. Dream from the experimental group.

S1	They torture me, burn my skin,
–	Don't know [cognitive process]
S1	With hot iron, in different ways.
–	Then I have a lot; all those things [cognitive process]
S2	They capture me, kill me,
–	I don't know [cognitive process]
S3	(They) shoot at me, I see blood.

The coding of this dream reveals the following structure:

Table 2. Coded version of the dream from the experimental group.

Situation	Positioning field	LTM	Interaction field
S1 /C.P./	OP_1 (they) SP		IR.C kin int[1]
S2 /C.P./	OP_1 (they) SP		IR.C kin int
S3 /C.P./	OP_1 (they) SP		IR.C kin int DISS IR.S

The structure of this dream is marked by two interruptions. The C.P. (cognitive process) marking the interruption serves the function to prevent charging the dream with affects. The dreamer remains passive, revealing a helpless self. He fails in creating connections for affects. All the objects remain anonymous, "they" are neither concrete as persons nor can one find interactions or mutual involvement in the dream. On the contrary, the threatening element of the underlying dream complex is not transformed but appears undisguised. There is no social setting, which would provide many possibilities for involvement; the positioning field is not circumscribed (indicating a total threat, not focused on a specific or circumscribed situation). The only way to handle the underlying affectivity (threat) is to interrupt (C.P.). Even though the dreamer makes three attempts, the situation deteriorates and ends in destruction. No solution can be found for how to integrate and manage the affects connected to the dream complex

and thus how to interact, and the security principle cannot develop in an adequate way. In other words: simple interruptions with continuation of the same process again, without transformations. The dreamer has no perspective of a possible solution but can only observe his own disintegration.

Let us now contrast this dream from the experimental group with a dream of a subject in the referential group:

Table 3. Dream from the referential group.

S1	It is a kind of graduation, as if I am in a graduation ceremony, as it is a general staff, a general staff of an academy,
–	just like it was when I graduated a long time ago, and now it's like a graduation ceremony,
S1	there are all sorts of people there, a lot of my friends from the academy, then there are some friends from the war, then everything is there, some people from the negotiations I took part in,
–	it was when I was still; while there were some negotiations, I presided over a negotiation delegation, between those warring parties, I was leading one of the negotiation committees, through the mediation of the [agency], who organised our meetings with the [name] party. One party was represented by
S1	so that there is also that [name] who's in the Hague now,
–	he represented, he was; he represented the [name] party in one of those talks, and I represented our party in [toponym],[2] down there.
S1	Then, there are many of those generals,
–	who were later promoted here in;
S2	and then this general [name] appears,
–	I remember him, in the dream, now what I;
S2	there are many invalids as well, who are, who are often turning to me for help, so, it is a colourful company, but it is strange, we first have been all like in a cocktail,
S3	and then everybody disappears only to come back, one by one, to take their diplomas that need to be signed in something like an office, like,

(*Continued*)

Table 3. (*Continued*).

S4	after which they start collecting money for a festivity, for—for a barbecue, and so on, meaning, that's it, essentially, all that goes on without speeches, without—there is a lot of congratulations.
S3	It is something like this, two armchairs, on one side the man who hands in diplomas, on the other side me.
S4	Well, all are delighted, some of them are solemn, it is not a bad treatment, it is quite a nice relationship, a lot of congratulations, not only to me, but to everybody, so it is, well, a merry ambiance, strangely,
–	I rarely dream of such a merry [laughs] event.

Again the coded version of the present tensed and sequenced dream of a subject from the referential group:

Table 4. Coded version of the dream from the referential group.

Scene	Positioning field	LTM	Interaction field
S1	SP SOC SET OP_1 (G) (friends from academy) OP_2 (G) (friends from war) OP_3 (G) (people from negotiation) OP_4 (toponym) OP_5 (G) (generals)		
/C.P./			
S2	SP SOC SET OP_1 (G) (friends from academy) OP_2 (G) (friends from war) OP_3 (G) (people from negotiation) OP_4 (toponym) OP_5 (G) (generals) OP_6 (name) OP_7 (G) (invalids)		

(*Continued*)

Table 4. (*Continued*).

