FREUD TEACHES PSYCHOTHERAPY

DREAMS

RICHARD CHESSICK, M.D., Ph.D.

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Richard D. Chessick, M.D.

e-Book 2015 International Psychotherapy Institute

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Dreams

The work that Freud considered to be his greatest masterpiece, The Interpretation of Dreams (1900A; 4 and 5), may be approached through an easily readable summary in chapters 9 and 10 in Robert's (1966) The Psychoanalytic Revolution. To me, one of the most remarkable things about *The Interpretation of Dreams* is that although it has gone through nine editions (Freud amplified it several times), large sections of this work are just as pertinent today as they were at the time of the foundation of psychoanalysis. Because it is such a major work Freud was under pressure to develop a nontechnical account, which he did in 1901 in the short work entitled "On Dreams" (1901A; 5:631ff). This work contains a basic summary of Freud's conception of dreams but it omits the innumerable examples (including many of Freud's own dreams, some of which have become famous) which illustrate dramatically the creative agonies that Freud experienced in attaining his understanding of dreams. Psychotherapists should study The Interpretation of Dreams directly, especially the sections I will indicate below. (Chapter VII of The Interpretation of Dreams is discussed separately in chapter 18 of the present book.)

To summarize briefly Freud's well-known theory, dreams have "a meaning." Thus he writes (1900A; 4:96), "Interpreting a dream implies assigning a 'meaning' to it—that is, replacing it by something which fits into the chain of our mental acts as a link having a validity and importance equal to the rest." This procedure is just as valid today as it was in Freud's time, and forms an important activity during intensive psychotherapy. What the dreamer remembers on awakening is the manifest dream content; the analysis of the dream reveals the hidden, or latent, content which has been transformed into the manifest content by the dream work. Interpreting the dream consists of discovering this latent content.

Freud saw children's dreams as simply wish fulfillments; even when they are complicated he insisted it was always easy to reduce them to a satisfaction of a wish. In adult dreams the same infantile wish fulfillment remains as the basic meaning, but the dream work changes the content so the sleeper is dreaming with the goal of fantasy fulfillment of a disguised, hidden, or repressed infantile wish. This disguise occurs through a compression or a condensation of the primitive elements in the dream, and through displacement, including a reversal or an exchange of important emotional investments in the

dream. So what was strong and important in the latent thought behind the dream is transferred to something weak and insignificant, and trivial items may take on an intense and central place. This "deceitful," as Freud called it, shift of emphasis contributes the most to the apparent absurdity of dreams. Freud also stressed symbolism of dreams, but I believe dream symbolism to be the most treacherous and least reliable element in dream interpretation during intensive psychotherapy. Symbol-reading should be avoided, lest the therapist and patient get lost in wild analysis and necromancy.

A dream represents a process of regression that manifests itself simultaneously in three ways: as topical regression from the conscious to the unconscious; a temporal regression from the present time to childhood; and as formal regression, from the level of language to that of pictorial and symbolic representations (for details, see Arlow and Brenner 1964).

Freud's brief paper (1908C; 9:207ff) on the sexual theories of children presents the well-known fantasies that children have of fertilization through the mouth, of birth through the anus, of parental intercourse as something sadistic, and of the possession of a penis by

both sexes. These fantasies are extremely important in the practice of intensive psychotherapy as well as in understanding dreams; they come up again and again, so that every therapist should be familiar with them and be watching for them in the material of his patients. No better description of the sexual theories of children exists than Freud's original presentation in this paper.

One can follow the actual analysis of a dream in Freud's case history of Dora (1905E;7:3ff), already discussed in chapter 11. The case centers on two main dreams, which are analyzed at length. I would suggest that the student begin, however, with the famous Irma dream constituting much of chapter II of *The Interpretation of Dreams* and from which Freud concludes that "when the work of interpretation has been completed, we perceive that a dream is the fulfilment of a wish" (p. 121).

The student reader may begin with chapter II (and the brief chapter III) of *The Interpretation of Dreams*, in which Freud demonstrates that a dream fits consistently into the general mental content of an individual, and can be interpreted and given meaning. The procedure for doing this (see chapter II, p. 100) was developed

during his therapeutic work with cases of hysteria and other neuroses; it represents essentially the method of free association.

