

Multiple choice questions

1. Analytic thinkers have considered dreams as:
 - a employing the same figures of speech as poetry
 - b reflecting the 'collective unconscious'
 - c portents
 - d containing messages from the hidden side of the personality
 - e reflecting the dreamer's existential condition.
2. 'Dream work':
 - a occurs when awake as well as during sleep
 - b includes condensation
 - c can involve punning
 - d reveals the latent content of the dream
 - e is a form of projection.
3. Regarding dreaming and sleep phase:
 - a dreaming occurs both in REM and non-REM sleep
 - b individuals deprived of REM sleep become somnambulistic
 - c dreaming is thought to form part of the encoding process of memory
 - d dreaming is thought to allow us to 'forget' daytime experience
 - e different types of dreams occur in different phases of sleep.
4. Psychological mindedness:
 - a has recently been discovered
 - b depends on intuitive understanding of figures of speech
 - c in a psychiatrist is an indication for psychotherapy training
 - d includes enquiries about the timing of symptoms
 - e is genetically pre-determined.
5. Regarding symbols in dreams:
 - a dreaming of a house often symbolises the self
 - b dreams of stealing or theft warn of burglary
 - c dreams of snakes indicate a fear of seduction
 - d political symbols, e.g. the hammer and sickle, are similar to those that occur in dreams
 - e symbols in dreams are highly personal.

MCQ answers

1	2	3	4	5
a T	a T	a T	a F	a T
b T	b T	b F	b F	b F
c F	c T	c T	c T	c F
d T	d F	d T	d F	d F
e T	e F	e T	e F	e T

Commentary

Arthur Crisp

"Sleep that knits up the ravell'd sleeve of care,
The death of each day's life, sore labour's bath,
Balm of hurt minds, great nature's second course,
Chief nourisher in life's feast" (Shakespeare: Macbeth,
Act II, Scene 2).

Dreams are not so much a modern preoccupation but, throughout recorded human history, importance has been attached to them as being self-revealing

and as vehicles for messages and portents. Recognition that we daydream is also time-honoured.

As Mitchison points out, psychiatrists today take a serious interest in aspects of their patients' sleep whether or not there is a complaint concerning it, but this rarely extends to an interest in a patient's dreams except when nightmares are to the fore. More often, in the clinic, sleep is presented as a sought-after refuge from wakefulness and little thought is

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given to any possible active role for sleep in forging the individual's destiny.

The author makes a plea for greater attention to be given to dreaming in the clinic. Yet the background is that during primary and secondary education and the first six years of undergraduate medical education, there may be no attention given to any aspect of sleep, even though it is a process normally occupying 20 years or more of a person's life. Mothers, concerned for the growth and well-being of their offspring, as well as seeking relief from overexposure, can be the honourable exception.

Having secured two hours of teaching on the subject of basic biological and clinical aspects of sleep in my own medical school, I needed to capture the students' attention. I would start by promoting the hypothesis that sleep is the optimal condition in life; wakefulness the interlude! That sleep is anabolic, wakefulness catabolic. The baby awakens for just as long as it takes to be nourished; sleep is associated with growth. Humans often learn to socialise within wakefulness and to be practically effective, but sleep, disconnected from wakeful distractions, is the seedbed of growth (non-REM sleep) and of information-processing in the interests of related problem-solving (REM sleep). Moreover, therein lies the rub for humans; disconnected in sleep from the progressive distractions of the previous day, personal problems, biological and existential, again loom large. If a solution cannot be found then, on waking the inertia and other biological and experiential features of depression and a bitter complaint of insufficient sleep can be the outcome (Crisp, 1986). Given such provocation, some students would keenly discuss their own sleep patterns and experiences and could begin to grasp that sleep is not the same thing as central nervous system depression due, for instance, to alcohol!