/C.P./		
S3	SP	IR.C FAIL
	SOC SET	IR.C
	OP_1 (G) (friends from academy)	
	OP_2 (G) (friends from war)	
	OP_3 (G) (people from negotiation)	
	OP_4 (toponym)	
	OP_5 (G) (generals)	
	OP_6 (name)	
	OP_7 (G) (invalids)	
	CEU_1 (armchair)	
	CEU_2 (office)	
	POS REL	
S4	SP	IR.C res
	SOC SET	ATTR AFF
	OP_1 (G) (friends from academy)	
	OP_2 (G) (friends from war)	
	OP_3 (G) (people from negotiation)	
	OP_4 (toponym)	
	OP_5 (G) (generals)	
	OP_6 (name)	
	OP_7 (G) (invalids)	
/C.P./		

It is immediately obvious that this dream is much more complex, comprising many situations. The first two sequences or situations (S1 and S2) are governed by the security principle. The dreamer does not dare to get involved in interactions. What is even worse, the first involvement fails and the objects disappear. However, in contrast to the dream examples from the experimental group, a rich positioning fields allows different options for finding solutions. In the end the involvement is rewarded. In S4 a resonance interaction takes place with positive affectivity. Thus the underlying dream complex seems to have found its resolution: there is a "merry ambiance" between the subject (SP) and the objects (OPs) involved. One might draw the conclusion that the dreamer wishes to find and finally finds an amiable way of how to interact with former friends and/or enemies.

In summary the dream from the experimental group revealed the following: interruptions occurred often, failure of connecting affects, no interactions or mutual involvement, threatening elements of the underlying dream complex appear undisguised, deterioration and destruction were frequent.

In contrast, the dream from the referential group is predominantly governed by the involvement principle; the dream ends with a success of involvement regulation. There is less security regulation necessary and more degrees of freedom in the attempt to solve problems of the dream complex.

Post-traumatic dreams and symbolisation: an empirical investigation by means of the psychoanalytic enunciation analysis

Definition

The psychoanalytic enunciation analysis (PEA) has its roots in psychoanalysis, semiotics, and pragmatics. It has been applied to the fields of psychiatry, psychotherapy, and psychoanalysis (Rosenbaum & Varvin, 2007)—especially concerning the mental conditions of psychosis, trauma, and suicide. In the investigation of dreams, the PEA can be defined as a method that combines the phenomenology of the dream with a psychoanalytically informed analysis of the structure and dynamics of the utterances of the dream telling.

Methodology

The main aim of PEA in our investigation is to evaluate the levels of symbolisation of the manifest dream, and to evaluate the internal subject-other relations (internal object relations) implicitly present in the dream telling.

The method of PEA implies: 1) division of the manifest dream text into enunciation "units"; 2) analysis of the structure of enunciation for each of these "units"; 3) analysis of each "unit" for its manifest and latent content (especially the latent content as emotional content); and 4) evaluation of the transferential relationship implied in the dream as a whole.

Digression on the structure of the enunciation

Benveniste (1970) defined enunciation as the *mise-en-scène* of language through the individual speech-act. That definition implies that the

person, the subject who is speaking, is also at the same time embedded in and structured by the speech he is emitting. That characteristic goes equally for the dream-teller: by telling a personal dream the subject reveals its personal-bound characteristics to another subject who listens and to whom the thought of the speech is directed (regardless of the content of the message).

In its simple structure the enunciation is defined as "*I* (first person) say/tell/inform/ask/command/promise *you* (second person) that *this and this* (third person) is *the case* or *reference*"

This model of the simple enunciation implies the following elements: utterances always have traces of an implicit relationship between the first and second person of the dialogue; spatial and temporal references in the utterance are pointing both to what is happening in the outside world and to other elements in the internal world; thoughts are formulated either in a coherent or incoherent way (including dream thoughts); experiences of the bodily relations in the concrete interactions are linked with the verbal-based symbolic representations in the act of speech; single utterances must always be seen in the larger context of the narrative(s).