Chapter IV launches into the concept of distortion in dreams and develops the key principles that follow logically if one accepts the basic premise that every dream fulfills a wish. Thus the concepts of the latent dream and manifest dream, the concept of things being represented by their opposites, and of multiple meanings are presented. The notion of defense and the idea that "dreams are given their shape in individual human beings by the operation of two psychical forces (or we may describe them as currents or systems); and that one of these forces constructs the wish which is expressed by the dream, while the other exercises a censorship upon this dreamwish and, by the use of that censorship, forcibly brings about a distortion in the expression of the wish" (p. 144). This leads us to conclusions regarding the structure of the mental apparatus, and forms the connecting link between the formation of a neurosis and the formation of a dream, thereby implying that the procedures involved in the formation of a neurosis also take place in normal people.

Chapter IV contains scattered clinical insights such as the

discussion of dreams which are produced specifically to prove that the theory that dreams fulfill a wish is wrong, and so on. It provides a fascinating picture of Freud at work in the early days and concludes definitively with the statement that a dream is always the disguised fulfillment of a repressed wish.

The beginning student could skim over chapter V and continue with chapter VI, sections A. through C. Here Freud introduces the concepts of condensation, multiple meanings, over-determination, displacement (i.e. displacement either of emphasis or through elements related by association), and plastic representation—the transposition of thoughts into imagery, as in the plastic arts.

In sections D. and E. of chapter VI, Freud covers the somewhat obsolete subject of symbolization and also of secondary elaboration or revision to make an acceptable or intelligible whole out of the dream. This subject is deemphasized in Freud's later writings about dreams and these two sections could be omitted without great loss to the beginner. The whole purpose of chapter VI is to help the student to translate the manifest dream into the latent dream content, just as Freud attempts to translate neurotic symptoms into repressed

infantile wishes. In both conditions, the methodology for investigation and the manner of disguise used by the "censor" are identical. A number of authors (Ricoeur 1970, for example) have emphasized the similarity of this "translation" to hermeneutics rather than to the natural sciences.

Wollheim (1971) summarizes the dream theory as follows: "There is a persisting repressed wish, which forms the motive behind the dream. In the course of the day, this wish comes into contact, or forms an association, with a thought or train of thought. This thought has some energy attached to it, independently of this contact, through not having as yet been "worked over": hence the phrase, the 'residues of the day.' The upshot is that the thought—or association to it—is revived in sleep, as the proxy of the wish" (pp. 70-71).

One question remains to be asked about this process: Why should it assert itself while we are asleep? The answer is not that sleep is peculiarly conducive to the repressed wish, but that it prefers the disguised expression of it to any more naked version of the same forces. If the wish did not express itself in the disguise of the dream, it would disturb sleep. And so we come to the overall function of dreams:

they are "the guardians of sleep." We see that the function of the dream is to discharge the tensions of the repressed forbidden wish; if these are extreme the dream will be charged with anxiety and the sleeper may even wake up.

The theory of dreams as the guardians of sleep brings us into the realm of modern physiological research. A complete review of the implications of recent neurophysiological research on sleep and dreaming for the intensive psychotherapist is presented by Fischer (1965). Although the matter is presently of great intellectual interest, modern physiological research has contributed little to the day-by-day clinical work of intensive psychotherapy, which concentrates on the psychological meaning of dreams as defined by Freud in 1900.

The matter is even more complicated because, as Freud recognized, dreams have many meanings. As he explains (1900A; 4:279), "I have already had occasion to point out that it is in fact never possible to be sure that a dream has been completely interpreted. Even if the solution seems satisfactory and without gaps, the possibility always remains that the dream may have yet another meaning. Strictly speaking, then, it is impossible to determine the

amount of condensation." This is one of the dividing-points between formal psychoanalysis and intensive psychotherapy, because in the latter, with less time available, the therapist must be more active in making choices both of how much to emphasize interpretation of dreams and of what aspects of the dreams to concentrate on in the psychotherapy. The details of the actual clinical working with dreams in intensive psychotherapy have been presented in chapter 10 of the *Technique and Practice of Intensive Psychotherapy* (Chessick 1974) and will not be reviewed again here.

