Dreams and Play in Child Analysis today

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Although the concern of this conference is dream life, in speaking about children's dreaming in a psychoanalytic context it is inevitable that dream and play should be coupled. For while in adult analysis there can be continuing robust debate about the centrality of dreams for understanding unconscious life, we are starting from a different place with children. Klein's early papers about analysing children record her recognition of the need to find a technique appropriate to the child's natural forms of communication and activity. Lying on a couch and free associating was not something one could meaningfully propose to any child, whereas an invitation to draw and play in the presence of an attentive adult who would take seriously what the child's imagination revealed seemed to Klein, and remains for us, the starting point for an analytic space to be created. Her initially experimental provision of a selection of small toys with which the child could construct personal scenarios demonstrated to her that it was possible to provide a setting for child analysis which had the necessary characteristics of simplicity, replicability, continuity over time and recognizable difference from the child's everyday world. The available toys and other materials were to provide a vocabulary with which the child could convey what was on his mind, and were thus to be objects which did not determine the direction of the child's activity, but instead ones which could be used in many different ways, depending on what the child's imagination suggested. Thus fundamentally, her technique proposed that playing of this particular sort was the child's equivalent of free association and provided the observing analyst with the necessary material.

So what is the place of dreams in this scheme of things? Watching children inventing fantasy scenes with small dolls and animal figures or fashioning complex idiosyncratic constructions or drawing can sometimes feel like a window into the world of unconscious phantasy which has great similarity to listening to a dream narrative. But children do also have night dreams and sometimes these can be a part of the clinical material of sessions. In my own practice, asking a child to tell a dream if he has one in mind has often been a part of my initial technique of assessment, and certainly I explain at the beginning of an ongoing therapy that I am interested to hear about dreams as part of our finding out about all a child's thoughts and feelings.

However, when I was asked to make this presentation, my first troubling thought was that I had not in recent years worked with a child who brought dreams to his sessions, in stark contrast to my work with adolescents and adults. Nor had I much to draw on in my numerous supervisions of intensive child psychotherapy. What was going on, I wondered. Somehow my memory of my earlier years of clinical practice was of more frequent dream material. I decided I must investigate this impression more carefully, and began to ask around.

An interesting and broadly similar picture has emerged from my literature search (by no means exhaustive, but including several international journals and a wide range of the best-known books about child analytic work of the last 30 years). The unmistakable trend is for less reports of children's dream material, and this seems true both for the Kleinian and post-Kleinian tradition with which I am most familiar and for the Anna Freud tradition, so well documented in the Psychoanalytic Study of the Child.

There seem to me to be a number of factors to consider in exploring possible factors at work. Probably the most significant of all is the changing composition of the patients seen for child analysis. When I trained in the late 1960s, we trainees expected to see at least 2 and often 3 neurotic patients among our 3 training cases – an under 5, a latency child and an adolescent. We saw these patients 5 x week, and we also had a good range of children seen for assessment, for brief work and for 1 or 2 x week therapy, most of whom had neurotic difficulties in the classical sense. At that point, some work with severely psychotic children had also begun to take place, and there was a huge interest in autistic states. The psychotic patients by and large brought material which made one long for them to be able to dream their terrors and not to have them to live them day and night. In my own experiences of long-term work with two psychotic patients, I found myself for years struggling in a world in which internal and external reality (phantasy and reality) were poorly distinguished. When one of these patients could clarify that something she had described was a dream from which she had awoken, or that something was in her mental life and had not actually happened, I felt that crucial developments in her mind were underway. The autistic patients, when they became able to communicate verbally, also spoke of mental events which they felt to be quite real, not dreams at all. One such child playing with an old fashioned glue bottle which she had filled with water and was using as a baby bottle suddenly screamed at me one day "The bottle has bitten my nose off", holding her hand over her nose and conveying vividly that she believed it was gone, and that only a bleeding hole remained.

The patients now seen for analysis in the UK in NHS clinics include children on the autistic spectrum and with developmental delay, but the larger number have histories of severe maltreatment in their early years, including both deprivation and neglect and physical, emotional and sexual abuse. These children are now often in the care of the state, placed in group residential or foster care or living with adoptive parents. Some have been placed with kinship carers, a solution favoured by statutory agencies because it combines sustaining links with the child's birth family, which is an aim of public policy, with less demand on the public purse.

