

THE TECHNIQUE OF PSYCHOTHERAPY

IDENTIFYING IMPORTANT TRENDS AND PATTERNS

THE USE OF
**DREAMS AND
FANTASIES**

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Identifying Important Trends and Patterns:

The Use of Dreams and Fantasies

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Identifying Important Trends and Patterns: The Use of Dreams and Fantasies

In all forms of psychotherapy dreams give the therapist important clues—not only about dynamics, but also about the therapeutic process itself. The use that is made of dreams will depend largely on the skills of the therapist. In supportive therapy dreams help the therapist perceive more accurately the inner responses of the patient; however, the dream material itself is not usually discussed. In reeducative therapy therapists who are adequately trained may utilize dreams with the object of detecting resistance. In reconstructive approaches dream analysis is constantly employed and is considered indispensable for the proper implementation of therapy.

Properly utilized, dreams illuminate the existing dynamics of emotional illness. They reveal conflicts, coping mechanisms, defenses, and character traits. Most importantly, they reflect what is going on and the patient's responses to the therapeutic process. Thus, where therapy is not proceeding well, dreams may reveal more than any other form of communication what resistances are obstructing progress. Even if the therapist does not laboriously work out the meaning with the patient, as in supportive and reeducative therapy, dreams may still provide guidelines for circumventing roadblocks to the most effective use of techniques.

What are dreams? We may conceive of them as images or fantasies that are an intrinsic part of normal sleep. We know from human experiments that dream deprivation (interfering with dreaming by awakening the subject when there are physiological—REMS [rapid eye movements]—or electroencephalographic evidences of beginning to dream) can produce personality aberrations. We have learned a great deal about dreams from contemporary dream research. The REM periods during sleep that are accompanied by dreaming have been found to be associated with activity in the limbic system, the primitive portion of the brain associated with the emotional life of the individual. This lends emphasis to the theory that the dream is a regressive phenomenon. However, we are merely talking here of the neurophysiological activity that sponsors the formation of dream images, not of their specific content or significance, which may involve other dimensions than regressive emotional ones.

Relaxation of ego controls liberates needs and impulses that, lacking opportunities for motor release, find access in sensory discharge. The content of the dream draws from past impulses, memories, and experiences as far back as early childhood. The conversion of repudiated drives and desires into dream images sets into motion oppositional defenses and prohibitions that may appear in the dream in a direct or masked way. Immediate experiences and current conflicts participate in the structure of the dream. It is likely that a happening in daily life that the individual interprets as significant serves to stir up important needs, frustrations, memories, and drives from the past. The latter, constantly dormant, invest certain immediate experiences with special meaning, alerting the individual to signals that in other persons would go unnoticed.

Some years ago, I initiated a group of experiments in the hypnotic production of dreams. Dreams under hypnosis range from fleeting fantasy-like productions in light trance states to, in deeper stages of hypnosis, highly distorted symbolizations akin to regular dreaming during sleep. I found that hypnotic dreams could easily be triggered by immediate stimuli and that from the content of the dream one could not always identify the specific provocative stimuli that produced the dreams. Thus bringing an open bottle of perfume under the nose of a person in a trance, with no verbal suggestions to influence associations, would in some individuals inspire a dream that revived memories of previous experiences. At different times the same stimulus acted to provoke different kinds of dream content. For example, in one subject the perfume initially touched off a dream of being scolded by a maternal-like figure, the subject crouching in guilt. No other dreams or fantasies were recalled. On rehypnosis the subject was asked to redream the same dream and to reveal it in the trance. She brought up a pleasurable sexual dream, which was followed by a second punitive dream identical to the one previously described during the waking state. Apparently the subject had repressed the initial part in the first trance, denying the content and reprocessing it by elaborating the punishment scene. The punitive dream might be considered equivalent to the manifest content, those manifestations acceptable to the patient. The repressed portion could be regarded as the latent content that the patient could not accept. On another occasion the perfume stimulus created a dream of wandering through a botanical garden.

The mood of a dream also fashions the dream content. An upset patient during hypnosis utilized the sound of a bell that I rang to elaborate a dream of fire and fire engines with reactions of anxiety. At another session, during a quiescent period of this patient's therapy, the same sound produced a dream of

worshipping in a church. A disturbed female patient at the beginning of therapy interpreted my touching her hand during hypnosis adversely by dreaming of a man choking her. Later in therapy the same stimulus produced a dream in which her father was embracing her tenderly.

The dream content is additionally subject to changes of attitude on the part of the dreamer. For example, a patient on being asked to bring in dreams responded with the following written comments to this suggestion:

The doctor requests that I dream. He is interested in helping me, so I better dream. In dreaming I am pleasing his authority, so why should I dream just because he asks me to. He is trying to force me to do what *he* wants. But I want to do what *I* want to do. I may not want to dream. But if I don't bring in a dream, the doctor will be displeased. Should I defy him or should I please him? What will happen if I don't dream? What does he want me to tell him? If I dream and confirm what he has said about me, he will like me. If I dream opposing his ideas about me, he will not like me or he will punish me. If I don't dream or I dream something that opposes his ideas, this will make me feel strong and superior. I do want to find out about myself so I can get well, since my therapist tells me this is how I can help him help me. This is why I should dream. But I am guilty about some things and afraid of some things, and I am afraid of what I will find out about myself if I dream. So maybe I better not dream. Maybe I'll find out something about myself I don't like. It is normal to dream, and I want to be normal. But if I do dream, I have a better chance of getting well, but getting well will throw more responsibility on my shoulders. I'll have to be more independent, take responsibility. Maybe I better not get well so fast. Therefore, I shouldn't dream. Or maybe if I do dream, I can mention only those things that please him and that don't scare me and don't make me get well too fast.

Not all patients are so obsessively stimulated by a casual suggestion. But in all patients the act of dreaming does involve varying motivations that are incorporated in the dream work and fused into a complex kind of symbolism, distorting, repressing, displacing, and otherwise disguising the content. What may come through is a compromise of part forgetting and part remembering, of primary and secondary process thinking, of present and past, of impulse and defense.

THE STRUCTURE OF DREAMS

Dreaming is, according to F. Snyder (1965), a distinctive physiological state related to but different from sleep or waking. It is associated, in the majority of dreamers, with a phenomenon discovered by Aserinsky and Kleitman (1953, 1955) of REMS. A basic and unitary biological process, REMS occur ordinarily in the midst of sleep and are characterized by unique electroencephalographic patterns. Since REMS are found in subhuman species, it is postulated that this aspect of the sleep phase, and perhaps the dreaming experiences affiliated with it, plays a prominent role in all mammalian life. Dreams occur

occasionally also during non-REM sleep, from the closing (stage I) to the deep (stage IV) states. Even nightmares can appear in stage IV (Fisher, C, 1970).

The exact function of dreaming, however, is not fully known. Is it a homeostatic device to keep the nervous system in balance? Does it serve an anxiety-binding function? Does it have a synthesizing and restorative effect preserving the emotional balance? Since dreams are an intrinsic part of normal sleep (Dement & Kleitman, 1957; Kleitman, 1960), their functional utility in the psychic economy may be assumed. This is particularly credible in view of the experimental evidence that deprivation of REM sleep is followed by definite personality aberrations (Dement, 1960, 1966). Moreover, if REM sleep is blocked, it is made up "in amounts distinctly related to the amount of deprivation."

Dreaming as a safety valve for the discharge of instinctual pressures has been hypothesized for many years by psychoanalysts. As far back as the turn of the century, S. Freud pointed out that the prime function of dreams was to safeguard sleep by fostering solution in fantasy of powerful needs, fears, and conflicts that were too dangerous or repulsive for resolution in reality. Dreams apparently helped in the psychic mastery of seemingly insoluble situations, providing for a discharge of tension, a propitiation of deep wishes and demands, and a fantastical working through to a conclusion of destructive experiences that defied the coping capacities of the individual in the waking state. The wish-fulfilling drives represented in dreams were compromised by the demands of the repressing forces. What the dreamer then tended to satisfy was not the raw wish, but a compromise made necessary by the repressing elements. An important effect of dreams was to discharge the emotion that was associated with deep conflicts in the personality. "Dreaming has taken on the task of bringing back under control of the preconscious, the excitation in the unconscious which has been left free; in doing so, it discharges the unconscious excitation, serves it as a safety valve and at the same time preserves the sleep of the preconscious in return for a small expenditure of waking activity."