The term "model of the simple enunciation" signifies that the full or extended model of enunciation is more complex. We shall not describe the extended model here in detail; it suffices to underline that "behind" or "underneath" any utterance there are tacit internal enunciation structures working and they thus give depth to the utterance and define its final structure. When one person in telling his dream says "I do not know what I am saying" then he in reality says "[I say to you that] I do not know what I am saying". In the "[I say to you that]" lies an

First-person: The "I" of explicit and implicit speech/thoughts

Second-person: The listening YOU of explicit and implicit speech/thoughts

Third-person: Spoken or imagined utterance, narrative or phantasised object
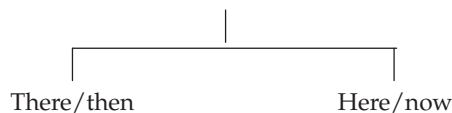
There/then   Here/now

Figure 3. Model of simple enunciation.

internal object relational structure which implies at least two modes of intersubjective dimensions: a *mirroring-imaginary mode* and a *symbolic mode*. In normal conversation these two modes are always present in the dialogue between two persons speaking to each other. But these modes do not necessarily demand a concrete dialogue between two persons present in the room. The two modes are working even in the situation where the person is alone and only engaged in his own fantasies. A person who in his mind has an imagistic scenario—including himself and others in a fantasised communication with him—or a scenario in which he is alone in his interaction with the world (perceiving or sensing the world, moving around, etc.), is also submitted to the enunciation structure. In taking this theoretical stance, the psychoanalytic enunciation analysis diverges from Benveniste's concept of enunciation (as defined above).

The *mirroring-imaginary mode* concerns the subject's immediate experiential reaction to and/or interaction with the world in its spatially conceived scenarios. When the person recounts that "There were two men in the room, and one of them stood in the corner there where darkness hid his face and the other was lying down on the floor that was covered with blood", then the utterance refers to a spatially ordered scenario which the listener can imagine without further verbal reflections as if he himself was present and spatially located in the room. The speaking person creates a mirror in which he himself and the other can mirror both his state of mind and the situation referred to.

If the speaker continues, saying: "They tortured me again and again and wanted me to confess plans that I did not know of. I tried to imagine how I could convince them that I was innocent", then the utterance takes another quality using concepts that are not spatial but rather get their value and meaning through a temporal process in which abstract, symbolic, value-based context-dependent words/concepts come into play. The listener can only understand—imagine, "figure out", "see"—what the message is about by means of the symbolic order (Lacan, 1977), which implies not only understanding the abstract content of the message but also understanding that not everything of what the speaking person wants to convey can be understood. This part of the enunciation structure is called the *symbolic mode*. It is developed through the person's life experiences: it is both situation-dependent and situation-independent, and in the concrete conversation/dream telling it sometimes appears just as immediate and premeditated as the

fantasies of the imaginary mode; at other times it is more formed by reflective thoughts and thinking.

In the PEA both the *mirroring-imaginary mode* and the *symbolic mode* can be understood by psychoanalytic concepts. One dimension of the mirroring-imaginary mode has characteristics like the projective identification understood as communication (Bion, 1967; Ogden, 1994). It may consist of an outburst that has the character of no reflections, without an understanding of the content of the outburst, without a wish or capacity to relate to it, marked by confusion that has to be projected into the internal and/or external functioning other as an all-embracing container. Or it may show itself as an attempt to order the room by projecting his perceptions and movements into the other's mind. In opposition to the "ordering" of the imaginary mode, the symbolic mode has more qualities of introjective identification in which values, attitudes, meaningful and common sense words are taken in and brought into perspective as far as possible.

Both modes are necessary dimensions in an integrated symbolic representation of a dream, and in the normal telling of a dream the two modes are linked automatically. Unconscious and preconscious thoughts, images, and emotions are automatically integrated in the dream telling as a whole. As we shall see later, the dream of the severely traumatised person appears with an enunciation structure in which the linking of the mirroring-imaginary mode and the symbolic mode is often disconnected or unstable; that happens especially when the traumatic moments reappear in the retelling of the dream and when the dream has nightmare characteristics.

When it comes to the empirical investigation of the two modes then the notation of the linking/integration of the two modes will either be written as (+) or (−), dependent on whether such integration is either present or absent.

Further methodological remarks

In addition to the standard enunciation analysis as applied in conversational analysis, PEA investigates the content of the dream and the emotionality emerging in its telling. The emotionality of the relating of the dream is affected by: 1) present and past experiences, emotions, and conflicts; 2) the relationship between dream-telling subject and listening subject (the actual or imagined analyst); and 3) traces of unconscious material.

The emotion that concerns us most is the annihilation anxiety which has consistently been investigated by Hurvich (2003).