Reviewing my recent supervisory experience, I found that out of the last 13 intensive case supervisions, 6 were children with such early lives. A further two had mothers who had abused drugs and alcohol during the pregnancy and in their infancy and a further two involved serious domestic violence culminating in the father abandoning mother and her children. Among the adolescents, one had been ill for five years with numerous episodes of self

harm and in-patient admissions, and the other two had witnessed marital breakdown and the loss of one parent in the early years. Only one of these thirteen could be said to manifest a neurotic level of difficulties.

Checking both informally with colleagues and consulting a recent audit of the intensive cases seen by Tavistock child psychotherapy students confirmed this picture. Children with such damaging early experiences tend to have difficulties in symbolic activity. Instead of imaginative play, we often see either physical enactment (the hyperactivity sometimes leading to diagnosis of ADHD) or restricted repetitive forms of play. The underdeveloped capacity for play seems likely to be echoed in an inhibition in dream-life.

A second factor may be the changing nature of parent-child relationships over the last two generations. There are two different features I have in mind here. The first is the greater openness of many parents to their children's emotional lives. It is difficult to make this point with any certainty, and such a generalization is dangerous territory, but I think there are unmistakeable trends. Broad contemporary social attitudes in the western world include the idea that children are not little adults, that play is important, that self-expression is valuable, that harsh and repressive punishment is wrong and that children's healthy growing up requires adult support and attentiveness. Such values are by and large represented in educational practice and in the background legal framework of states. The overall message of the numerous books, magazines and radio and television programmes aimed at helping parents implies that children need to be understood as well as provided with clear boundaries, given appropriate help as well as faced with behavioural expectations. There is an interest in children's minds, and the impressive array of children's books and other cultural opportunities (sports, dance, music, film, theatre and so on) is evidence of this, though one cannot ignore the problematic aspect of the potential market exploitation of the child as consumer.

My impression is that many children talk and express themselves in other ways more freely than in earlier generations. One might say that the Freudian century had this as one of its consequences. Dreams are the place where we can explore our unconscious emotions, so what may be the impact of the enlargement of conscious intimacy between parents and children? Is there perhaps less pressure to find a form in dreams for what might now be acceptable in day-to-day family life? The open expression of hostility to a new baby, of the fears stirred by first days at nursery or school and of oedipal rivalries, for example, all seem everyday expectations by many modern parents.

This picture of expanded tolerance and awareness does, however, have another side to it. There is a shift in the conception of what is private, at times involving a disturbing sense that there is little idea that there should be a distinction between what should and should not be expressed. A private inner space in which primitive infantile thoughts and feelings can be contained sometimes seems to be missing both in public discourse of various kinds (the

elaboration of pornography for example) and in the self-awareness of the children we see. Everything can hang out and be acted out. The conjunction of lessened repression and restraint and the absence of confident adult maintenance of necessary boundaries seems to provide an unfortunate basis for anti-social or unsocialized states of mind. The failure to develop internal mental space is a consequence of this kind of deprivation.

A third phenomenon which may be at work is the impact of the intensely visual quality of contemporary culture. Dreams are a world of personal images, intensively suffused with emotion. I wonder what effect it has on children's capacity for interior visual imagination that their visual fields are so replete with pictures created by others? The hours of television today's children watch and the opportunity to play computer video games and to possess toys representing so many specific characters offer a different experience from that of earlier generations dependent on their own invention to a greater degree. Young children's books, too, are full of illustration and do not leave the child mostly to picture things for himself. This stimulation of the eye may of course lead to the development of visual imaginative capacities rather than to its hypertrophy, and I am sure this is a complex phenomenon which has all sorts of outcome, but it may be worth wondering whether the balance between the inner and the outer landscape of the eye could be changing. The idea that there are cultural factors to take into account in thinking about the place of dreams in children's lives seems at least plausible. My colleague Sheila Miller, who worked extensively for a number of years in South Africa, commented that she found black African children spoke much more naturally and readily about their dreams than their more economically and educationally privileged white peers (1999). Some similar observations have been reported of Afro-Caribbean immigrants to the UK in the past.

