

Psychoanalytic Psychology

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Online First Publication, June 10, 2019. <http://dx.doi.org/10.1037/pap0000252>

CITATION

Gazzillo, F., Silberschatz, G., Fimiani, R., De Luca, E., & Bush, M. (2019, June 10). Dreaming and Adaptation: The Perspective of Control-Mastery Theory. *Psychoanalytic Psychology*. Advance online publication. <http://dx.doi.org/10.1037/pap0000252>

Dreaming and Adaptation: The Perspective of Control-Mastery Theory

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The aim of this paper is to illustrate the meaning and functions of dreams according to control-mastery theory (CMT), a cognitive-dynamic relational theory developed and empirically validated in the last 40 years by the San Francisco Psychotherapy Research Group (Gazzillo, 2016; Silberschatz, 2005; Weiss, 1993a; Weiss, Sampson, & the Mount Zion Psychotherapy Research Group, 1986). CMT stresses how dreams reflect the person's efforts to adapt to reality; their production is regulated by a safety principle and is an expression of human unconscious higher adaptive functions. According to this model, dreams represent our unconscious attempts to find solutions to emotionally relevant problems. In dreams people think about their main concerns, particularly those concerns that they have been unable to solve by conscious thought alone, and they try to develop and test plans and policies for dealing with them. After having introduced the reader to the main concepts of CMT, we will illustrate the different facets of the CMT model of dreams with several clinical examples. Finally, we will describe the core elements of recently developed models of dream functions and meanings based on empirical research on sleep and dreams, and we will show their substantial compatibility with hypotheses proposed by CMT.

Keywords: dreams, control-mastery theory, adaptation, emotional concern, policies

Philosophical, psychological, and scientific views on dreams run the gamut from according special status to dreams (e.g., "the royal road to the unconscious mind") to treating them as completely random and meaningless mental events. However, there is a considerable and reasonably cohesive body of recent research suggesting that dreams may serve important adaptive functions.

In this paper we aim to integrate this recent research with control-mastery theory (CMT), a cognitive-dynamic relational theory developed and empirically validated in the last 40 years by the San Francisco Psychotherapy Research Group (Gazzillo, 2016; Silberschatz, 2005; Weiss, 1993a; Weiss et al., 1986). After a brief introduction about the basic concepts of CMT, we will describe and illustrate with several clinical examples its hypotheses about dreams, their meaning, and their functions. In the last part of the paper, we will integrate CMT hypotheses about dreams with recent empirical findings and models about dreaming.

The Basic Concepts of CMT

CMT is an integrated psychodynamic-cognitive-relational theory of how the mind works, how psychopathology develops, and how psychotherapy works (Gazzillo, 2016; Silberschatz, 2005, 2017; Weiss, 1993a; Weiss et al., 1986). The theory derives its name from two foundational premises: people have considerable control over their conscious and unconscious mental functioning, and they are highly motivated to achieve mastery over their conflicts, problems, and traumas (Sampson, 1976). Consistent with Darwin's work and contemporary biology, CMT proposes that humans are prewired by evolution to adapt to reality and to pursue developmentally adaptive goals (Liotti, Fassone, & Monticelli, 2017). Psychotherapy research studies of CMT (e.g., Gassner, Sampson, Brumer, & Weiss, 1986; Weiss, 1990; for reviews see Silberschatz, 2005, 2017) are closely aligned with recent findings in experimental psychology showing that people unconsciously perform many of the same functions that they perform consciously (Bargh, 2017; Dijksterhuis & Aarts, 2010; Evans, 2008; Gawronski, Sherman, & Trope, 2014; Lewicki, 1986; Lewicki & Hill, 1989). They unconsciously assess reality, make decisions, develop and test plans, and pursue their goals. They unconsciously ward off disturbing feelings, memories, and ideas when these are perceived as dangerous, and they allow such contents into awareness when they decide (consciously or unconsciously) that it is safe to experience them. Weiss (1986b) pointed out that these conscious and unconscious regulatory mechanisms are based on several of Freud's hypotheses (e.g., Freud, 1920, 1925, 1938), and he de-

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