

Eystein Victor Våpenstad

'Send me the pillow—the one that you dream on'

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Eystein Våpenstad: Thank you. Thank you very much for your introduction and for inviting me here to this symposium today, it's a great honour to be here in Aberdeen and to speak about reverie, something I have been very much interested in and worked around for quite some time; let's hope I will reach what I'm trying to say in 20 minutes.

"Send me the pillow, the one that you dream on": the title is an extract from a song by the British rock band, The Smiths. The Smiths, from Manchester, was very popular 30 years ago and their vocalist, Morrissey, wrote this song called, "Some girls are bigger than others". In itself, an example of Morrissey's many interesting reveries, a naïve statement just dropping into your mind, so typical for reverie.

Listening to Morrissey's voice begging for the pillow, the one that you dream on, makes me think of the basic inter-subjectivity of reverie and the very last line of the song is "and I'll send you mine."

We are in great need from the very start of our lives to exchange of dreams, mental states and reveries, "Send me the pillow" is an imperative telling us that "I need what's inside you for my reverie and I hope you can use my dreams in your reverie". Reverie is not just a private place where you can meditate on your own, reverie is communication.

Responsible or introducing the concept of reverie to psychoanalysis was Wilfred Bion. He understood that reality, whether external or internal, is only bearable if filtered through the mind and transformed into symbolic units. This can only happen originally through another mind. Bion said that reverie was "a central part of the mother's alpha function, that is her capacity to digest the baby's emotional experience projected into her and return it to the baby in a form that he can take back into himself. In this exchange, the baby does not only interject his own digested experience but also the mother's capacity to deal with it."

The following quote from Antonino Ferro underlines the significance of this fundamental interaction, "The earliest interaction of proactive identification with reverie is in fact, the first sexual relationship of one mind with another mind and this forms the foundation of man's creative capacity."

Let us imagine the psychoanalyst at work, trying to attune his mind to free flowing attention, what comes to his mind throughout the session is apparently mundane, mental impressions at various levels of consciousness; the analyst usually tries to dismiss or ignore what comes to his mind in this way because such experiences make little conscious sense that can really be connected to the immediate content of the session.

Let me quote the American psychoanalyst, Thomas Ogden, "Reverie is the dimension of the analytic experience that feels in the moment least worthy of analytic scrutiny. The emotional tumult associated with reverie usually feels as if it is primarily, if not entirely, a reflection of the way in which one is not being an analyst at that moment. It is the dimension of the analyst's experience that most feels like a manifestation

of his failure to be receptive, understanding, compassionate, observant, attentive, diligent, intelligent and so on. Instead, the emotional disturbances associated with reverie regularly feel to the analyst to be a product of his own interfering, current preoccupations, excessive narcissistic self-absorption, immaturity, inexperience, fatigue, inadequate training, unresolved emotional conflicts and so on.” End quote.

Among contemporary analysts, Ogden, together with Antonino Ferro from Italy, has contributed important new understanding of the analysts’ reverie. Ogden highlights that as personal as reveries feel to us, we have to understand that they are not primarily personal creations because reverie is at the same time, an aspect of a jointly but a symmetrically created and conscious inter-subjective construction. Following Bion, Ogden finds that reverie is a state of intense receptivity, creating a new form of relatedness being between analyst and patient.

Through attending to this waking dream thought, the analyst attempts to bring an assimilated experience into the realm of thought and into the relationship to the patient. Thereby, as the mother does with her baby, the analyst can help the patient to take back and contain split off parts of the self. The analyst tries to attend to his own pillow before it goes to Morrissey and he tries to understand how and why Morrissey’s pillow has entered his own seemingly private mental creations.

In this space occupied by the interplay of reveries one finds the music of psychoanalysis, says Ogden.

I want to present an example from my own work with an infant and his mother. Ole is about 9 months old, he is sitting on his mother’s lap, the mother tries to tell me something but Ole prevents her by knocking the back of his head against her chest repeatedly. I tried to say to Ole that he does not want Mum to tell me what she wants to say and that he has something else on his mind. Ole looks at me but continues to knock his head backwards, not very hard but repeatedly and in a quite rhythmic way.

The feeling in the room is very tense. Somewhere during this exchange, I notice that I am drumming slightly with my fingers against the arm rest, it’s some sort of rhythm. Then comes a typical reaction, I try to get rid of what I think is some private whim, my own stuff, disturbing my functioning as a proper analyst. More often than not, I think, I succeed in getting rid of the germ of reverie but this time, the acoustic and mood of the reverie is strong enough to resist my repression.

The South American psychoanalysts, Baranger, Baranger and Mom, declared that in the analytic process there is no formalised computable operation, but the situation in which the analyst is committed flesh, bone and unconscious. The physical drumming of the rhythm developed into a rhythmic movement in my upper body, I started to rock my head gently from side to side and one of my feet started to beat the rhythm. I am unsure if Ole or his mother could consciously recognise my movements, they were very subtle.