The kind of dreams children do report seem to fall into two categories, as Freud noted. First of all there are the often touchingly or amusingly, to the adult listener, transparent dreams of wish fulfilment. The dreams of platefuls of delicious food or of re-arrangements of family relationships to match the child's desire, for example, recounted with innocent joy. By contrast are the bad dreams or even nightmares some children are tormented by, very often recurrent, and sometimes dreaded to the point of causing disturbance in being able to fall asleep. There is usually a very limited narrative, just an image of a monster behind the curtains, under the bed or trying to open the door. Such childhood monsters can have an evolving significance through many years and often have some kind of traumatic origin. This is an idea described in classic works of literature – Jane Eyre's nightmare in the red room is a striking instance, as is Bion's remarkable delineation of Arf Arfer in 'The Long Weekend'. The child's experience of terror which is both overwhelming and incomprehensible – beyond comprehension – is at the heart of a nightmare.

Before looking in more detail at some clinical material, I will touch on what emerged from my explorations of recent psychoanalytic writing about dreams. I found that papers discussing children's dreams are few and far between in recent decades. I detected an obvious reduction in the topic from the early 1980s onwards. I was interested to discover that a research paper by O

Lempel and N Midgley (2007) 'Exploring the role of children's dreams in psychoanalytic practice today: A pilot study', Psychoanalytic Study of the Child, (Vol. 61, 2007) reported the same trend. On the basis of studying published papers and clinic records and interviewing a range of therapists at the Anna Freud Centre, they concluded that the importance attributed by therapists to dreams had diminished. They suggested two main explanations for this. Firstly that dreams initially highly valued as the 'royal road' in analytic work because they were seen as providing access to unconscious material have been replaced by closer attention to object relations, particularly the transference relationship to the therapist. Secondly that ego strengthening has become such a central therapeutic focus. They go on to discuss significant debates about techniques for working with dreams in the here and now—is the manifest or latent content the therapist's concern? Can we see children's play as providing the free associative material which is absent from their verbal communication? How do we look at a dream in the context of the evolution of the transference? Few contemporary therapists, they found, actively enquire about children's dreams.

I think the way that child analysts and psychotherapists now approach dreams has been, as would be expected, greatly influenced by the wider analytic discourse. The work of Segal, Bion and Meltzer, and more recently Ogden and Ferro, in differing ways all take us in the direction of viewing dream life as a container for vital creative aspects of the dreamer's relationship to his own mind, of dreams as life experiences of great importance. Segal's grasp of the central developmental role of the capacity for symbolic representation of experience – enabling cognitive, aesthetic and ethical growth to take place – was pivotal in the evolution of dream theory. She noted in her discussion of the nature of play and dream that 'play has roots in common with the night dream' but added that the function of the dream is to achieve a phantasy solution to a phantasy problem. It belongs to the domain of the inner world, unconscious phantasy and private experience. By contrast, play can build links between phantasy and reality. She writes "Two cannot dream together, but two or more can play together". I wonder how far we can hold to this distinction, bearing in mind that once an analytic process is underway, the patient's dreams become entwined with the evolution of the transference. Ferro's concept of the analytic field and Ogden's view of the functioning of the analyst's reverie and the 'analytic third' underline that dreams within an ongoing analysis involve analyst and patient working together. Both Ferro and Ogden are also drawing on Winnicott's understanding of creativity, and implicitly investigating aspects of what he had defined as transitional phenomena, the not entirely private area of me and not-me. But whether we find the theory of transitional space useful or not, there seems to me a view shared by these theorists that dreaming is fundamentally an internal conversation with ourselves in sleep, in which a voice can be given to the hitherto inarticulate. A dream is thus evidence of and the outcome of our ongoing desire to understand ourselves. Its symbolic nature can also be linked to Bion's distinction between what he called the beta and alpha elements of our mental life: the beta elements that achieve symbolic representation in a dream become thereby thinkable thoughts, that is alpha elements. There is a moving paper by Alex Dubinsky (1986) in which

he describes work with two severely physically disabled adolescent boys whose dreams enabled him to work with them on the terrible phantasies they had created to explain their disabilities. The thinking this work initiated freed them from inner domination by a sadomasochistic vision of parental intercourse, and provided space for more ordinary adolescent sexual development within the confines of their painful limitations.