The existentialists (May 1958) distinguished three modes of experiencing the world, three simultaneous aspects of the world which characterize the existence of each one of us as being in the world. These are *Umwelt*—the world around us, the environment; *Mitwelt*—the world of beings of one's own kind; and *Eigenwelt*—the mode of relationship to one's self. Keep in mind these three modes of being in the world that every human experiences, for sometimes they appear dramatically in dreams. As an example of the existentialist approach fused with Freud's thinking, a patient with a chronic characterologic depression presented the following dreams during one session:

In the first dream I was feeling pain in my chest and looked down at my nipples; I saw a plastic cap instead of the nipple. I opened the plastic cap where the left nipple would be and a lot of air pressure was released, after which I felt better. In the second dream I was driving over the Dakota badlands. It was a very desolate landscape and there were many cliffs and rocks that had to be negotiated; it did seem, however, that I was getting where I was trying to go. In the third dream, I was in lush country but all alone. In the distance I saw a gang of men crossing a river and heading in my direction. I loaded my gun and carefully took aim to be prepared for whatever might happen, for there were no sheriffs or police within a thousand miles. If these were bandits and marauders I was resolved to fight to the death; but I was not sure what they were.

One way of looking at this dream series in the course of a psychotherapy is that it indicated where the patient was at this given transitional point in his treatment with respect to his *Umwelt*, *Mitwelt*, and *Eigenwelt*. His relationship to himself indicated some feeling of a withdrawal of libido from the self-representation, in that a mechanical device replaced one of his nipples. The release of pressure had to do with the material of the previous sessions in which there was much discussion of his deep anger. Of course, one could indicate the important symbolic aspect of this anger occurring at the nipples, with

its oral aggressive implication. With respect to the *Umwelt*, one gets a picture of how the patient experiences the environment around him the desolation and rocky cliffs. At the same time there is hope, for the patient is very slowly progressing across this terrain. Finally, in the Mitwelt, we see clearly the patient's sense of personal isolation and danger. At the same time there is a similar ray of hope in that the advancing men may not necessarily be bandits or marauders; they may be friendly. Thus in this transition dream, as the patient is slowly moving away from a deep characterologic depression, there is a beautiful plastic representation of the patient's existential experience of the three modes of being in the world. This is an interesting example of how Freud's teachings may be supplemented and complemented by the findings of existential philosophy and psychotherapy. It is especially valuable in intensive psychotherapy to pay attention to the patient's experience of being in the world, since the time for thorough dream analysis is extremely limited.

In a short series of papers on the theory and practice of dream interpretation (1923C; 19:108-121, 1925I; 19:125-138) Freud presents some useful pointers on the psychotherapeutic approach to dreams. In approaching a dream one can proceed chronologically and

get the dreamer to associate to the elements of the dream in the order in which those elements occurred in his account of the dream—this is Freud's original favorite classical method and is best, he advises, if one is analyzing one's own dreams. Other alternatives are to start from some particular element of the dream such as the most striking part of it, or the most intense aspect of it, and so forth; or to ask about the events of the previous day as associated with the dream just described; or to remain silent and let the patient decide where to begin.

A more important technical point is the question of the pressure of resistance—whether it is high or low at the point of approach to the dream. Thus if there is much resistance, the associations to the dream broaden and remain superficial instead of deepen, and it is unwise to spend too much time trying to make out the meaning of the dream. Freud specifically advises against an exaggerated respect for dreams since they are merely "a form of thinking," a definition often stressed by Freud. He also warns us to be on the lookout for obliging dreams or corroborative dreams that have the possible function of fooling the therapist.

He reminds us that the dreamer's ego can appear two or more times in the manifest dream, perhaps once as himself and also disguised behind the figures of other people. In contrast to the popular notion he writes, "Nor would it be of any avail for anyone to endeavor to interpret dreams outside analysis" (p. 128). Thus dream interpretation is not an isolated activity and can only be performed as part of the work of psychoanalysis or intensive psychotherapy, not at dinner parties as so many people seem to think. Freud's modesty with respect to dreams is quite thorough, and he repeatedly warns against pressing conjectures and interpretations of dreams on patients, especially interpretations toward which the dreamer has contributed little in the way of useful associations or memories. He reminds us that separation of the ego from the superego must be taken into account in the interpretation of dreams and that it sometimes accounts for multiple appearances of the ego in the same dream. As every good clinician knows, the success of dream interpretation depends primarily—as Freud points out—upon the level of resistance in the awakened ego at the time of the patient's examination of the dream. Thus the techniques for dealing with resistance are the most crucial to the eventual success of understanding the unconscious of the patient. I

should add that success at understanding the unconscious of the patient and his or her dreams also depends on the intuitive capacity of the therapist as well as the depth of his or her personal analysis.