Ella F. Sharpe (1931), expounding Freud's ideas, considered dream interpretation the cornerstone of psychoanalytic technique. Dreams, she said, are sensitive indicators of the individual's unconscious and offer a means of exploring the dreamer's current conflicts through the elaboration of preconscious thoughts. The latent content of dreams is arrived at through free association. "Dreams may prove of value apart from or in addition to the significance of the latent content. They may be used as a means of

unconsciously placating the analyst, as symbolic of power, of control over faecal product, as proof of control over the analyst. The dream may represent a love gift." T. M. French (1952) and French and Fromm (1964) stated that, in addition, dreams, reveal old conflicts, reflect hope and introduce new solutions.

Classical ideas about dreams revolve around the contention that with the shutting out of sensory receptors and the progressive cortical inhibition induced by sleep, a number of important changes occur in the operative psychic processes. These changes, reflecting themselves in dreams, consist of the following:

1. Visual images rather than words are employed to represent concepts.
2. The mind becomes contaminated with an archaic, pre-logical kind of ideation that utilizes perseverations and stereotypes. There is a replacement of abstract conceptual for concrete thinking and an abandonment of accepted rules of time and space.
3. Certain distortions prevail in dreams, probably conditioned, first, by a need to evade the psychic censorship that continues to operate in sleep, though to a lesser degree than in the waking state, and, second, by a primitive type of thinking that seems to be released by inhibition of the higher cortical centers. Inacceptable and repudiated aspects of the personality are, through distortions, made acceptable to the dreamer's ego.
4. Among the mechanisms serving the interests of distortion are symbolization, displacement, condensation, representation by multiples and opposites, secondary elaboration, and substitution for people of emotionally equated objects.
5. Symbolic representations are unique for the person, although there is some universality of symbols. Because primitive processes permeate the thinking process in sleep, there is a tendency toward a universal language in dreams. The similarity of experiences of the average person within a certain culture also makes for some unity of symbols.

Not long after Freud published his revolutionary discoveries about dreams and dreaming, defections from Freudian formulations began to appear. Rejecting the concept of wish fulfillment as the prime determinant of the dream, Jung (1960) approached dreams from the phenomenological level. Dreams were not, he claimed, disguised symbolizations of irrational childish impulses. Rather they were experiences in self-confrontation; their symbols were explicit metaphorical referents. Dreams were

compensatory and rectifying rather than irrational “whereby those thoughts, inclinations and tendencies which in conscious life are too little valued, come spontaneously into action during the sleeping state when the conscious process is to a large extent eliminated.” Jung ascribed to each dream image a special significance of its own: “from the final standpoint the symbol in the dream has more the value of a parable: it does not conceal, it teaches.” It was a spontaneous self-portrayal in symbolic terms.

Adler also veered away from Freud’s explanation of the dream as a symbolic vehicle for wish fulfillment. Rather, he declared, the dream was the key to the understanding of an individual’s life styles and the choices available to that person in social situations.

The adaptive and problem-solving functions of the dream have fashioned its uses by neo-Freudians. Instead of being the royal road to the unconscious, it is regarded as an attempt at solution of conflicting needs, an expression of unified personality structure (Horney, 1950). The neo-Freudian viewpoint is developed in Walter Bonime’s book (1962), *The Clinical Use of Dreams*. Bonime contends that since the character structure evolves through interpersonal interaction, its manifestations in dream symbolism have a specific meaning for each individual in terms of that person’s unique life experience. “Human emotions have conceptual and communicative implications which arise out of social interaction” and their identification and evaluation through dreams and other communications constitute an important focus of the therapeutic work. The dream must be related to the characterological and social realities of the patient’s life. In the context of self-confrontation, the dream registers the interplay between genuine awareness and neurotic techniques of avoidance. Rational and irrational can be split apart by applying the metaphor of the dream to the concrete life situation implicated in the dream. The dream yields clues to how a patient is coping with a particular problem at the moment.

Classifying dreams into categories of action, individuals, surroundings, and feeling, Bonime puts emphasis on an interpretive hypothesis in which patient and therapist make a collaborative effort at meaning, rather than the therapist giving a pointed interpretation to the patient. The dream, consequently, becomes a medium of relationship between patient and therapist. In this interaction transference is regarded as an obscuring rather than illuminating concept toward understanding the total characterological contours of the individual. “The clinical problem is to investigate the kind of personality the patient has today, to seek out precisely what he is experiencing in reaching to the analyst

and to discover the elements of the immediate situation which are engendering the irrational" feeling.

Contemporary dream research suggests dreams as products of neurophysiologic-biologic processes rather than unique responses to specific psychological-experiential factors (Trosman, 1963). What initiates the dream is physiology, not conflict; however, physiologically induced alterations in the state of the psyche during the night result in shifts in emotional equilibrium. At a critical point in this imbalance the dream begins and operates to reestablish homeostasis. If anxiety is neutralized in this process, sleep continues; if too much anxiety is released, and it cannot be handled in the dream work, a nightmare may result with possible awakening. Unconscious wishes then ride on the back of neurophysiological-biochemical mechanisms, their representational forms being conditioned by the dream work.

THE CONTENT OF DREAMS

A dream is a mosaic of diffuse symbolic conceptualizations, recruited from recent and remote memories and fashioned by current feelings, attitudes, motivations, and values of the individual. Each dream is a fragment of the total life experience, distorted in accordance with the regressive thinking process that prevails in sleep and shaped by the immediate psychological needs of the person. It is doubtful if the function of the dream is to preserve sleep; rather it appears to be a processing of the day's experiential residues with attempts at problem solving.

In examining any dream, two kinds of content are apparent. The first, the *manifest dream content*, is an overlay of situations and events that mask more fundamental latent meanings. The manifest content is constructed out of events in the recent past, usually events of the previous day, blended with remembered situations in the distant past. The second, the *latent dream content*, which is determined by decoding the dream, embraces some or all of the following:

1. Early memories or experiences, perhaps long forgotten, that have made a significant imprint on the person
2. Attitudes and fantasies in relation to parental agencies and siblings
3. Defenses that were elaborated against early experiences, conditionings, and fantasies
4. Emotionally important immediate life experiences

5. Current wishes and demands in open or disguised form as well as defenses against these
6. Interpersonal strivings and attitudes
7. Unconscious repudiated impulses and needs
8. Nascent conflicts that agitate the person and create tensions and anxieties
9. Patterns of reaction and mechanisms of defense habitually utilized by the person to resolve troublesome conflicts
10. Latent character strivings and latent mechanisms of defense
11. Representation of different aspects of the self, as well as disparate interpersonal drives, through such symbols as multiple characters
12. Attitudes toward therapy, including resistances to the various phases of treatment, and defensive reactions that are marshalled by interpretations
13. Attitudes toward the therapist including transference manifestations

THE THERAPEUTIC USE OF DREAMS

There is a difference between decoding a dream as part of a scientific endeavor and utilizing it as a therapeutic implement, which is an artistic, intuitive task. The ideal approach to dreams is a collaborative working together during which the therapist studies the interaction between the patient and himself or herself and utilizes the dream as one form of communication both to understand the needs, conflicts, and defenses operating in the patient as well as to facilitate the therapeutic interpersonal relationship. Before this ideal is reached, the patient will require help toward being motivated to remember, to report, and to examine dreams critically. The patient will need education regarding the conflict-solving function of dreams. The therapist may, therefore at the start have to be quite active in showing the patient how one goes about working with dreams and in explaining how they lend themselves toward exploring distortions in the relationship of the patient with other human beings, including the therapist. The patient not only will learn that the dream is a repository of archaic attitudes but also will discover that it points out potential avenues of growth. As soon as the significance of dreams is grasped, the patient will be able to explore them with minimal activity on the part of the therapist.

In requesting the patient to report dreams, one may give an explanation such as in the following excerpt:

Th. I should like to have you try to remember your dreams and bring them to me.

Pt. I never dream. Are dreams important?

Th. Dreams are important because when the mind is asleep, problems that bother it are brought up more openly. In the waking state a person pushes those problems away.

Pt. I suppose I dream, but I can't remember my dreams.

Th. All people dream, but many people don't remember their dreams. If you find it hard to remember your dreams, keep a pad of paper and a pencil at the head of your bed and jot down any dream fragments you remember the minute you get up. Otherwise they are likely to slip out of your mind. If you wake up in the middle of the night and have had a dream, take the time out to write it down.

