Extended Abstract

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Mental Conference: Traumatic memory and Dream process: from unconscious to consciousness

This paper discusses how traumatic memory affects dream process from a psychoanalytic approach. We know that dreams are of great importance in psychoanalysis but also in the psychosomatic since everything a human being experiences has an inscription on both soma and mind on the psychosomatic unity. Our body always participates in conflicting and traumatic situations, especially when these can be neither represented nor contemplated.

The first narrative inner action a human being experiences, before verbal ability is achieved, is to dream. In ancient Greece, in the sacred place of the temple of Asklipios, dreams were a healing process called Εγκοίμηση (falling to sleep and be visited by the gods). It was Aristotle who posed the first questions of a more scientific approach for the dream process; do the dreams transmit some knowledge and of what kind, do they want to tell us something, is their source the human being or the gods. Hippocrates wrote that during sleep the soul does all the functions both of body and mind. Since then, neurosciences have given us the knowledge that our senses create and store their stimulations even when the external trigger that created them is no longer present. When we sleep our prefrontal cortex that acts as inspector of our reactions takes time to relax, so in our dreams we can be aggressive, versatile, unstable and lose our critical mind. Finally, in the REM phase of sleep our brain activity is totally driven by the amydgala. Amygdala embodies mainly unconscious traces of experiences and functions as base of emotions.

Dreaming is of capital importance for the development, it is essential for our body and mind. It is not just a bio-data, it is a meaningful experience that helps the human being to grow, classify their memories, elaborate their feelings and inner repulsed desires and conflicts. The dream process is a psychosomatic experience, influenced by our psychic function and potential, the quality and quantity of our traumas; along with the quality of our mental function. Traumatic memory can sabotage this process; block the memory network disrupting the streams of communication between unconscious and consciousness. Sandor Ferenczi in 1932 describes trauma as “a shock that is an annihilation of self regard, of the ability to put up resistance, and to act, and think in defense of one’s own self. He suggests shock can be purely physical purely moral or both physical and moral. For Ferenczi trauma occurs as a result of the absence of the maternal object when the subject-infant is in a state of despair. He gives significant importance at the conditions and at the quality of the traumatic experience based on the maternal psychic function and the traces that this one is leaving in their child psychic function. The immature ego is left in a state of severe distress and helplessness. In the current psychoanalytic literature trauma is described as the flood of emotional burdens that provoke feelings of vulnerability or of agonizing despair. Traumas are measured by the quality and quantity of the disorganization they generate rather than the nature of the event that precipitates them. Trauma is about predictability and trust. Everything happens in the present, traumatic potential is overwhelming, shuts down mental life, damaging representations, emotions, leaving the psychic field devoid of positive experience.

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Traumatic memory can affect quality and quantity of the dream process. Traumatic situations that took place in a preverbal level of development can heavily affect both explicit and implicit memory. Also during other phases of a lifetime, trauma can be rejected from consciousness when it is unbearable to elaborate it. The severe health crisis of covid-19 affected in a considerable percentage the quality and the content of people's dreams. An on line survey registered a lot of anxiety and bug dreams (Dr. Barret, Harvard Medical School). In the psychosomatic literature these are called operational dreams. Not enough symbolization, no metaphorical meanings, just visual representation of inner anxiety.

Freud In "Wolf Man" (1918) observes that the dream process gives form to trauma and enables the psychic apparatus to register a trauma which until then it could not be represented. Such dreams may cause psychosomatic disorders since they reveal traumas from the unconscious to a conscious level. Bion supports that to dream is to think. It is the topos where we can have, with the minimum of interruptions, an insight communication with our unconscious According to the Psychosomatic School of Paris, the more our mental function is developed the less we fear the risk of a somatic illness. P. Marty in 1984 concluded that our preconscious is the central regulator of our dreaming mechanisms along with those of somatic symptoms.

In the therapeutical context dreams are of the most powerful and revealing material. They can unlock crucial points of the analytical process as shown in the short clinical presentation. But without the mediation of the narration, the sharing that takes place in the therapeutical context, all these treasures of the unconscious that a dream can enlighten, would not be able to reveal their secrets. In the psychoanalytical couple the dreamer is the one who thinks and the analyst the one who understands these thoughts. An understanding beyond words that has to do also with a non verbal message that needs an intelligence beyond words (A. Green)

Even if a dream is traumatic it defines a certain distance from the tangible reality, since it is a metaphor of it in a different level. In the therapeutical relationship when the patient recalls traumatic situations by the dream process they can include them in the relationship and their own narrations that reconstruct their history.

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