Freud's paper, "Wild Psychoanalysis" (1910K;11:220-230), should be required reading for all beginners in the field of mental illness; another title for the paper could be "Cocktail Party Psychoanalysis." In Freud's case vignette, a middle-aged lady has been told by her doctor that the cause of her anxiety is lack of sexual satisfaction and has been advised either to return to her husband (whom she had recently divorced), take a lover, or masturbate (I must admit with regret that even today this presents a popular misconception of the kind of advice psychoanalytically informed psychotherapists give their patients).

Freud points out the obvious: he begins with the important clinical caution that one should not accept as true what patients report that their physicians have said or done to them. Physicians, especially psychiatrists, easily become the target of their patients' hostile feelings and often become, by projection, responsible in the patient's mind for the patient's own repressed wishes. In another publication

(1910J;11:236-237) he gives an example of a patient who insisted that if she saw Freud he would ask her if she ever had the idea of having sexual intercourse with her father. Freud points out that it is not his practice to ask such questions, and warns us that much of what patients report of the words and actions of their physicians may be understood as revelations of their own pathogenic fantasies. Anyone in the practice of psychotherapy can attest to this. I have been amazed from time to time at what patients have reported to others that I have allegedly said or done to them. Conversely, I have received innumerable reports from patients of what other physicians have allegedly said or done to them; in the course of therapy it becomes apparent that these allegations are usually projections and fantasies.

In our present age of malpractice suits, such allegations may result in serious problems and Freud's warning must be carefully kept in mind when accusations are made that can damage the reputation of a psychotherapist or even lead to legal procedures. The contemporary tendency of the public, based on hostility to physicians and especially to psychiatrists (often referred to by the derogatory ugly word "shrinks"), is to accept all these claims at face value; therefore, it is incumbent on any examining board to be extremely careful in

evaluating such reports and to protect the isolated practitioner vigorously where such protection is justifiable and indicated.

Recent conferences on sexual acting-out between patients and therapists have tended to ignore Freud's warning about what to expect from patients' reports and to concentrate instead on the clearly unethical aspects of therapist behavior when it actually does occur, and the legal and professional consequences that result. This approach, if not tactfully and empathically conducted, produces anxiety in the minds of even the most conscientious mental health students and psychotherapists and tends to further isolate and estrange the clinician from his or her fellows; it is bad for the profession and it is bad for the mental health of the psychiatrist. In some hands this approach simply becomes more ammunition for a wide-scale attack on all intensive psychotherapy—indeed, the motivation behind the repetition and publication of unsubstantiated complaints can often be traced to a total rejection of the psychological method of healing employed in psychoanalytically informed psychotherapy.

Whether or not the doctor in Freud's case vignette actually gave

his patient such poor advice, the scientific errors involved in misunderstanding the meaning of sexual life and in the notion that sexual abstinence produces mental disorders are obvious. More subtle are the technical errors which are worthwhile to call to our attention repeatedly. As Freud explains "If knowledge about the unconscious were as important for the patient as people inexperienced in psychoanalysis imagine, listening to lectures or reading books would be enough to cure him. Such measures, however, have as much influence on the symptoms of nervous illness as a distribution of menu-cards in a time of famine has upon hunger" (1910K; 11:225). He continues: "First, the patient must, through preparation, himself have reached the neighborhood of what he has repressed, and secondly, he must have formed a sufficient attachment (transference) to the physician for his emotional relationship to him to make a fresh flight impossible. Only when these conditions have been fulfilled is it possible to recognize and to master resistances which have led to the repression and the ignorance. Psychoanalytic intervention, therefore, absolutely requires a fairly long period of contact with the patient" (p. 226).

In spite of threats and pressure from the insurance companies,

wild interpretations or attempts to rush the patient by brusquely telling him or her about what lies in his or her unconscious not only do not work; they usually inspire the patient's hearty enmity and may eliminate any further influence by the physician. Freud also points out that one may easily be *wrong* in such early surmises, and that one is never in a position to discover the whole truth. The technique of psychoanalytically informed psychotherapy, like other medical techniques, cannot be learned from books and must be accomplished with great sacrifice of time and labor.

This is one of the few places where I disagree with Saul's (1958) otherwise outstanding book *The Technique and Practice of Psychoanalysis*. Saul recommends an early discussion with the patient of the nuclear dynamics of the patient's problems. I think this can be very dangerous except in the most experienced hands. The best argument against such a procedure is presented in the previous quotation from Freud, who was certainly correct when he pointed out that wild or cocktail party psychoanalysis does more harm to the cause of psychoanalysis and psychotherapy than to individual patients, since it usually results in a stalemate, with the patient leaving therapy as an angry and vociferous opponent of the entire procedure.

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