Simple suggestions along these lines often induce dreaming. Should the patient persist in being unable to remember dreams, the therapist may remark, "I wonder why it is that you have no dreams. It's possible that certain things are bothering you so much that you just don't remember what you dream." Mention of possible resistance sometimes promotes enough tension in the patient to force a breakthrough of a dream. Some therapists attempt to stimulate their dreamless patients through hypnosis during which it is suggested that the patient be able to recall important dreams. Fantasies and dreams may also be suggested during the trance state itself and discussed if desired during or after the hypnotic session.

It is, however, generally unnecessary to employ adventitious methods to promote dreaming, for the patient will readily relate dreams once told that the discussion of dream material is helpful in therapy. If the patient refrains from mentioning dreams spontaneously, the therapist may ask at each session whether there are any dreams to report.

The first dream after therapy has started is frequently of great moment, sometimes containing a cross section of the patient's problem. It may require many months before the patient and the therapist will appreciate the full importance of the material portrayed in the dream.

During the third therapeutic session a female patient presented her first dream:

My husband's family took suitcases to the station in a streetcar. I thought this was grubby.

Then I dreamed of an old woman who invited me to eat roast lamb. It didn't seem good, and I wouldn't eat more. I said it was spoiled, and if you kill and eat lamb that's led a lonely life, that makes you sad. And then—this is the horrible part—she prepared to kill another lamb. She got it partly skinned and the skin was up over its head, but it was alive. It kept looking at me for protection, linking its head in my arm and pulling me, as if to say, 'Please get me out of this.' And I thought, 'Oh god, I wish I could help this poor creature, but the only way to help it is to kill it.' But I didn't want to tell the lamb that. And I couldn't kill the lamb myself.

Then I dreamed I was on a cloud, high up: but it wasn't a cloud, it was terra firma. I was on the edge and with me on the earth-cloud was a young man. I didn't know what he looked like or who he was. I kept slipping off the cloud with a dreadful fear of falling off. He couldn't support me and I was panicky.

Then I dreamed I was in bed with my husband, Dick. A sex dream. We just had an affair. He got up, but I stayed in bed and hid back under the bed covers. He came back with his penis erect. I wanted another affair, but he started horseplaying like a frisky kid.

Associations to the dream were barren. Even mention of the similarity between “kid” and “lamb” brought little response. The patient's feelings about her husband were hesitantly expressed, but they were on the positive side. It was many months before the patient realized her ambivalent attitudes toward her husband, her pity for him as a “poor lamb” she felt she was destroying, and her murderous rage, mobilized shortly after her marriage, because her husband and his family were “grubby” people. She believed that she had demeaned herself by a mismatched alliance. Appreciating that she had been “up in the clouds” about her marriage, she realized that she was very much dissatisfied with the sexual aspects of her relationship. Her hostility had been self-directed and had expressed itself in depression and psychosomatic symptoms for which she sought psychotherapy. Her responses to her husband, positive and negative, were shown to be part of a larger pattern in her relationships with men that went back to her relationship as a child with her father. Her dream brought out many aspects of her problem, but her ego needed strengthening in therapy before she could accept the full implications of the dream.

THE TECHNIQUE OF DREAM INTERPRETATION

Once the patient has presented a dream to the therapist, it may be handled in a number of ways. Some therapists ask the patient to associate to the different objects, people, and incidents in the dream. Others pick out a general theme from the content and then present this to the patient as a focus on which to concentrate. Still others formulate their impressions of the dream for the patient's benefit. Finally, there are therapists who do not direct attention to the dream or ask for associations; they merely listen, attempting to connect preceding statements and those that follow the dream in the hope of identifying

the initiating precipitants of the dream.

Because the dream embodies so much material, therapists generally select aspects for discussion that accord with what they are trying to emphasize at a specific session: inculcation of insight, confirmation of a hypothesis, probing of past traumatic events and memories, defensive operations, transference manifestations, resistances to the therapist and to the techniques, fears of utilizing insight in the direction of change, and so forth. Sometimes a therapist will merely listen to a dream for his or her own information: at other times interpretations are given the patient. In advance of this the patient is asked for associations to a dream and for formulation of impressions about it. Many patients rapidly become skilled at understanding the meaning of their dreams. To facilitate associations, some therapists summarize the dream events and ask the patient specific questions in relation to people and incidents in the dream. Dreaming about different people is occasionally a way of representing different aspects of oneself. The therapist, if the meaning of the dream is not clear, may ask about the setting of the dream. Does the patient recognize it? Is it in the past or present? Does it have any significance for the patient? Do the characters in the dream have any meaning for or relationship to the dreamer? Do any of the characters represent the patient's parents, or the therapist, or oneself? Are any underlying wishes or needs apparent? What personality traits are revealed in the characters? What mechanisms of defense are displayed—flight, aggression, masochism, hypochondriacal preoccupation? What conflicts are apparent? What is the movement in and the outcome of the dream incidents?

Therapists interpret dreams in line with their theoretical persuasions, some treating a dream like a Rorschach, projecting into it their own special fantasies. While this may be effective for highly skilled, experienced, and intuitive professionals, it is better for most therapists to work out the meaning together with the patient. It is a poor tactic to interpret dogmatically the latent content of the initial dreams revealed by a patient. First, the therapist does not know enough about the patient and the operative defenses. Second, to penetrate into the unconscious prematurely will merely promote greater repression of and distortion in later dreams as a way of avoiding anxiety. One may, however, productively search for current reality reactions (e.g., resistances to the therapist or to the techniques; fears, or misinterpretations the patient may harbor about therapy) or for bizarre hopes and expectations that could result in a defeat of the therapeutic attempt. Or character drives may be explored advantageously as they exhibit themselves in the dream, provided that the patient is already aware of these.

Resistance is apt to occur as the treatment process proceeds. It may appear in relation to the setting up of the working relationship at the start of treatment, to the exploration of the dynamics of the inherent neurotic process, to the putting into action of insight, and, finally, to the termination of therapy. Manifestations of resistance may first appear in dream structure. The dream provides a great opportunity to deal with it before it becomes an irreparable obstacle to treatment. Of confounding concern, however, is the employment of dreaming itself as a form of resistance as the patient becomes aware of the importance of dreams. The patient may thus use dreaming as an outlet to frustrate or impede the therapist. The patient here may dream incessantly and try to flood the therapeutic hour with an avalanche of dreams, or may unconsciously elaborate the symbolism of the dream as a way to confuse the therapist and to divert from central issues. Some patients bring in pages of written dreams, which may overwhelm the therapist, and this may be one way of avoiding dealing with reality problems. These resistances should be interpreted.

Of vital importance are the revelations in dreams of transference in which impulses, experiences, and defenses in relationship to important past personages are revived through the agency of the therapist. A wealth of information can be exposed in such dreams, and opportunities are afforded the patient and therapist for understanding of how early attitudes and patterns disturb the patient's present existence. This provides a means to work through transference distortions. In the process of interpreting transference, one must always search for reality provocations that are initiated by the therapist personally. The way transference in dreams is handled will depend on when it appears and its function as resistance. A demand for infantile gratification in terms of complete givingness, lovingness, and understandingness, an expectation of hurt and condemnation for the revelation or expression of impulses of which the patient is ashamed, can serve as blocks to therapeutic progress. Such demands and expectations will require careful interpretation. On the other hand, a delving into genetic foci, into important early formative experiences, if employed at all, may require tact and great patience. Premature or too forceful interpretations may do more harm than good.

One of the ways that the dream can help the therapeutic process is by revealing signals of anxiety before it becomes too intense and interferes with therapy. Where the dream brings out anxiety in relation to important incidents, past or present, it may be possible to help the patient endure it enough to avoid the upsurge of too great resistance.

Often the dream will reveal the nascent drives that marshal anxiety. These may be imbedded in a pregenital fusion of sexuality and aggression. Their emergence in symptoms and in acting-out tendencies may be responsible for the patient's current difficulties as well as for a pervasive inhibition of function and other ego defenses. The studied interpretation of dream elements will do much toward clarifying the punishing and masochistic reprisals of the superego. By ferreting out projective, denial, isolating, and repressive defenses, as they come out in the dream work, one may occasionally liberate early memories that concern themselves with the fantasies or actual experiences associated with the patient's sadistic and masochistic maneuvers. Obviously, the interpretations preferred must take into account the patient's readiness for change and the intensity of anxiety. Above all, the manner of interpretation serves as an important factor in helping or retarding the patient in accepting and integrating the significance of the dreams.