This concept is divided into different dimensions: fear of being overwhelmed and unable to cope; fear of merging, being devoured and entrapped; fear of disintegration of the self and of identity; fear of humiliation and mortification; fear of emptiness and of disappearing; fear of impingement, penetration, or mutilation; fear of abandonment and need for support; and apprehension over survival, persecution, catastrophe.

Assessing levels of symbolisation

Even though symbolisation has many meanings in the psychoanalytic literature we shall use it here as qualitatively different modes of making language expressions meaningful for another. This may range from meaning-destroyed or meaning-devoid expressions through emotional, imagistic, and primordial mind-state expressions (Robbins, 2011) and further to a thoughtful thinking mode. The latter may be expressed when the person recounts a dream in an understandable fashion so that the listener can follow and "see" the scenarios and the sequences, which may be described with nuances, integrating thoughts, and emotionality. We have chosen to evaluate four dimensions of symbolisation and "score" them on a Likert scale from 1–5.

1. Differentiation of descriptions of dreams (1–5),
2. Interactions and intersubjective relations (1–5),
3. The presence of emotions (1–5),
4. Relation to interviewer (predominance of symbolisation vs. collapse or instability of symbolisation).

Re 1: In evaluating this variable we listen to and assess: details and nuances of the presentation of perceived phenomena—locations persons, scenarios; qualities of what is seen and what is heard; coherence of the description.
Re 2: This variable is assessed by the following criteria: the telling of intentions and actions involving self and/or other; the modes and nuances of the exchange between self and other.
Re 3: This variable is assessed by the general impression of whether emotions are available or absent in the dream.

Re 4: Here we evaluate whether the utterances are predominantly based in the symbolic mode of speech or in the imaginary mode. Also, we assess whether the two modes shall be considered integrated or dis-integrated. The notation of this is (+) for integration and (−) for dis-integration.

Analysis of two dreams with the psychoanalytic enunciation method

The first dream is presented by a person who has been through traumatic situations in war and who has afterwards been plagued by PTSD symptoms (the mark of "S" refers to the subdivisions of the utterances):

Dream from experimental group, part 2.

S1	After the "Oluja" I was in prison, I had horrific dreams,
S2	for example I dream that they torture me, burn my skin.
S3	What do I know,
S4	With hot iron, in different ways.
S5	Then I had at that time a lot …
S6	all those things that they capture me, kill me.
S7	What do I know,
S8	shoot at me, I see blood.

The table below summarises our findings of PEA, including the understanding of the manifest and latent level of the dream but excluding the transferential assumptions.

Table 5. Summaries of PEA.

Sequence/PEA	Manifest level	Latent level
S1 D3;+;D2	My experience of a horrifying event is linked to a horrifying dream	I am filled with feelings of horror. Annihilation anxiety
S2 D2;+;D3	I am imprisoned and brought to pain	Feelings of being mutilated and penetrated. Inability to defend myself

(*Continued*)

Table 5. (*Continued*).

S3 D1;+	I am not sure of the implication of or of the fact of what I am saying	Feelings of confusion and shaken identity; apprehension of catastrophe
S4 D2;+	Torturing instruments on my body	Instrumental, impersonal threat: mutilation, penetration
S5 D2;+	I have many other feelings/ visions/memories of torture that I cannot mention	Wish to escape and fear of being trapped and of bodily mutilation
S6 D1;+	They kill me	Annihilation anxiety. Anxiety of not getting support for survival
S7 D1;+	I am not sure about what they exactly are doing	Confusion, no representation
S8 D1;+	Somebody is shooting, blood is coming	Catastrophic feelings of death, life running out

The global assessment of the dream

The following level of symbolic functioning could be asserted: degree of differentiation = 2; degree of interactions = 2; emotions expressed = 2.

As to the emotions, the dreamer was overwhelmed by annihilation anxiety, but able to convey his confused emotions.

We estimated that the dream was characterised by a dominance of bodily anchored symbol representation, i.e., mostly not-symbolised signifiers and signifiers in the imaginary mode.

As to the transferential assumptions, we found that the dream telling started with a belief in the interviewer as a "good object" listener. Soon the good object turned into someone who becomes a maybe reliable, maybe unreliable receiver of anxiety, fear of body mutilation and fear of death.

The referential group dream.

