(H) The Realtions between Dreams and Mental Diseases

When we speak of the relation of dreams to mental disorders we may have three things in mind: (1) aetiological and clinical connections, as when a dream represents a psychotic state, or introduces it, or is left over from it; (2) modifications to which dream-life is subject in cases of mental disease; and (3) intrinsic connections between dreams and psychoses, analogies pointing to their being essentially akin. These numerous relations between the two groups of phenomena were a favourite topic among medical writers in earlier times and have become so once again to-day, as is shown by the bibliographies of the subject collected by Spitta [**1882**, **196** f. and **319** f.], Radestock [**1879**, **217**], Maury [**1878**, **124** f.] and Tissié [**1898**, **77** f.]. Quite recently Sante de Sanctis has turned his attention to this subject.[1] It will be enough for the purpose of my thesis if I do no more than touch upon this important question.

As regards the clinical and aetiological connections between dreams and psychoses, the following observations may be given as samples. Hohnbaum [**1830**, **124**], quoted by Krauss [**1858**, **619**], reports that a first outbreak of delusional insanity often originates in an anxious or terrifying dream, and that the dominant idea is connected with the dream. Sante de Sanctis brings forward similar observations in cases of paranoia and declares that in some of these the dream was the 'vraie cause déterminante de la folie'.[2] The psychosis, says de Sanctis, may come to life at a single blow with the appearance of the operative dream which brings the delusional material to light; or it may develop slowly in a series of further dreams, which have still to overcome a certain amount of doubt. In one of his cases

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[1] [*Footnote added* 1914:] Among later writers who deal with these relations are Féré **[1887]**, Ideler **[1862]**, Lasègue **[1881]**, Pichon **[1896]**, Régis **[1894]**, Vespa **[1897]**, Giessler [**1888**, etc.], Kazowsky **[1901]**, Pachantoni **[1909]**, etc.

[2] ['The true determining cause of insanity.']

the significant dream was followed by mild hysterical attacks and later by a condition of anxious melancholia. Féré **[1886]** (quoted by Tissié, **1898** **[78]**) reports a dream which resulted in a hysterical paralysis. In these instances the dreams are represented as the aetiology of the mental disorder; but we should be doing equal justice to the facts if we said that the mental disorder made its first appearance in dream-life, that it first broke through in a dream. In some further examples the pathological symptoms are contained in dream-life, or the psychosis is limited to dream-life. Thus Thomayer **(1897)** draws attention to certain anxiety-dreams which he thinks should be regarded as equivalents of epileptic fits. Allison **[1868]** (quoted by Radestock, **1879** **[225]**) has described a 'nocturnal insanity', in which the patient appears completely healthy during the day but is regularly subject at night to hallucinations, fits of frenzy, etc. Similar observations are reported by de Sanctis [**1899**, **226**] (a dream in an alcoholic patient which was equivalent to a paranoia, and which represented voices accusing his wife of unfaithfulness) and Tissié. The latter (**1898**, [**147** ff.]) gives copious recent examples in which acts of a pathological nature, such as conduct based on delusional premises and obsessive impulses, were derived from dreams. Guislain **[1833]** describes a case in which sleep was replaced by an intermittent insanity.

There can be no doubt that alongside of the psychology of dreams physicians will some day have to turn their attention to a *psychopathology* of dreams.

In cases of recovery from mental diseases it can often be quite clearly observed that, while functioning is normal during the day, dream-life is still under the influence of the psychosis. According to Krauss (**1859**, **270**), Gregory first drew attention to this fact. Macario **[1847]**, quoted by Tissié [**1898**, **89**], describes how a manic patient, a week after his complete recovery was still subject in his dreams to the flight of ideas and the violent passions which were characteristic of his illness.

Very little research has hitherto been carried out into the modifications occurring in dream-life during chronic psychoses.[1] On the other hand, attention was long ago directed to the

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[1] [This question was later examined by Freud himself (**1922b**, end of Section B).]

underlying kinship between dreams and mental disorders, exhibited in the wide measure of agreement between their manifestations. Maury **(1878, 124)** tells us that Cabanis **(1802)** was the first to remark on them, and after him Lélut **[1852]**, J. Moreau **(1855)** and, in particular, Maine de Biran [**1834**, **111** ff.] the philosopher. No doubt the comparison goes back still earlier. Radestock (**1879**, **217**) introduces the chapter in which he deals with it by a number of quotations drawing an analogy between dreams and madness. Kant writes somewhere **[1764]**: 'The madman is a waking dreamer.' Krauss (**1859**, **270**) declares that 'insanity is a dream dreamt while the

senses are awake´. Schopenhauer [**1862**, **1**, **246**] calls dreams a brief madness and madness a long dream. Hagen [**1846**, **812**] describes delirium as dream-life induced not by sleep but by illness. Wundt [**1874**, **662**] writes: 'We ourselves, in fact, can experience in dreams almost all the phenomena to be met with in insane asylums.'