Techniques of dream interpretation in the early phases of therapy may advantageously concern themselves with teaching the patient how one may approach one's dreams. They include:

1. Summarizing for the patient the basic trends in the dream
2. Asking the patient for spontaneous associations
3. Making a tentative, unverbilized formulation of the dynamics
4. Encouraging further associations through focusing

Summarizing for the Patient the Basic Trends in the Dream

Although the routine of summarizing is not absolutely necessary, it may conveniently be employed at the beginning stage of working with a dream especially where the patient does not spontaneously associate to it. To illustrate this and other routines in dream interpretation, we may consider the following dream of a depressed woman with whom I was employing dynamic psychotherapy:

A person—I don't know who it is—wants to kill me and my child. The room I'm in has a double dormer window, but the furniture is modern. I can't get out. I try to escape and can't. Then the next part is that I am somewhere with two men. One man wants me, but I don't like him and feel contempt for him. I like the other person, but he doesn't want me. I say to him, "I'm sick and going to die in 2 weeks." He reassures me and tells me he loves me and everything is sad and beautiful.

In summarizing the trends in the dream, the therapist may remark:

Now here is a dream that takes place in a room. A person is there who threatens to kill you and your child. You try to escape and can't. Then you are with two men. One you like, and one you don't. The one you like doesn't want you. You say you are sick and going to die. Then he tells you he loves you, and everything is sad and beautiful.

Asking the Patient for Spontaneous Associations

Following the summarizing of the dream, or if summarizing is not employed as a routine, the patient may be asked to associate to the dream immediately after it has been reported. The following excerpt of the session with the patient whose dream was just described is illustrative:

Th. What are your associations to the incidents and people in the dream?

Pt. I don't know who the person is, but it's a man, like an ogre. I was frightened of him. He was making frightening gestures to us. *(pause)*

Th. What about the room?

Pt. There is something familiar about it. It's like the room I had when I was a girl. This was in North Carolina. The room I shared with my sister. It had a dormer window like the one in my dream. I'm sure this was the room.

Th. What about the furniture?

Pt. We had this curly maple old American furniture. But the furniture in my dream was modern, like *(looks around the room)* in your office, *(pause)*

Th. What about the rest of the dream?

Pt. Yes, this man who didn't like me was a very desirable man, the kind I feel so embarrassed with and uncomfortable. And the last part gives me a quiet, wonderful feeling as if everything is going to be all right.

Tentative Unverbalized Formulation of Dynamics

On the basis of what knowledge has already been gained of (1) the patient's problem, history, current life situation, and dream symbols employed in the past, (2) the patient's associations to the present dreams, (3) what is happening immediately in the therapeutic situation, and (4) the therapist's intuitive feelings, the therapist will be able to develop some tentative formulations of the existing dynamics—these *are not to be conveyed to the patient*. They are concocted in full recognition of the fact

that they may later have to be radically revised.

In organizing the material of the dream for purposes of this formulation, it is often helpful to employ a certain framework that considers the setting of the dream, the characters, the underlying wish, the revealed personality traits, the apparent mechanisms of defense, the ostensible conflicts, the movement, the outcome, and resistance and transference phenomena.

The Selling of the Dream

One may ask oneself a number of questions concerning the patient's dream's setting. For example, What is the locale of the dream—outdoors, indoors, a changing setting? Does the patient recognize the locale? Does the locale have any special significance for the patient? Is there an indication as to the temporal setting—past, present, or both?

In the dream we are using as an example, the setting seems, according to the associations of the patient, to be a fusion of the past (the room shared with her sister as a child) and the present (the therapist's office). One may speculate that the patient is talking about a situation or about feelings that are equally applicable to the past and to the present or that, originating in the past, are being projected in the present.

The Characters in the Dream

Who are the characters in the dream? Are they identifiable people; do they resemble in appearance or behavior people the patient knows or has known in the past? What is the relation of the patient to the characters in the dream? How does the patient feel about the various characters? Are they possibly parental or sibling representatives? Are the characters in the dream representative of various aspects of the patient? Are any of the characters symbols for the therapist?

Referring to the dream that we are considering, the characters are the patient, her child, a hostile unidentified man, a man who likes her whom she rejects, and a man whom she likes but who rejects her. From her past history there is a suggestion that the hostile man in the dream is representative of her father, whom she considered a person one could never approach closely enough to know. She

remembered him as one who was disposed to hostile outbursts. There is a possibility also that the man may be representative of the therapist (transference), since the patient had for several weeks manifested resistance in therapy and had on several occasions mentioned that I seemed distant from her and that it was hard to get to know me. The other two men are probably representations of a dualistic attitude she displays toward men. In response to those men who express a liking for her, she exhibits coldness and contempt. On the other hand, she manifests a keen interest in men who are not approachable.

The Underlying Wish or Need

A search will usually reveal one or more deep wishes or hidden demands as the base of the dream. These may consist of early repudiated impulses and strivings, or of later wishes, or of current demands. Sometimes the wish is an extremely concealed one that is hard to detect in the dream content. At other times it is very clearly defined.

In the dream under discussion the wish is perhaps to win the love and approval of a rejecting, aloof man, in this way breaking down the barrier to a warm relationship with a father figure. There is a desire to be accepted for herself and to be the preferred one in any competitive struggle (originally with her sister or mother?).

Personality Traits as Disclosed in the Dream

What personality traits are divulged in the dream? What is the nature of the patient's relationship with other persons in the dream? What are the patient's feelings about himself or herself? What are the patient's attitudes toward authority? Toward subordinate persons?

In the dream that we are reviewing the patient shows great fear in relation to a hostile male figure, contempt toward a person who likes her, and feelings of rejection when she approaches someone she admires. These tendencies are actually substantiated by studying her real life adjustment. They explain why it is difficult for her to relate well with people. Strong people are overvalued; she fears their hostility and rejection, and she tends to detach herself from them. Toward weaker people she feels contempt and hostility, and she removes herself from their presence out of fear of being exploited. On those who avoid or reject her she places special values.

Mechanisms of Defense

What are the mechanisms of defense that are exhibited in the dream? How do these compare with the defense mechanisms the patient habitually employs in life? Are there any evidences of anachronistic defense mechanisms that issue out of early life experiences and impulses?

In our patient's dream the defense mechanisms suggested are those of (1) flight from hostility or from a hostile authoritative person, (2) disdainful and perhaps aggressive attitudes toward individuals who are fond of her, and (3) masochism and hypochondriasis in relation to rejecting personages, the latter tendencies perhaps serving as means of winning sympathy and love. These mechanisms are essentially those that the patient exhibits in her reality adjustment.

Conflicts Expressed in the Dream

What conflicts are manifested in the dream? Do these result from clashes with or stress from special situations? Are these a consequence of incompatible relationships with people or contradictions of various character traits? Are there evidences of deep inner wishes and needs that come into opposition with moral prohibitions?

Returning to our patient's dream, we find a number of conflicts that suggest themselves. The attitudes of flight, contempt, admiration, and masochism are mutually contradictory. Her relationships with people are fertile sources of conflict since she constantly anticipates attack or she may desire to attack others. Her need for a close relationship conflicts with a fear of being hurt or of hurting. There are hints of an Oedipal conflict.

The Movement and Outcome of the Dream

What is the drama enacted in the dream? What emotions are associated with the actions? Does the dream reveal any important early memories or situations? Does it reflect emotionally significant immediate experiences? What is the outcome of the dream?

In our patient's dream the drama is, first, a fear of being destroyed and helplessness in escaping destruction. The emotion here is terror. The outcome of this episode is not defined. Second, the patient

plays a rejecting role with a man who seeks her companionship, and she is rejected by someone she likes who does not want her. Her protestation that she is sick and about to die incites the man to profess love for her, and she feels emotions of contentment, but also sadness. The outcome, though satisfactory to her, is actually a neurotic masochistic solution to her feelings of being unloved and unworthy in a relationship with a “superior” man.

Resistance and Transference Manifestations

What manifestations in the dream are reactions to therapy and the therapist? Are there any evidences of fear, antagonism, detachment, or sexual interest in relation to the therapist? Are there any responses that seem oppositional to the therapeutic effort?