Since Aserinsky & Kleitman (1953) first mapped out the present-day polysomnographic tracing of sleep, people had hoped that this demonstrable conjunction of psychological content and REM and its notably active cerebral physiological components would lead to rapid advances in our understanding of mind-body relationships. Both neurology (Jackson, 1958) and psychoanalysis (Freud, 1900; Jung, 1944) had, in the recent past, seen a study of dreaming as the gateway to understanding psychosis. Schizophrenia was construed as a wakeful dream, that is, mental content symbolically expressed and with critical faculties suspended. This notion proved to be barren but, now that ever more related physiological function could be studied, research became more exclusively brain-based. Jouvet (1967) elaborated the information-processing hypothesis. Others (Hobson & McCarley, 1977) proposed that dreaming was little more than an epiphenomenon, consequent upon the

random bombardment of the cerebral cortex by the brain stem, intent upon such periodic reactivation in the interests of speedy appropriate alertness upon waking. Crick & Mitchison (1983) even proposed that the dream reflected 'reversed learning', with dream content comprising selectively purged useless information. Meanwhile, Kleitman (1970), put forward his concept of the basic rest/activity cycle – a 90 + 10 minute cycle pervading sleep (when it is expressed as REM sleep) and wakefulness (experienced as periodic behavioural change and associated daydreaming). As Mitchison points out, Freud and Jung had previously also claimed that dreaming occurs within wakefulness and is intensified within sleep.

Nocturnal sleep is not itself entirely natural. The evidence for a basic 25-hour (lunar/oceanic) sleep/wake cycle apart, our nocturnal eight hours or so of sleep (within our enforced solar-based 24-hour terrestrial cycle) is partly a product of our temperate climate and social habits. In other parts of the world, the sleep period has often remained split until recent times, with a post-prandial siesta in midday and reduced nocturnal sleep time. As it is, the second four hours of our present sleep pattern is very different from the first four. This second four-hour block is relatively loosely cemented on to the earlier block through the manipulations of mothers (and fathers) weary of broken sleep themselves. Starvation in later life can rupture the bond (Crisp, 1980), and morbid thoughts, also prompting wakefulness, are more likely to begin to intrude as REM sleep comes into its own. Thus, typically, sleep is much lighter during the second four hours and REM sleep occupies more of it. Dreams, in this period, tend to be more vivid and still predominantly restricted to REM sleep. We are more likely to remember a dream if we waken directly from REM and also if we are psychologically-minded. We can practise remembering and recording such dreams before they fade. On first report, they may already be second-hand, censored, and edited.

Meanwhile, it is to this complex arena that the author brings her clinical judgement. Her thesis rests partly on the proposition that dreaming is not a random event but is meaningfully related to wakefulness. However, even if the former is the case, she advises us not to ignore it. Her approach is ultimately empirical. Thus, the patient's dreams can still provide the basis for clinical dialogue and the search for the meaning of symptoms and of past and present experiences. She draws upon pioneering and especially more recent psychoanalytic writings expressing such views. She writes from her clinical experience of securing the trust and goodwill of patients in this way and of the potential value of the process for muting their tendency to view psychiatry negatively, as well as emphasising the

clinical heuristic value of dreams. What she does not do is hint that the clinical skills necessary for this task are often not natural to doctors, including psychiatrists, and may require painful and lengthy gestation. Being able to remember and attempting to make sense of one's own dreams in a supervised setting might be one useful step.

Mitchison's high ground is her claim that such work is rewarding and essential if we are to try to make sense of that recurring challenge to our clinical competence – why has a given life event precipitated an illness? The practical relevance of this would be its importance for full understanding of the psychopathology of the case and for any psychological therapies aimed at reframing such personal meaning and thereby rendering the individual less vulnerable to subsequent breakdown. It is plausible that competent exploration of dreams, whatever their biological basis, is a good setting for this process because of its capacity to enhance empathy and entrain lateral thinking within the consultation. As such, it is then one gateway to that much neglected component of history-taking and examination of the mental state – the systematic exploration of the past and current personal meanings of relevant life events and symptoms, often essential if one is to make the best sense of a clinical case. Equally important, Mitchison believes, is the parallel ability of the patient then to assimilate the dream as an egosyntonic experience, rather than continuing fearfully to regard it as an alien infliction.

This stimulating and provocative paper invites the same reflective attention by the reader, harnessing both our convergent and divergent forms of thinking that, together, often provide the optimal approach to effective clinical consultation. The paper is a valuable corrective in the present professional climate, but Mitchison and others must eventually pay more than lip service to the need for such ideas

to be tested outside the day-to-day clinic setting. Meanwhile, as Inman remarked in another psychosomatic context:

“The material for investigation is vast [dreaming having occupied about 5 years of our lives by the age of 70], and [potentially] to hand daily in every consulting room in the land. If the notions are far fetched, they share that with the Oedipus complex and the vestigial cysts in the neck derived from the gill slits of the embryo” (Inman, 1967).

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