S9	Then, there were many of those generals, who were later promoted here in;
S10	and then this general (…) appears, I remember him, in the dream, now what I;

(*Continued*)

S11	there were many invalids as well, who are, who are often turning to me for help, so, it was a colourful company,
S12	but it was strange, we first had been all like in a cocktail, and then everybody disappeared only to come back, one by one, to take their diplomas that needed to be signed in something like an office, like,
S13	after which they started collecting money for a festivity, for—for a barbecue, and so on,
S14	meaning, that's it, essentially,
S15	all that went on without speeches, without—there was a lot of congratulations,
S16	That's what I dreamed of last night, nothing bad, so that's how it was, a dream that was quite OK.

The findings of the PEA for this dream are shown in the following table.

Table 6. Findings of the PEA for dream from referential group.

Sequence/PEA	Manifest level of dream	Latent level of dream
S9 D4;+;D2	Many generals Promotion	Wondering about their promotion. Suspiciousness. Corruption?
S10 D4;+:D2	One special general	Uncertainty and insecure feeling
S11 D5;+;D2	Many people, invalidated by war. Colourful. i.e., differentiated/many-sided. I was a helper	Fear of mutilation, distancing himself from horror. Denial. Defensive self-appraisal
S12 D5;+;D2	Strange occurrence: cocktail party gathering followed by disappearance followed by reappearance getting their honour one-by-one	Feelings of separation, losing contact. Trying to find meaning. Underlying anxiety?
S13 D4;+;D2	Festivity, collective effort	Manic joyful feelings, mixed with uneasy surprise

(*Continued*)

Table 6. (*Continued*).

S14 D4;+;D2	I told the essential things	Closing the information down
S15 D4;+;D2	No formal speeches but congratulations	Surprise, deviation from standard: no voice, only gestures
S16 D4;+;D2	Finding oneself at ease with what happened	Pressure for convincing and comforting oneself

The global assessment of the dream

The following level of symbolic functioning could be asserted:

– Degree of differentiation   3
– Degree of interactions with others   4
– Emotions represented or expressed   3

As to the transferential relation:

The dreamer tried to develop a positive scenario to the analyst. He managed almost to create an atmosphere with positive connotations, good feelings and events, and a friendly relation to the interviewer. In the end he did not succeed: people appear separated, no speech is available to explain the situation, and a scenario with manic defence is created.

Summary

The psychoanalytic enunciation analysis enables the researcher to demonstrate the existence and function of both the imaginary mode and the symbolic mode in the dream and in the telling of it to the analyst/researcher. Both levels of symbolisation and the quality of the relation between them inform us about the internal and external relationship between the individual who has had the dream and the listener. From analysis of these two dreams a picture comparable with results from the Moser/von Zeppelin method emerges: the referential group dream is characterised by higher level of symbolic and relational quality than the dream of the experimental group even though the trauma related latent material is obvious and even though it is not a "successful" dream in

terms of integration of past and present and affect regulation. The dream of the individual from the referential group depicts thus higher security (less security regulation is necessary), more freedom to solve problems, and more involvement (good feelings, positive relations).

Concluding section: clinical significance of empirical results

From what has been demonstrated here, we would like to direct the focus to some aspects that seem to be of special significance in the treatment of patients who have suffered extreme traumatisation.

The analysis of dreams performed showed that post-traumatic states and especially post-traumatic dreams represent more or less failed attempts at restoring meaning in the internal world, meaning in relation to others and, maybe most of all, failed attempts to regain a sense of security and safety. A threatening catastrophe is looming everywhere for the traumatised, both from inside and, projected or not, from outside. The traumatised experiences a host of anxieties and fears including fear of loss of object love, fear of loss of the internal good object, and castration anxiety. What seems to be at the root of this psychic helplessness characteristic for traumatisation (Freud, 1926), may be well depicted by the concept of annihilation anxiety, which seems to be related to symbolising/desymbolising processes and feelings of guilt.

Freud distinguished traumatic neuroses from other neuroses in terms of the nature of the conflict in the ego (Freud, 1919). In ordinary neuroses the "enemy" is the libido, which threatens the ego from within. "In traumatic and war neuroses, the human ego is defending itself from a danger which threatens it from without or which is embodied by a shape assumed by the ego itself" (Freud, 1919, p. 210). Fixation at the moment of the traumatic experience is the basis of a traumatic neurosis, and such patients regularly repeat the traumatic situation in their dreams (Freud, 1916).