Gradually, my inner ear could hear the start of a famous traditional Swedish folk song called “Visa från Utanmyra” or “Song from Utanmyra”, the best-known version is probably by the Swedish jazz pianist, Jan Johansson, it starts with a bass playing this rhythm, [sings rhythm] and it develops into a minor key, quite sad tune about solitude and poverty far away on a small cottage farm, “Utanmyra” means boggy farmland in the outskirts. I can feel this melody having a comforting effect on me and I say to Ole and his mother, something about being in the outskirts and being alone and trying to find someone who would listen and understand.

Ole seems to listen but grabs the mother’s keys and starts to swing them around and banging them into the mother’s thigh, but not very hard. It reminded me of the contrabass player, Georg Riedel, who played together with Johansson.

At the end of the session, in my post-reverie, I started to think about Jan Johansson and his fate, he died in a car accident on his way to a church concert, only 37 years old. However, his music lives on and can still touch us, maybe it was a link here with the boy’s knocking of his head backwards as if in a car crash, I don’t know.

In the next session with Ole and his mother, the bass rhythm comes back to me when Ole once again starts to knock his head backwards against his mother, or on the other hand, was it in the opposite order? Did the bass rhythm come first and the knocking second? Anyway, the knocking comes to a halt when I start to drum and hum the rhythm to Ole, enable myself to think about the song and permit its development inside my reverie.

Over the next sessions, this developed into what Jessica Benjamin describes as moments of spontaneous shared reverie, my drumming of the bass rhythm and Ole banging the keys become the physical evidence of an unconscious inter-subjective communication, creating a synchrony of rhythmic and symbolic form and content.

This small clinical illustration can touch on many things regarding reverie, I will try to highlight some of them. First, I think it is important to understand how reverie must involve an emotional engagement in the analyst. It was the emotional meaning in the acoustic reverie that resisted my temptation to repress it, the emotional meaning being the fate of Jan Johansson and my love for his music. It might also have heled me endure the tension in the room and the feeling of not being able to reach out to Ole and connect with him and his mother.

Second, reverie, as I have tried to illustrate here, can do some very important therapeutic work for both the patient and the analyst by arousing the analyst's curiosity about the functioning of his own mind. In the words of Stephen Cooper, it is likely that the analyst's use of reverie is widely related to therapeutic action in ways that relate not only to the analyst's uncovering of unconscious phenomena but also to the analyst's curiosity about his or her own mind.

I think this is a very important point to make about reverie. Also, because this curiosity can infect the patient and make her equally interested in her mind. Moreover, this goes for infants too or to say it more directly, it is of vital importance developmentally, that the infant can experience how someone else is interested in the functioning of their own mind, not only in the baby's mind.

Third, the importance of music, rhythm and acoustic reverie. The rhythm and intonation in music can bring the analyst out of the straitjacket of verbal language. Often, we simply need a few bars of music, a small extract from a song or only two or three notes, a single note is sometimes enough. It can bring the analyst from left brain to right brain, from rationality and verbal language to feeling and aesthetics by averting his attention from the manifest content of verbal thought, the analyst can find a hidden language, literally speaking, the mother tongue, a language of breathing, heartbeat, humming and love.

Working with an infant, a pre-verbal child, this seems obvious but the analyst is never alone with the infant, as Winnicott said in his telling, remark, "There is no such thing as an infant, where there is an infant, there is also a mother", or a father or course, "She will often try to hide unconsciously the infant's communication by her own verbal language", I think that was the case with Ole.

De Benedetto considers music to be the artistic form best suited to refine the analyst's capacity to listen to the effective component of unconscious communication. He describes a unique musical way of experiencing that can transform sensory stimuli into sounds that can become the predecessor of a vocabulary and later, language and he calls this acoustic reverie.

Music can thereby contribute to the creative power that is necessary to resolve the most difficult clinical situations and Michael Eigen says that, "Very often, deeply damaged people reach for something musical in the therapist and hope that the latter will respond to something deeply musical in themselves".

Fourth, I think we can use my example from the work with Ole and his mother to illustrate the difference between reverie and ordinary dreams of analyst or patient. Sleep and wakefulness frame our dreams, reverie seamlessly comes from and dissolves into other psychic states, we cannot find an obvious point of departure or

point of completion, we cannot easily separate reverie from more focused secondary process thought that may precede or follow it.

An example was my post-reverie reflection around Jan Johansson and his music, I cannot say exactly where reverie proper ended and post reverie started, it was a seamless transition.