Spitta (**1882**, **199**), in much the same way as Maury **(1878)**, enumerates as follows the different points of agreement which constitute the basis for this comparison: '(1) Self-consciousness is suspended or at least retarded, which results in a lack of insight into the nature of the condition, with consequent inability to feel surprise and loss of moral consciousness. (2) Perception by the sense organs is modified: being diminished in dreams but as a rule greatly increased in insanity. (3) Interconnection of ideas occurs exclusively according to the laws of association and reproduction; ideas thus fall into sequences automatically and there is a consequent lack of proportion in the relation between ideas (exaggerations and illusions). All this leads to (4) an alteration or in some cases a reversal of personality and occasionally of character traits (perverse conduct).'

Radestock (**1879**, **219**) adds a few more features—analogies between the *material* in the two cases: 'The majority of hallucinations and illusions occur in the region of the senses of sight and hearing and of coenaesthesia. As in the case of dreams, the senses of smell and taste provide the fewest elements.—Both in patients suffering from fever and in dreamers memories arise from the remote past; both sleeping and sick men recollect things which waking and healthy men seem to have forgotten.' The analogy between dreams and psychoses is only fully appreciated

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when it is seen to extend to the details of expressive movement and to particular characteristics of facial expression.

'A man tormented by physical and mental suffering obtains from dreams what reality denies him: health and happiness. So too in mental disease there are bright pictures of happiness, grandeur, eminence and wealth. The supposed possession of property and the imaginary fulfilment of wishes—the withholding or destruction of which actually affords a psychological basis for insanity—often constitute the chief content of a delirium. A woman who has lost a loved child experiences the joys of motherhood in her delirium; a man who has lost his money believes himself immensely rich; a girl who has been deceived feels that she is tenderly loved.'

(This passage from Radestock is actually a summary of an acute observation made by Griesinger (**1861**, **106**), who shows quite clearly that ideas in dreams and in psychoses have in common the characteristic of being *fulfilments of wishes*. My own researches have taught me that in this fact lies the key to a psychological theory of both dreams and psychoses.)

'The chief feature of dreams and of insanity lies in their eccentric trains of thought and their weakness of judgement.' In both states [Radestock continues] we find an over-valuation of the subject's own mental achievements which seems senseless to a sober view; the rapid sequence of ideas in dreams is paralleled by the flight of ideas in psychoses. In both there is a complete lack of sense of time. In dreams the personality may be split—when, for instance, the dreamer's own knowledge is divided between two persons and when, in the dream, the extraneous ego corrects the actual one. This is precisely on a par with the splitting of the personality that is familiar to us in hallucinatory paranoia; the dreamer too hears his own thoughts pronounced by extraneous voices. Even chronic delusional ideas have their analogy in stereotyped recurrent pathological dreams *(le rêve obsédant)*.—It not infrequently happens that after recovering from a delirium patients will say that the whole period of their illness seems to them like a not unpleasant dream: indeed they will sometimes tell us that even during the illness they have occasionally had a feeling that they are only caught up in a dream—as is often the case in dreams occurring in sleep.

After all this, it is not surprising that Radestock sums up his

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views, and those of many others, by declaring that 'insanity, an abnormal pathological phenomenon, is to be regarded as an intensification of the periodically recurrent normal condition of dreaming'. (*Standard Ed.*, **228**.)

Krauss (**1859**, **270** f.) has sought to establish what is perhaps a still more intimate connection between dreams and insanity than can be demonstrated by an analogy between these external manifestations. This connection he sees in their aetiology or rather in the sources of their excitation. The fundamental element common to the two states lies according to him, as we have seen [p. **36** f.], in organically determined sensations, in sensations derived from somatic stimuli, in the coenacsthesia which is based upon contributions arising from all the organs. (Cf. Peisse, **1857**, **2**, **21**, quoted by Maury, **1878**, **52**.)

The indisputable analogy between dreams and insanity, extending as it does down to their characteristic details, is one of the most powerful props of the medical theory of dream-life, which regards dreaming as a useless and disturbing process and as the expression of a reduced activity of the mind. Nevertheless it is not to be expected that We shall find the ultimate explanation of dreams in the direction of mental disorders; for the unsatisfactory state of our knowledge of the origin of these latter conditions is generally recognized. It is quite likely, on the contrary, that a modification of our attitude towards dreams will at the same time affect our views

recognized. It is quite likely, on the contrary, that a modification of our attitude towards dreams will at the same time affect our views upon the internal mechanism of mental disorders and that we shall be working towards an explanation of the psychoses while we are endeavouring to throw some light on the mystery of dreams.[1]

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[1] [A discussion of the relation between dreams and psychoses will be found in Lecture 29 of the New Introductory lectures **(Freud, 1933a)**.]