The idea of the dream as a container for emotionally significant thoughts was vividly brought home to me when hearing about a 14 year old boy whose psychotic anxieties included a sense that the furniture of the room was not stably situated on the floor but continuously drifting around outside the pull of gravity. His mother remarked with astonishment that she remembered that as a little boy of 3 he had a recurrent nightmare that the furniture of his room was all over the place and not where it should be. This suggests that the image of disordered furniture could for this boy at times be contained in a dream and distinguished from external reality and at others deteriorate into the disorder of psychotic confusion between internal and external, exposing him to the terror of living in a world full of 'bizarre objects', in Bion's terminology. As long as the images are in a dream, there is the implicit potential of waking up and setting things in order, like the arrival of the sorcerer in the Sorcerer's Apprentice who can bring things under control again. If the experience of chaos has no dream-container, it is truly terrifying. As Klein remarked "some of the relief dreams provide derives from the fact that psychotic processes find expression in them".

The remembered dream has the particular potential for expanding the mind's awareness of itself, for being used as an aid to thought and insight whether within or outside an analytic setting. It can also, however, be used in quite different ways, for example to evoke admiration or excitement in the dreamer or analyst rather than as a form of contact with the inner world. The narcissistic over-valuation of dreams takes away their value as a stimulus to mental development and reduces them to functioning much more like day-dreams, play things for the mind to distract itself, functioning in the sphere of omnipotence not of creative thought. The contemporary focus on the use to which dreams are put in the analytic process, to the reporting of a dream in a session as potential acting-out meant to have an effect on the analyst rather than contribute to the analytic work, is another important feature of current clinical practice, and it is particularly useful in working with adolescents and adolescent states of mind where narcissistic investment in dreams can sometimes hold up the analytic work to a frustrating degree.

In summary, my assessment of the place of dream-analysis in contemporary work with children and adolescents is that while dreams have a continuing large place in work with adolescents, including both severely disturbed patients and others with normal-neurotic levels of functioning, with younger children there is rather little reporting of work on dreams. Frances Tustin's patient John, who was an eloquent child, said "I have my nasty dreams with Tustin". This may be quite a good summary of what often happens. However, our child patients continue to play, though sometimes in

rather primitive fashion, and this takes me to the question of how to take further the understanding of the links between dreaming and playing.

Before tackling this, I want to look briefly at Melanie Klein's way of working with a child's dreams since one of the rare examples of sustained detail of a child's dreams is of course Klein's "Narrative of a Child Analysis". Richard's dreams were not prolific, but it is of great interest to study them, particularly since he is a pre-pubertal child, and it is for this age group that so little published material is available.

Richard introduced the matter of dreams in his ninth session asking what he said was "an important question": "Can you help me not to have dreams?" He explained this was because they were always frightening or unpleasant. This is very much in line with the generally held view that it is children's bad dreams or nightmares which are brought to analysis. Klein responded to his mentioning several bad dreams with an interpretation based on Richard's behaviour while he recounted the dreams: he was turning the electric fire on and off, and he remarked on the red inside the fire when he turned it on. She linked the red inside the fire to Richard's thoughts about something inside Mummy which he wanted to stop as he showed when he turned the fire off, but that then he felt faced with a black, empty, dead Mummy of whom he was afraid. She then spoke of his suspicions of her as a Mrs Klein with a bad Hitler father inside, relating this to earlier material about Hitler and Austria and herself. This interpretation was developed at length to elaborate Richard's feelings about a bad parental couple and his wish for protection from them. Klein drew on all three dreams he had told her in what she said to him. What interests me here, as well as Klein's characteristic boldness with Richard in tackling things head-on, is to note how she saw his fiddling with the fire as his free association to the dreams. She also saw the sequence of dreams he told her as presenting an associative line in themselves.