The fact that our patient associates the furniture in the room in which she is trapped with the furniture in my office suggests a transference situation. She perhaps feels trapped by therapy as she was trapped in an untenable relationship with her father in the past. She may fear attack from me as she feared attack from her father. It is possible that she exhibits resistance to therapy in the form of fear or helplessness. There is a possibility also that the last part of the dream reflects an impulse to win my affection by displays of illness and depression. Actually, the patient started the session by complaining that she felt physically ill. Emotionally she appeared listless and depressed.

Encouraging Further Associations by Focusing

Once we have come to certain tentative conclusions about the dream, we may want to direct the patient’s associations toward certain parts of the dream in order to validate our own formulations and to help inculcate insight in the patient. The process of focusing will depend in part on the dream material and in part on the specific phase of therapy in which we are engaged.

Because the dream is so highly condensed a production, it is possible to extract from it material that will fit in with the objectives of our immediate therapeutic effort. Thus, if we are in the opening phases of therapy, our chief goal is to establish a working relationship. An attempt is made to discover in the dream evidences of resistance to a working relationship, defective motivation for therapy, and transference blocks to the full acceptance of the treatment situation. For example, were the dream that we are studying

presented during the first therapeutic phase, we might perhaps consider the patient's fear of the man in the dream and her terror of being trapped as symbols of a fear of therapy and of me. We may speculate from this that she would, during therapy, try to get me to express my liking for her so that she could reject me; or, that, convinced of my aloofness, she would employ a masochistic reaction in order to get me to profess my fondness for her. With these factors in mind, we would try to focus her attention on her feelings toward me, in order to work through her resistances to a working relationship.

Were the patient in the exploratory phase of therapy, we would utilize her dreams as a means of investigating the dynamics of her disorder. Thus we would focus on, and attempt to demonstrate, provocative elements in her immediate environment that activated basic conflicts. Actually, the patient was in this treatment phase. An excerpt from the interview follows:

Th. Perhaps, if you tell me about any special things that happened to you the day before, or a few days before the dream, we may learn something important. *[Events of the day before, which had an emotional impact on the patient, consciously or unconsciously, may have detonated the tensions revealed by the dream. Focusing the patient's attention on possible stimuli may enable her to make certain connections.]*

Pt. There were several things that happened. I got a letter from Sally (*her sister*). She rarely, if ever, writes. Since my divorce, I don't think I have gotten more than three letters from her. She told me about how wonderfully she and John (*her sister's husband*) were getting on, and how well her two children were doing in school. I felt she was needling me, blaming me for making a mess of my life. *[The resentment evoked by her sister's letter may have touched off early competitive feelings. I decide to explore these.]*

Th. How did you get along with your sister before?

Pt. As I told you, we hated each other when we were little. My father told me I used to admire her when I was a tot. She was 3 years older and I tried to do everything she did. The only thing I remember is fighting with her. She considered herself wonderful and would tell on me. I'd get spanked plenty, *[Is it possible that unresolved sibling rivalry still continues?]*

Th. How did your father feel about her?

Pt. After mother died, she was the favorite. She used to do everything with dad. I used to get the spankings. They told me I had an awful temper. That amuses me because I'm such a Casper Milquetoast now. *(pause)*

Th. How do you feel about your sister's taking your father away? *[This is a very provocative question and is actually intended as an interpretation.]*

Pt. I guess I accepted it. There was nothing else I could do. *[The patient is probably unaware of her deep resentment about being rejected and of her intense desire for a good relationship with her father.]*

Th. But it would seem natural to resent such a situation, *[more interpretation tentatively given]*

Pt. Well, it was a bad situation all around. And I was difficult, I suppose. There were times when dad was very sweet though. When I was sick for instance. *[Could this be a genetic determinant of the masochistic impulse ? Her present tendencies toward depression and psychosomatic illness may be a result of a pattern of sickness that in her childhood invoked her father's attention. This is the mechanism that seems so clearly portrayed in the dream.]*

Th. This must have made sickness a premium for you? *[I am attempting here to get her to think about this mechanism.]*

Pt. *(laughs)* I was a sick child they tell me. Even now I don't feel good. I don't think I ever felt like I was all together.

Th. There may *still* be dividends that you get out of your being sick or feeling sick, *[a tentative interpretation of her hypochondriac pattern]*

Pt. *(pause)* Say ... well, I wonder. Do you think I make myself sick so people can feel sorry for me? *[This sounds like emerging insight.]*

Th. There is *some* reason why you feel sick.

Pt. I did feel like hell yesterday and today. My back is killing me. I dosed myself up with aspirin, *[deviates into talking about her symptoms]*

Th. *(interrupting)* Now let's look into this thing. If you got dividends of love and attention from your dad by being sick, this could have started off a pattern. Do you have any idea whether you got sick with people you want attention from?

Pt. All I know is that I make a nuisance of myself with people. I guess I make them sick. *[The patient is resisting here.]*

Th. Well, now the dream brings out the fact that you tell the man who is hard to get that you are sick and going to die, and then he tells you he likes you, and everything is sad and beautiful. That sounds like the same thing, doesn't it?

Pt. *(excitedly)* Yes, I see. The night before the dream I went to a party. There was this very attractive man there who was taken over by another girl. I tried to engage his interest. He was polite, but I didn't get too far.

Th. Mm hmm.

Pt. The nice men are always in demand and married, or something.

Th. Sounds like nobody takes any interest in you.

Pt. The men who are attracted, I feel there is, I know they are castoffs. They are either people who want a mother or are married and want an affair. And that's not for me.

Th. Maybe you undervalue people who like you. *[This is more tentative interpretation.]*

Pt. I don't know, but I must attract the wrong people. *[The patient is apparently not ready for the interpretation.]*

Th. You know, the dream seems to bring out your pattern of disinterest in men who want you, and hopelessness with men you want.

Pt. Yes, it does, *(pause)*

Th. But what do you do in the dream to get the person to tell you he loves you? *[attempting to stimulate thinking about her pattern]*

Pt. *(laughs)* I tell him I'm sick and going to die.

Th. Like you did with *whom* before, as far back as childhood? *[more questioning to promote thinking]*

Pt. With father, of course.

Th. It sounds as if you are using this pattern constantly, whenever you are up against a situation where you feel you are second best. It's like you are still living with a sister your father prefers, and you have to use drastic measures to win out. *[interpreting her pattern]*

Pt. It's true; that's what I must be doing. In everything I feel hopeless, in everything, *(cries)*

Th. But is it *really* hopeless or do you *feel* it's inevitably hopeless because this has been the pattern of your life?

Pt. Just look at how my sister is, and look at me.

Th. You are still pitting yourself against your sister. Let's take the letter she wrote you, which seems to have stirred up the dream and the old conflict of being preferred or not. Now you read into it something she may not at all have intended.

Pt. Of course, that's possible.

Th. Or take your feeling about me. If the pattern we talked about is there, it may come up with me too. Have you felt that I didn't like you or didn't pay attention to you? *[probing for possible transference reactions]*

Pt. I have felt you were distracted and not interested in what I was saying.

Th. Perhaps I did something that gave you that impression?

Pt. Well, you changed my appointment last week.

Th. What did you think that meant?

Pt. Nothing, I suppose, but *(laughs)* I'll tell you what I thought about.

Th. Yes.

Pt. I thought you were seeing somebody in my place, more important or attractive.

Th. Like your sister? *[accenting the transference element and the possible misinterpretation]*

Pt. *(laughs loudly)* I suppose so. It seems like I keep doing the same thing all over.

Were the patient in a phase of translating insight into action, the focus would be on resistances to activity, normality, and the abandoning of primary and secondary neurotic gains. The dream material would be utilized in such a way that any possible resistances or defenses against utilizing insight constructively would be accented in order to expedite the therapeutic process. If the patient, finally, were in the terminal phase of treatment, the dream would be searched for evidences of resistance to termination or for refusal to yield her dependency and to exercise assertiveness. In this way the greatest good would be derived from the interview.