From here one may well assume that symptoms of traumatic neuroses (Freud, 1919) represent a regression to a more primitive mode of functioning: "The painful situation which overwhelmed the ego is constantly being repeated in fantasy, thought and dream, as an attempt of the ego to master belatedly the overwhelming influx of stimuli it had failed to handle in the traumatic moment" (Greenson, 1945, p. 194). Furthermore, according to van der Kolk (1996), traumatic memories usually come back as emotional and sensory states without the capacity

to represent them verbally. He attributes this failure of processing information on a symbolic level to the core of PTSD, as it is this essential ability that is needed to properly categorise and integrate traumatic experience with other experience.

Laub (2005) impressively described the overwhelming experience that hampers the process of construction when attempting to account for traumatic experiences. He states that in order to process information, i.e., to make it our own, we employ the process of symbolisation in order to perceive, grasp, or participate in reality.

For this, symbols are needed that will allow us to communicate not only with the outside world, but also to communicate with our self—i.e., with an empathic object in the internal world—in order to create meaning. According to Freud the process of symbolisation is characterised by an internal psychic event, i.e., a thing representation, becoming linked to another psychic event, i.e., a psychological word representation, and that this linking of thing and word representations creates a symbol. In other words, Freud saw the formation of the symbol as occurring in the context of an internal communicative process, or as Laub puts it: "One comes to know one's story only by telling it to oneself," and "Reality can be grasped only in a condition of affective attunement with oneself" (Laub, 2005, p. 315). In extreme traumatic situations these internal and external dialogic relationships are being subject to deadly assault, in that the empathically, in tune, and responsive other threatens to disappear both in the internal world and also in the external world. This, so it seems, characterises the core aim of a traumatising assault, which ultimately aims to abolish the "good object" that enables and safeguards the communicative process of symbolisation.

Traumatic dreams are characterised among others by their repetitiveness. As Varvin (2003) has put it, trauma is the result of the loss of internal protection related to the internal other—primarily the loss of basic trust and mastery, which is experienced as loss of the protective and empathic other, who in other circumstances gives meaning to thoughts and actions. In such traumatic conditions, the process of symbolisation is distorted to the extent that thoughts cannot be given a temporally meaningful place in the emotional autobiographical narrative. As a result the traumatised feels dehumanised, frequently accompanied by feelings of shame. In order to regain a humanised state, repetition compulsion comes into play, forcing the traumatised to relive the traumatising experience repeatedly in the attempt to find

symbols and protosymbols for opposing forces experienced within, to avoid a catastrophic fusion of the two antagonistic forces and (re-)gain the ability to distinguish the good from the bad and ultimately avoid psychic death. From clinical experience it is well known that extreme traumatisation may produce defects or deficits in this ability to symbolise and think or reflect.

Dreaming may be considered as a central part of the mind's work with unmetabolised, trauma-related elements (Bion, 1977; Hartmann, 1984). The study of dreams may thus give a privileged insight into the working of the mind (Freud, 1900). Working with dreams and especially nightmares of traumatised patients has proved to be of great importance in aiding the traumatised mind to restore its symbolic function (Hartmann, 1984; Adams-Silvan & Silvan, 1990; Pöstenyi, 1996). Furthermore, traumatic dreams seem to be dominated by claustrum-like internal object-relation patterns where speech or narratives will be more of an imaginary kind and lacking symbolising capacities.

When treating traumatised patients the quality of the experienced trauma seems to be relevant for the yielded convalescence in psychotherapy. Torture survivors—the most difficult group of patients to treat—exhibit some specifics worth mentioning here, as the torture itself contains such monstrous acts that make them inconceivable not only to the victim but also to the listener of accounts given by the victim, as described earlier. There does not seem to be a possibility of making sense of acts performed by the perpetrator, thus inhibiting the capacity to symbolise these acts in a comprehensible manner. But it is exactly this capacity that will enable the victim to grasp his feelings, emotions, and reactions. It is the dehumanisation that both victims and perpetrators encounter and the humiliation forced onto the victim that limit the capacity to symbolise, i.e., to put into words what has happened and make sense of it.