In a note to session 14, she commented on the fact that patients often bring in their first dream in analysis much of deep significance. She suggests that Richard's immediate plunge into play activity (responding to the contents of the room, starting to draw and to play as soon as she produced the materials) was an example of how her play technique gave her the greatest access to his inner world. What she did not comment on so explicitly was Richard's very immediate and intense positive and negative transference to her, though she discusses the issue of timing of transference interpretation and the importance she places on giving serious attention to the child's feelings about his current family relationships. Overall, the treatment of his dreams does not suggest that she placed special emphasis on the evidence they provided of his internal conflicts. Rather it is the overall situation (the 'total transference' in modern parlance) that she is after.

She is however very interested in Richard's relationship to his dreams and always describes his way of telling them. She occasionally asks if he had one, noting that this can be useful when there is evidence of unconscious resistance—the dream may provide access to the conflict being held at bay. Richard sometimes complained about dreaming all night, unpleasant dreams

he did not want to talk about, and only being able to remember the nasty bits. Choosing to tell or not tell a dream allows a patient some sense of control, and Klein suggests that drawings "which can in some sense be equated to dreams" are also up to a point under a child's control because he can always move on to another drawing. She believed that play with the small toys she provided more easily represented deep infantile anxieties, especially in Richard's case his anxieties about his destructiveness. The broken toys caused him great anxiety. He was able to return to play with the toys after a long gap when he felt more hopeful that damage might be able to be put right. Klein links this to the way that adult patients can return to old dreams and do more work on their meaning at a later stage of analysis.

While I would agree with Klein that the use of the toys provided for the child are a vital focus of clinical observation (and of course this may amount to noticing the child's incapacity to play), I think that the somewhat wider vertex of observation suggested by the concept of the total transference is more at the heart of contemporary clinical practice. This viewpoint includes all aspects of the child's behaviour and communications in the room, play with toys, pretend play and physical activity, all that the child says, free associations, stories, dreams and so on, and, importantly, attention to the non-verbal bodily communication to the analyst and to countertransference experience. It is bringing all these together that provides analytic conviction, the testing of one sort of evidence against others in the process of interpretation which first has to take shape in the analyst's mind.

If we understand the 'playing' of the child in the broad sense of his total use of the room, the toy materials and some aspects of his analyst (that is, her willingness to enable his play to proceed, which can depend on her willingness to join in in limited ways), I think we can see what Klein meant by the equivalence she postulated between the child's playing and the adult's free associations. Our conceptualization thus has to make space for the 'dreaming' activity in the child often to take the form of enactment in play rather than night dreams reported in the session.

Here is a description of the first moments of a child's session, as an instance of this idea. This little boy is 5 years old and was adopted 3 years ago after appalling early neglect in his first year of life. He has 3 x week sessions and this is a Monday session. The therapist was told in the waiting room by his grandmother, who usually brings him, that his mother is working abroad this week. Charlie interrupted her to say he had fallen over at school. On entering the room, he took possession of the therapist's chair, turned it upside down and asked if he could climb on it. The therapist spoke about his not feeling safe today and went on to refer to his fall at school and his Mummy's absence. "A whole week is a long time", she remarked, after he had dismissively stated "I won't miss her". Charlie then pulled the cushions off her chair, unzipped the cushion cover and pushed his head inside, as far as it would go. The therapist spoke of his wish to get right inside today after the weekend when she was away. 'Maybe one way not to feel lost and out in the cold is to find a way right inside' she said. Charlie wandered round the room sightlessly with his head in the cushion cover. She added that being

deep inside means that he cannot see where he is going and might hurt himself. This is a problem. Charlie lay down at her feet, pressing himself against her legs. He then pulled himself out of the cushion cover, much dishevelled. She felt an impulse to cuddle him and spoke about his wish to get close to her today. He then took out the cushion pad so that he could get his whole body fully inside and curled up into a ball. A conversation followed in which they first explored the idea that inside-the-cushion would represent no weekend separation ('then I would not miss you' he said) and then, when Charlie wanted to be completely zipped up inside, the claustro-agoraphobic dilemma he faced: the therapist felt preoccupied with his not being able to breathe inside, but Charlie explained 'No! I won't be able to breathe outside!"