DEALING WITH RESISTANCE

An insidious form of resistance is forgetting dreams. This, often a maneuver to keep the therapist at bay in order to avoid anxiety and to retain the secondary gains of the neurosis, may remove dreams as a form of communicative interaction. Focusing on the possible reasons for not dreaming may enable patients to recover their dreams. Sometimes as mentioned before, hypnosis helps to break through the dreaming block. Another resistance is that of bringing in reams of written dream material and filling the session with intellectual recitations about possible meanings. Enjoining patients *not* to focus on dreams serves to bypass this defense. A third resistance is disavowing the significance of dreams, and of the characterizations and actions that are taking place. Here the therapist may point out that what the patients have presented is *their* dreams, that they had a free choice of portraying what they felt, and that they selected their own script and characters. Repudiating their own creations is a means of trying not to take themselves seriously to avoid anxiety or to retain the pleasures of their neurosis.

FANTASIES

Fantasies or daydreams are almost as important as night dreams in reflecting deeper mental trends. While fantasies are influenced more by conscious ideational processes, they follow many of the laws of dreams. They may be handled in a manner similar to that in working with dreams. Of particular importance are masturbatory fantasies, which embrace some of the most disturbing conflicts of the person. The individual's emotional reactions to fantasies may be as significant as their content and should, therefore, always be taken into account.

ILLUSTRATIVE CASES

Example 1

A patient with an anxiety reaction came to therapy partly because of distressing symptoms and partly because of a realization that she was unable to get along with people, particularly with those in authority. She felt great envy toward persons who possessed more material things than she had, or who knew more than she knew, or who happened to be in any kind of superior position. She feared expressing her hostility and, in defense, adopted a compulsive ingratiating attitude. Her relationships with men were characterized by an initial period of temporary enthusiasm and passionate involvement, followed by disillusionment, resentment, and an inevitable rupture of the friendship. During the thirty-sixth session, she presented the following dream.

I am in a field, but instead of there being grass, the earth is blanketed in a cloth cover with a peculiar design. I see an animal in the distance coming toward me. I don't know if it is a cow or a bull. I somehow have the power to make it either, by looking at it a certain way. I make it a bull and run away as it charges me.

Then I see myself in a room. A woman is about to leave two little children. They are good children and I feel angry that they are left alone.

In her spontaneous associations the blanketed earth resembled the cover of the couch in my office. During her last visit, as she entered the waiting room, she ran into my wife who was on the way out. She had a transient fantasy then that my wife was abandoning my two children in protest over my working constantly and, therefore, having no time to devote to my family. Associating to the animal in the dream, the patient described a recurrent fantasy of being caught some day on a field by a bull who charged her while she was completely helpless.

A tentative unverballed formulation on the basis of what I had learned about her in therapy was that she related in two distinct ways to people. First, she would idolize any person whom she could identify as a powerful authority. She needed to convince herself, however, of the omniscience of this authority. Any flaws or weaknesses that she detected in personages whom she endowed with superior virtues resulted in her losing respect for them and rejecting their friendship. Second, she would, in association with a weaker person, assume command and insist on the person's complete submission to her. When this happened, she would develop contempt for the individual's weakness and then feel

repulsed by any contact with the person.

In her relationship with me the first pattern had prevailed. I was elevated to the position of the invincible authority who knew all and could do no wrong. From time to time I challenged this attitude, attempting to show her that her notions were based on a need for a power figure. While she accepted this idea intellectually, emotionally she clung to the feeling that I was a kind of demigod, possessed of varied virtues, including superb judgment and exquisite intelligence.

Several days prior to the dream we had, during a session, discussed her relationship with her fiancé, which had followed along the lines of her typical pattern and now was in the final stages of disintegration. I had given her several strong interpretations, her response to which was that I was criticizing her. I had a feeling that she resented my intimation that discharging her fiancé might not be the best solution for her present plight.

Focusing on her present dream, I suggested that the blanketed earth on which she stood in the dream and which resembled my couch cover was probably a symbol of the therapeutic situation. Her emotion in the dream might then relate to therapy or to me. This remark sponsored associations to the effect that she had been angered by my comments of the previous session. She confessed that as she left the office, she had begun, for the first time, to doubt my competence.

The meaning of the dream then became more apparent. She viewed me, first as a cow, tearing me down as an incompetent, weak person over whom she could ride roughshod. Second, she regarded me as a "superior" ferocious bull who could hurt her. In this way she symbolized her conflict between wanting to tear me down, as she had torn down all other authorities, or making me even more invincible, and hence potentially dangerous. She chose the latter in the dream. Envisaging escape from therapy, she rationalized her contemplated move with the idea that, in providing me with more leisure, I could devote myself to my wife. This would prevent my wife from leaving my children, who did not deserve a broken home. The last part of the dream was a partial expression of this notion. The interpretation of the dream helped the patient to realize that she was expressing in her dream structure a symbolized version of many of her basic life patterns. This insight proved of great value in promoting progress in therapy.

Example 2

Sometimes spontaneous associations to a dream help the patient gain awareness of inner conflict with dramatic force. In the following excerpt a male patient achieves insight into fleeting homosexual impulses:

Pt. I dreamt my father was quite ill and I was taking care of him. I don't know what was the matter with him, but he was ill. I guess my sisters were around there somewhere, but I seemed to be feeding him and giving him his medicine. And there's one thing that sticks in my mind—a view of a spoon, an ordinary tablespoon, leaning up against something—in jelly or something along that line, something gelatinous. And I thought I was sort of half awake and I thought: "Well, Jesus Christ what am I doing— what can I say to that dream? It means that I am being my mother; I'm carrying out the functions of my mother, taking care of my father." And this is what I know it means: I have a desire or fear of being homosexual. I'm taking my mother's place. It hit me hard between the eyes, and I almost fainted. And the next night I dreamt about a hasp, kind of lock—you know, the kind where the hasp drops over a part when you drop a padlock into it. And I thought there was something about the hasp, and I thought I'm on the outside of it; somebody is on the other side and can't get in, and I can't get over there. It could be turned around the other way. I could be over there, couldn't get in, and *he* could be here and not get out. It was not in any way a menace or anything like that, but it was that I'm here, and the presence of this hasp keeps *him* out and keeps *me* in. I can't get to him, and he can't get to me. It's possible that you can turn it around, and the same thing would be true. In other words, it's an equation, (*pause*)

Th. What are your associations to this dream?

Pt. That is, if I were on the other side, the hasp would prevent me from getting inside. He would be inside, and he would be prevented from getting outside. I just remembered that I had another dream. I dreamed about a man I worked for about the time I got married the second time. I had worked for him once before. He was very fond of me, and I of him. Now I suspect there was a funny component in that relationship. He was, himself, in analysis. We had a lot in common for artistic reasons, philosophic and political reasons. However, in the end he turned out to be a heel. In spite of this guy's glowing promises, and so and so on, I hadn't been married a month before I was fired. It wasn't his fault; he was just going broke. But the slob didn't even buy me a drink when I got married. This was a pal, wept on my shoulder when his wife left him, and I used to go up there to spend all the evenings with him. When he was very bad, I'd stay over, you know, that kind of thing. He was going through what I went through with Anna, only I didn't know it then. You know I'd get flashes—now I know what they mean—that maybe he and I would be better off without women.

Example 3

The following portion of a session with a man suffering from impotence illustrates the value of focusing associations to a dream for the purpose of inculcating insight:

Pt. I have sort of a feeling of frustration at the business of looking around for an appropriate woman. This is partly the result of the fact that it's such a time-consuming operation and rather unrewarding unless one actually, until one actually, finds the appropriate person. And there is, there was one such futile evening which I spent yesterday. I suppose you may say that this is in the nature of resistance, but it generates feelings of how much more profitably I could have spent my evening yesterday had I not had to waste it looking for some woman. (*pause*)

Th. Some woman?

Pt. Yes, some girl I had never met before. She was a close friend of other close friends of mine. I called her up, you see. I had a fairly elaborate description of her. But the situation produced was that it was not something I could pursue very far because I was not substantially interested in her. I suppose I had a strong negative reaction, that I felt that she was tightly absorbed in her family, which produced a negative reaction. *[This reaction is typical of the patient's responses whenever he attempts to relate to a woman. He finds some objective reason to justify his apathy and disgust. He is not aware of more fundamental fears and conflicts that condition his desires for flight.]*

Th. Could there possibly be more basic reasons why you found her unattractive? *[attempting to focus his attention on deeper conflicts]*

Pt. Well, I keep thinking that what I want from a woman is to find her substantially attractive, but more than just a sexual relationship. It is one in which there is substantial frankness. She should have a substantial intellectual capacity. Since those don't abound in very large numbers, that reduces the field very much, uh uh, especially if you, uh, introduce the factor that there is some sort of automatic resistance which would, in any case, reduce the attractiveness of most women on the sexual level. *[The patient dodges my question, but he does bring in the factor of his sexual resistance.]*

Th. Well, what about that automatic resistance? *[another attempt to focus on his conflict]*

Pt. Why, there is this impotence problem I came to you for, which is still with me. This substantially reduces my effectiveness with women.