The analysts' reveries are hardly ever possible to translate directly into an understanding of what is going on in the relationship between patient and analyst. If you tried to make an instant interpretation of the content of the analyst's reveries, we usually end up with a superficial or intellectual understanding, where manifest content shadows the latent content. As Ogden states, "The analyst's use of his reveries requires tolerance for the experience of being adrift. The analyst must have time to waste" and we can only hope for a retrospective discovery of any meaning or value and prepare for it to emerge unexpectedly.

This brings me to the last point I want to describe, the tolerance of the embodied practice of being adrift, of being open and receptive and to endure uncertainty, ambiguity and doubt. This is extremely important for a psychoanalyst. Bion used the term "negative capability" to describe this ability in the analyst. Bion borrowed the term from the author, John Keats, in a letter to his brothers, Keats wrote, "I mean negative capability that is when a man is capable of being in uncertainties, mysteries, doubts without any irritable reaching of the fact and reason."

The psychoanalyst couple, Joan and Neville Symington say, "Negative capability is not an immediate mental discipline to be engaged in just prior to the session, but rather a way of life."

Of course, I agree with Keats, Bion and the Symingtons, negative capability is often necessary to develop and understand reverie but in the clinical work with severely damaged and heavily projecting patients, the analyst comes under a kind of pressure or attack that makes negative capability very difficult and even contradictory to the therapeutic process. Ronald Britton has shown how our belief in the patient's recovery to almost ritualistic adoration of non-understanding, can bring us to a complete breakdown.

In Britton's words, Keats' phrase negative capability taken from one of his letters has become iconic in some Bion admiring circles and by its associations, it can give the expectation of an analyst providing non-understanding as a poetic, meditative prose.

With some patients, the analyst does not experience a poetic, meditative prose in his reverie but a terrible persecutory pain. Patients with an early damage that threatened their very existence from the start will not tolerate or grant the analyst the possibility for reflective contemplation. Instead, the analyst's reverie becomes what Steven Cooper calls, "rougherie", the name of an inner state primarily consisting of fear, confusion and even hatred.

Sometimes overt rougherie or reverie is strong and obvious and comes to us with a story that needs to be told. It can be what the child analyst, Anne Alvarez describes as "Work at the very foundation of human relatedness." She illustrates how the analyst has to reclaim the damaged child and bring it back to humanity, however reverie, so often rooted in an aesthetic experience can be suitable as a start of this reclaiming because art can be said to be among the basis of humanity and because art very often points to a truth that has to be told.

Bion was very well aware that the best way to capture the emotional truth that we are looking for is through artistic inspiration in the analyst's reverie. The inventive fantasy and artistic imagination has the ability to find patterns of meaning in the chaotic, ugly, empty and horrible.

An emotionally unavailable mother incapable of reverie, returns to the infant his intolerable mental state in a form that is frightening, overwhelming and meaningless. Bion said that an infant experiences this kind of emotional rejection and neglect as a nameless dread, the infant's experience of the mother's inability to contain

his overwhelming feelings and transform them through her reverie into something tolerable, is internalised as a way of thinking, marked by attacks on the very process of making meaning and in the subjective understanding, true reverie.

This type of patient will yell at you, "I hate the pillow you dream on". This is why Ogden describes the analyst's use of his reverie as, "an emotionally draining undertaking", in addition he states, "it requires great psychological effort to enter into a discourse with oneself because to increase the consciousness about of a private reverie, is to touch on an essential inner sanctuary of privacy and therefore with one of the cornerstones of our sanity".

Meg Harris Williams says, "Bion stresses the strenuous quality of the psychoanalytic reverie, although imaginative, it is work, not holiday."

My experience from analytic work with this group of patients has made me very serious about defending my right to tell the story that urges to be told. To come forward with a narrative understanding created in my reverie, even if it is ugly, chaotic and horrible and make the patient witness how my ability to produce inter subjective meaning in this way, matters imperatively to me.

The subtitle of Thomas Ogden's book, "This Art of Psychoanalysis" reads, "Dreaming undreamt dreams and interrupted crisis". Reverie is an emotional compass that is often hard to read but invaluable in navigating the analytic situation. I believe in the capacity for reverie to link together disparate elements in the patient's story and make them into a coherent narrative. In this way, we can bring maybe for the first time, the patient in contact with the human capacity for bearing pain through thinking, we cannot always take away the dread but we can give it a name.

Let me end by quoting the American psychoanalyst, Lawrence Brown, "The patient does not suffer alone. The analyst can and indeed must suffer the analysand's pain, just as the mother intuitively dials into her baby's inarticulate cries, becomes that pain and through her reverie, gives it a name. This is the corporeal world of sensory experience that is transformed by mothers' reverie into a containing word."

Thank you.

AR: Thank you for such a rich paper, so much to digest! So little time to digest it.

We're going to ask Paul now to give his paper and then take time at the end of that for some responses.