This fascinating sequence seemed to me a powerful exemplification of Klein's thesis about children's playing. It is so easy to bring to mind weekend dreams of older patients resorting to intrusion into the internal object as a means to evade separation and any sense of separateness or dependence on an absent object which follow the same lines as Charlie's behaviour. The unconscious phantasy represented in this play sequence has been evoked by the conjunction of the analytic weekend and the mother's absence at home. In the later part of the session Charlie used the small doll figures to show the relationship between what he called 'soft baby' and 'unravelling boy' which his therapist understood as parts of himself. There is great danger to both doll figures and doubt about whether either can survive the dangers they encounter. A fight to the death between them ensues. The boy hates baby, Charlie explained, because baby has a Mummy and Daddy and the boy doesn't . "He is on his own', he stated.

Analytic work with young children sometimes does move very fast, as in this session, where Charlie's phantasy about his early neglect begins to be explored. He was, indeed, the boy 'on his own', overwhelmed with rage and hatred we might suggest at the baby he felt must have taken all the space in his mother's mind leaving him to 'unravel'. There was no actual other baby but an imagined other, vividly real to Charlie in his attempt to make sense of his experience of neglect and of a mother whose mind was always elsewhere. But within the session he is also in touch with a baby self that does have a mother and father when he experiences his therapist's sensitive understanding of him. At breakneck speed we can observe something more of the defensive function of the claustro-agoraphobic position I described earlier.

Let me now try to place the kind of playing we observe in a child psychotherapy setting in a broader framework of thinking about the nature of play. In "Beyond the Pleasure Principle", Freud described a form of play by his grandson which he understood as an attempt to master an experience – to give it shape, to turn the experiencing of something painful into pleasurable activity under the control of the child, which could be happily repeated. This analysis makes it plain that the child's play is an attempt to come to terms with an emotional event, with psychic turbulence. Play is thus a form of thought expressed in action.

Very small children's play often reveals their conviction of their omnipotent powers to control their world and their objects. If they cannot see, they do not believe they can be seen, a belief we all joyfully collude in when we engage in the first games of peep-bo with infants. Gradually the child's developing mind expands to make it possible for games to provide symbolic representation of all kinds of experience, and once this stage is reached children can move from parallel play to the enjoyment of playing with other children. This transition involves the move from play which is fundamentally located in bodily experience, or in using objects which are barely differentiated from bodies (like Charlie's use of the chair and cushion in the sequence I described earlier), towards the capacity to use toys in symbolic ways, as true symbols and not symbolic equations.

Symbolic play functions as a bridge between unconscious phantasy and external reality and its elaboration and interpretation in child analysis is one central way in which the analyst helps to support the growth of the child's capacity to think. Play in itself, just like dream, can reduce levels of anxiety by providing them with a form and by allowing for the differentiation between phantasy and reality (playing at mayhem and murder is not the same as actual killing). It also offers opportunities for the child's sense of frustrating limitations to be modified – we can play at mothers and fathers or doctors and nurses or superheroes and monsters and within the game acquire actual skills as well as the comfort of make-belief powers.

Developed symbolic play of this sort is, however, something of a treat for many of today's child psychotherapists, or, a hard-won achievement after a lengthy exposure to a child's difficulties in being able to play, and painstaking work aimed at developing capacities for symbolic expression. This clinical reality has led to much debate about technique. How active should we be in showing a child how to play? Should we provide more of the kind of toys today's children are used to? How willing should we be to take the role of playmate? Is it part of child analysis to simply provide a sequestered time and place for playing, with a theory which emphasizes the therapeutic function of play as such rather than one which views children's play as the language of the unconscious, and our task as the understanding of internal object relations, with the child's play activity as a resource with which to grasp transference and countertransference dynamics?

As the form of this conference offers generous space for discussion and dialogue, it seems quite appropriate to end with questions of this sort. I very much look forward to hearing what you think and discovering whether the picture I have of where things now stand is one you share or not.