Th. It doesn't seem to have made you unpopular. After all, there are many women after you, in spite of the impotence.

Pt. I suppose so. *(laughs)*

Th. I wonder if all of the specifications that you have for an ideal woman, and the lack of feeling for women, may not be indicative of certain fears? *[focusing still on basic conflicts]*

Pt. I suppose they must be.

Th. Like what, for instance? Do you have any ideas or feeling about this?

Pt. Frankly, no. Except that there is this lack of enthusiasm, *(pause)*

Th. What about dreams; have you had any since our last visit?

Pt. Yes, quite a few. On Tuesday night I dreamed I was in some sort of a revolutionary turmoil, and some dictator had his arm torn off. Then I became the dictator, and my arm is attached. As I proceed somewhere, each time someone touches my arm, I feel it's going to be torn off. This is followed by a dream in which I and a girl are going somewhere, and running to catch a bus, and my hand begins to bleed. I'm becoming covered with blood, and she says, "Look what's happening." I say, "It doesn't matter; let's get there in a hurry." Then I exclude from an appointment I had arranged with people, this girl.

Th. Exclude her?

Pt. Yes, she was excluded in some way.

Th. By whom?

Pt. By me.

Th. Mm hmm.

Pt. I was in considerable turmoil. And then I dreamed of my cousin, my young cousin at school. He reports that a number of children at school have succumbed to some epidemic, to some disease. Following this, I help him conceal a knife that he's to use illegally in fights with other boys, and I instruct him how to use it. Then I walk along a dark street alone and see adults discussing something. Then these adults transform into a group of children. I walk along in imminent fear of attack. I pass a boy with a large hound. At first the dog appears planning to attack me, and he does, and the dog jumps on me and seizes me by the arm, and, oh, I had a painful sensation in my arm. *(pause)*

Th. Is that all?

Pt. Yes.

Th. What do you make of it, the dreams, I mean?

Pt. I suppose I am upset and afraid. I must be the dictator whose arm is hurt.

Th. Yes, as if you are in jeopardy of being attacked as a dictator and physically hurt.

Pt. Yes.

Th. What about being a dictator?

Pt. That's what some girls call me, when they fall in love with me and get angry. This dream followed this date with the girl.

Th. I see. Perhaps your feelings about this girl touched off the dreams. It's significant that in the dream you are running with the girl to catch a bus and your arm is bleeding.

Pt. Yes, we are going somewhere, and I want to get there in a hurry.

Th. Where do you think you want to go in a hurry?

Pt. *(pause)* To get sex I suppose. I am in a rush to get this thing settled.

Th. But perhaps this dream tells us why it's difficult to get things done in a hurry. After all, your arm is mutilated. Could it be that in rushing into sex you feel you might be mutilated in some way?

Pt. *(emotionally)* There must be something that scares me. I feel anxious as I talk now.

Th. In what way could you be mutilated? Who would mutilate you and why?

Pt. I don't know. In the dream I help my cousin fight off an attack. This must be an aspect of me. Then I am attacked

by a boy and dog who jumps me.

Th. And you get a painful sensation in your arm. The arm that bled in the other part of the dream?

Pt. Yes.

Th. But what about the part of the dream where you exclude her?

Pt. I don't know.

Th. Why should she be excluded?

Pt. I might want to exclude her, I suppose, from myself.

Th. That's what you actually did in your feelings toward her during the date.

Pt. Yes.

Th. And is what you do with other women?

Pt. I suppose so.

Th. Is it possible that you exclude her because of feelings, indicated by the dream, of fear, of bloody mutilation?

Pt. If I were to expect attack from this source, I can see that.

Th. One way to escape attack is to give up the sex object, remove yourself from her, become impotent and apathetic,
[interpretation]

Pt. I just remembered. I had a dream the day before I saw the girl.

Th. Mm hmm.

Pt. A series of two dreams, not entirely clear. There's a small girl who demonstrates strong friendship feelings toward me and offers something valuable which, in the dream, is a source of energy which she tells me to take from a series of intangible columns of materials. Later in the dream a small girl is very friendly to me. However, she transforms into a small boy who then picks up my pack of cigarettes and throws it out of the window, despite my protests. Then I'm with a police officer, and he hides a pearl necklace in the files. I'm interested in it, but tell him I'm not, and I just want to go to some town. I go to the railway station, check my suitcase, and enter the train car. Then some woman rushes out with a suitcase that looks like mine. I follow her, but we investigate and find the suitcase is hers. I return to the car and find my suitcase. The contents are all female articles, and I think to myself it will be difficult to prove that this is my suitcase, *(pause)* And that's all.

Th. I see. What do you think of that?

Pt. *(laughs)* Well, I suppose my impending date got me to dream of this girl. I think of this treasure, the pearl necklace.

Th. The treasure being hidden by a police officer?

Pt. Yes, keeping it from me.

Th. What is the most previous treasure you can think of?

Pt. What I want here. To have sex with a woman. Sex must be locked away from me, if we are to believe the dream, by some authority.

Th. Mm hmm.

Pt. The recognition of that by the woman— the suitcase—is rather puzzling. It apparently involves some uncertainty in my, uh, virility and masculine qualities, as much as the woman had the same suitcase as I.

Th. As if she's a counterpart of you, as if you don't know your identity—male or female. *[interpretation]*

Pt. Yes, I can see something now; it occurs to me that the arm in the dreams is a symbol of my genitals.

Th. Mm hmm.

Pt. And the dictator, being in the position of dominance like a male, can leave his genitals hurt and not be a man. If I try to be a man, I may be hurt—my superiority and power torn off so to speak.

Th. And sexually mutilated.

Pt. Yes, undoubtedly.

Th. And in a sexual role with a woman?

Pt. I'll be sexually hurt, hurt.

Th. Now, if it's true that you could be hurt for trying to be a man, what defense would you use?

Pt. To get away, run away, or to be a woman and not have to face it.

Th. What about fighting back?

Pt. Yes, yes. The aggression. Like in the dream, the attacking with a knife.

Th. Your dreams seem to bring out mechanisms of why you act the way you do.

Pt. I can definitely see that, but it's so peculiar. I know it's true. I feel it. But it's so strange.

Th. It would explain your coldness with women, the impotence. If you expect to be castrated, that's no fun.

Pt. *(laughs)* Gosh, uh, yeah, uh, I had one reaction of this sort, which I became conscious of, and that is that in playing with my girl friend, the old one, she accidentally hurt me very slightly around the genital region, but it was very slight. And, nonetheless, it, for a while, caused a complete disappearance of sexual desire.

Th. When did this happen?

Pt. A number of days ago.

Th. Before or after the dream?

Pt. Before.

Example 4

The fragment of a session that follows is an illustration of the active working out by a patient of an anxiety attack with psychosomatic symptoms through an analysis of her dreams:

Pt. After I left you the last time I felt good, but it didn't last. The next day I awoke and felt tense and bad all over, physically sick. I wanted to go to my desk and do that work; I could have made myself do it. So I gave myself the only therapeutic treatment I know of. I just went to bed. I stayed there all afternoon.

Th. Did you feel better?

Pt. I still felt awful when Mark got home last night. Janet, my friend, came in about 4 o'clock, and I had had nothing to eat all day, you see.

Th. Mm hmm.

Pt. Well, I started to figure out things in bed, and I apparently figured out some things because I had some good results. I didn't order groceries. I didn't do a goddamned thing. But I did get up, and we ordered Chinese food in, last night; and I did get up and fix that and ate dinner. First meal in almost 24 hours.

Th. What have you figured out?

Pt. This morning when I awakened, I felt fine. When I say fine, I mean as fine as I can feel. And I've been doing everything in perfectly normal order all day. Almost called you yesterday; then I thought no. It's absolutely ridiculous; this thing is my own doing. I might as well try to figure it out myself.