This can be considered to be a self-defence (Torsti, 2000; Gaddini, 1984), a refusal to integrate, motivated by integration anxiety. In a state of non-integration, anxiety threatens from two directions of time: the past catastrophic experience of loss of the total self and the threat of future integration—a threat because it assumes remembering and thus arouses the fear of renewed anxiety due to loss of self. This "annihilation anxiety" is motivated by the wish to avoid the catastrophic experience and it prevents both integration and the symbolisation process.

Having this in mind, considering the dream process as a special kind of thought process that excludes the typical reality perception of waking thought will be helpful in understanding the traumatised mind. In this dream-thought process interactions may take place. In contrast to a waking state, subjects and objects in the dream scenario may easily change dimension impossible to everyday life.

By looking at the dreams of the traumatised through the focal point of the Moser method, disturbances of affect-regulation become apparent. Those disturbances reflect the dreamer's inability to get involved with others in the dream scenario due to anxieties, especially annihilation anxiety, evoked by such involvement. In the Moser analysis we say that the security principle (avoid anxiety) overrules the involvement principle in these dreams. Here the extreme helplessness of the patient becomes evident. From this point of view a wish is fulfilled, namely the wish to regain a feeling of internal security (by avoiding anxiety provoking situations in the dream scenario).

Within the theoretical framework of Moser's dream-generating model (1996), the dreamer's capacity to get involved is an indicator of his ability to find a solution for an activated conflict, which in the context of trauma is embedded in a rigid traumatic complex. In our study we hypothesised that traumatised dreamers would exhibit a great lack of involvement capacity. This we have demonstrated in the dream from the experimental group. The capacity to get involved—although initially accessible—is consequently disrupted by the dreamer's distancing manoeuvres that are activated in order to avoid upcoming overwhelming emotions of life and death. In contrast, dreams of the referential group exhibit a higher level of integration, where the involvement principle predominates and security regulation seems less necessary. This is seen as potentially helping the dreamer towards a resolution of the underlying traumatic complex. This process implies binding free-floating, anxiety laden and incomprehensible emotions to generalised memories of experiences that did make sense earlier in one's own past.

When researching dreams one must be aware of the fact that a dream dreamt in a laboratory setting is distinct from one dreamt during a psychoanalytic process. Mainly it is the context that differs, as a dream dreamt in a psychoanalytic process will be determined to a large extent by the specific transference situation, which will be quite different from the transferential aspects of dreams dreamt in a laboratory, where the setting will elicit special expectations regarding the research.

Nevertheless, changes in transference patterns may be detected by the PEA method, indicating the extent to which the analyst or the interviewer in a laboratory is used as an all-embracing container for anxieties, sadness, or fragmented self-experience. "Soon the listener of the dream becomes a receiver of anxiety, fear of body mutilation, fear of death" (Rosenbaum & Varvin, 2007). The dream of the person from the experimental group exhibited bodily anchored symbol presentations, which are mostly not-symbolised signifiers portraying thus the overwhelming annihilation anxiety. In contrast to this, the dream of the person from the referential group portrayed the dreamer's ability to develop a positive scenario managing to almost create an atmosphere with positive connotations. But even here—this person,who did not suffer from PTSD—did not succeed in his integrating endeavours in the end, and was forced to create a scenario of manic defence.

Thus, PEA, by analysing the form and content of the imaginary mode, i.e., the mode in which a person presents himself in a monadic and dyadic way, enables a closer analysis of the pain-evacuating, projective, claustrum-like internal object-relation patterns that dominated his dream world and his inner world. PEA thus reflects the influence that trauma has on our psyche: there was a dominance of the imaginary mode and absence of the symbolic mode of speech. That is, the absence of an other-oriented mode, signifying a mentalising, self-reflective, inter- or trans-subjective internal object-relation pattern.

We do not expect the clinical working analyst to apply these methods to dreams, but we hope to have encouraged analysts to listen to narratives and dreams in a modified way. From a clinical perspective the findings presented here call for the analyst to pay more attention to what degree the dreamer gets involved in his dreams and how this involvement is realised. On the one hand the dreamer may withdraw, for example by interrupting interactions in a scene to fend off unbearable emotions; on the other hand one may see development of interactions which may imply strengthening of the symbolic mode of functioning.

In summary it can be stated that traumatic dreams are not different from other dreams in that they in fact are dreams containing—like all dreams—thought processes in a dream state with all the mechanisms of dreams at work in a more or less successful search for alleviation of the incomprehensible dehumanising forces at work at the time of the traumatising experience.