Th. Did you?

Pt. No, I don't think I have completely, but I think I worked some of it out though.

Th. Well, let's talk about it.

Pt. Well, would you rather hear some dreams first or second?

Th. Whichever you want.

Pt. There was one damn dream that was important that I forgot. All these things happened one on top of the other. For instance, when I went to bed yesterday at 12 o'clock, with the exception of phone call interruptions, which I talked perfectly normally on, I'd go right back to sleep. When things get too tough, I can go to sleep. That's what I did yesterday. Things got too rough to stand it, so I went to sleep, but all that time I had one dream,

after the other dream, after the other dream; and the night before, that would be Sunday night, I had a dream about you. It seemed that you must have been visiting me, or else you had taken over my production, I don't know. But anyway it was a big house, and we were in one small room of it with a table between us, a regular interview setup like this. There was a table between us, and on one side was a sort of a rack where equipment could be put. And, although I never saw this in my dream, I knew that in the other room, it was a large room, you were helping me prepare a product and you were in charge. And you had something to do with that. Then that room opened off onto several other rooms which we never got into; we were still in this one room. And every so often we could hear the clatter of the girls who were also making the product. Finally, at about 4 o'clock, quitting time, these girls came in, a couple of them, and rolled this piece of equipment thing used in the product and put it in this rack right next to us. And at that time you were telling me that you didn't think my behavior was very good, that you did not like me to call you by your first name, that you felt that until our relationship was established on a firmer foundation, that I should at least give you the courtesy of calling you by your second name. And about that time I was feeling sort of slapped down about it, Mrs. Wolberg came through. It seemed that she kept the books, and she said to me, "Well, besides that, you won't have much more credit up here." Then yesterday afternoon I dreamed of a marriage. Elsa Maxwell handled all the arrangements for the thing, and so forth. And someone else was going to be the overseer and the participant in the affair to replace me. And I saw all this very clearly, the arrangements and the publicity and the beautiful church and the gown; and I felt very much left out of it, and very resentful of the other woman. That's when I awoke and realized it was nothing but a dream. I guess they're all anxiety dreams, but that was a dream that showed to me at least what my feeling was.

Th. Which was?

Pt. That I feel very rejected by you and left out of things. (*laughs*)

Th. You feel rejected by me?

Pt. Then I dreamed of a room full of little girls, blondes and brunettes of different ages, but all within say, 3 to 6 years old. Going into this room was like going on the boat that goes to Catalina where they have all these benches. You know what excursion boats are like. That's what the room looked like. The benches were all full of these little girls. I went in with these attendants, and I was told to pick out the child that I thought I should have had. The phone rang and I never got to picking her out, and that was that.

Th. What do you think this all means?

Pt. This morning after I awakened I tried to piece this stuff together with what little I know about it. I usually think, well, what's my day going to be, the first thing when I wake up in the morning. How soon do I have to get up? How soon do I have to dress? Who do I have to phone? And so forth and so on. This morning I thought: "What is my day today and what is going to be pleasant in it." And the first thing I thought of being pleasant this morning was to come up here! And I had to have my hair done, and I had a certain amount of desk work to do, which to me isn't particularly pleasant or unpleasant. It's something that has to be done, and that's that. It never bothers me too much, but neither do I look forward to it. But I looked forward to coming up here.

Th. It's interesting in the dreams you put me in a certain role with you.

Pt. As if I want to be in Mrs. Wolberg's place.

Th. Do you?

Pt. Yeah, and very much so. *(laughs)* I'd like to have you take me over, I guess.

Th. So that here you're shoved out, and it's almost as if you tentatively have a place and don't have a place. You just don't know. As long as you pay your bills, you have a place. If you don't, god knows what will happen to you. You may be thrown out on your ear. The role that you play with me is not defined. The corollary of that is that you may want me to play a masterful role with you. *[interpretation]*

Pt. And yet I'm the very person that fights against any authority.

Th. That's the annoying part of it. You may not want an authority, but when it isn't there, you may feel insecure, *[giving her more interpretation]*

Pt. I think ... I know you're absolutely right. Because right after our last session, I said, "Goddamn it, why doesn't he do more for me." Then I started getting angry at your wife. I felt like killing her. That made me laugh, because after all, I'm not 20. Why should I feel this way about you? But I do, and I know damn well that your not telling me what to do, and your not letting me figuratively move in with you, bothers me like hell. I know it's silly, but that's how I felt. And it made me feel guilty.

Th. And crowding these things out of your mind must have brought on some reactions.

Pt. It made me sick, I know it did ... *(pause)* It's so silly. *(laughs)* I feel better now.

Perhaps the most important use of dreams in therapy is toward recognizing the signals that they emit pointing to the beginning development of a negative transference reaction that, if unheeded, may expand to block or destroy progress in therapy. Where a therapist does not encourage the patient to report all dreams, the patient may forget or repress them, and the only sign the therapist may notice that things are not going well is that the patient's symptoms return or get worse, that disturbing acting-out behavior appears, or, worse, that the patient simply drops out of therapy. Where dreams are regularly reported, the therapist will have available a sensitive barometer that indicates the oncoming of an emotional storm. A patient in the middle stages of therapy began coming late for appointments. Only upon urging did she report the following dream:

Pt. I was asleep on a desk or table in your office. I was lying on my side with my knees bent. You walked over to me. You were a shadowy figure that I could barely see through closed lids. I knew I should wake up, but I was curious to see what you would do and I lacked the will to awaken. You touched me. I had been covered, but you removed the cover and I remember thinking "I hope I have a pretty slip on." At first your touch was pleasant, sexual-like, and I felt rather guilty for not letting you know I was really awake. Gradually you began to turn into a sinister figure. You looked into my eyes with a light and said, "That's a lovely blue eye." I barely mumbled, "It's green," feeling that if you didn't know the color of my eyes it meant you didn't know me. I realized with a shock that I didn't know the color of your eyes, either. Brown, I thought, but I wasn't sure. Then you said to me, "What are the things I've told you?" I started to mumble, "Many things." You said, "No, I have told you nothing." I took this to mean that you are absolutely not responsible for anything I might do. These things made you seem sinister to me. You slowly began to change into another man who seemed to be a derelict, and I know I *must*

get up. I struggled to awaken myself, and I finally succeeded. I ran to the door and ran out of the room, but there were a lot of people. In a mirror there I saw an utter ruin—I looked 80 years old and terribly ugly and I believe scarred. All the people were old and ugly. It was a village of discarded useless, and helpless people. A feeling of horror overcame me, and, as I stared at that face, I tried to comfort myself that it was only a nightmare and I would soon wake up, and I found it very difficult until I wasn't sure anymore if it was a nightmare or real.

I finally woke up from the dream so frightened that I wanted to wake my husband, but I decided to try to calm down. I fell asleep again and had a second dream. I dreamed I had stayed up all night writing a paper you asked me to do. I started to bring it into the room you told me to. It was locked. I decided to have some coffee and came back. I did. This time your wife was in the room. She told me who she was. I said I knew. Then she told me she was your daughter's mother as though this made her a figure of great importance and dignity. This made me feel guilty and gave me the feeling that I could not see you anymore. She didn't want me to and in respect to her sacredness as a mother I couldn't.

Had I not become alerted to the beginning transference, which certainly reflected an oedipal problem, I am convinced that my sinister qualities would have become so overwhelming in her unconscious mind that she would have discontinued therapy. As matters stood, we were able to engage in fruitful discussions to a satisfactory interpretation of her dream.

"The task of interpreting a dream" says M. Hollander (1965), "is somewhat like understanding a poem." The therapist sensitizes himself or herself to the *manner* in which the dream is presented and attempts to divine why the patient is bringing up the material at this time. The therapist relates the content to what is known about the patient's past and present interpersonal patterns as well as the character of the immediate relationship with the therapist. The therapist probes into provocative environmental happenings that may have brought out the conflicts symbolized in the dream. He or she searches for dream manifestations of transference and resistance. The therapist avoids employing universal symbolism, focusing rather on allusions and figurative references in the here-and-now, while mindful of the fact that the present rekindles the flames of the past. At the same time the therapist attempts not to overemphasize dreams, for by making too much of them the patient may utilize them to excess, even as vehicles of resistance. The artistry of dream interpretation is selecting out of the tremendous number of variables those that can satisfy the requirements of the immediate therapeutic situation.

