

*Handbook of Short-term Psychotherapy*

# The Use of **DREAMS**

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e-Book 2016 International Psychotherapy Institute

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## The Use of Dreams

The growth of ego psychology and the development of new concepts regarding energy and identity have encouraged minimization of the importance of dreams. Moreover, as we have gained greater understanding of ego dynamisms, we have tended to veer away from the traditional search for latent dream content. This position is unfortunate because the average dream embodies a mass of information that, sorted out and selected in relation to the problems being dealt with at the time and the particular goals with which we are immediately concerned, can be of inestimable value in short-term 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 in 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 he shows physiological—REMS—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**

The traditional components of a dream are its (1) manifest content, (2) latent content, and (3) dream work. The manifest content is organized in the form of a cryptic language that requires translation before its true meaning can be comprehended. The latent content embodies conscious, preconscious, and unconscious elements reflective of both past and present impressions. The bricks and mortar of the dream are what Freud described as the "dream work," which defies the laws of rationality and logic. The chaotic upsurge of excitation characteristic of regressive primary process mental operations makes for a tumultuous and bizarre fusion of emotions, symbolic forms, and time sequences. Operative are mechanisms of condensation and displacement. In condensation, characteristics of multiple objects are combined into a composite symbolic entity. A single image may embrace so many complex formulations that a good deal of searching may be required to reveal the great variety of imbedded meanings. In displacement energy inherent in one idea is transferred over to another. This may take the form of projecting feelings and actions from significant objects or areas to seemingly innocuous ones, and from whole to partial areas. What results is considerable distortion, which is particularly prominent in the phenomenon of representation by opposites wherein there is a reversal of the true meaning of the dream. Thus action of a kindly and concerned nature in a dream may conceal murderous intent. The individual often employs disguised symbols of himself in dreams, clues to



his identity becoming apparent only in his associations to the dreams. Symbolism contributes to the rich and often bizarre nature of dream structure. An understanding of the dreamer, his problems, and the way that he conceptualizes is usually mandatory for a translation of the symbols. The use of pictorial metaphors and the employment of secondary revision are modes employed by the ego to make unconscious and repudiated elements acceptable to the dreamer.

Symbolism is an unconscious process organized around association and similarity whereby one object comes to represent another object through some quality or aspect that the two have in common. In symbolism abstract and complex ideas are expressed in sensorial and concrete terms. Sometimes the dream symbols are recruited from the cultural and social world that envelops the dreamer. At other times the kinds of representations draw from primitive language forms in which oral, excretory, and phallic components are prominent. These symbols, actual or disguised, portray incorporation, power, punishment, and annihilation meanings. A fear of snakes or daggers may accordingly be a symbol for a wish for an intact penis or penal penetration. Terror of being bitten by animals may disguise an infantile impulse to devour the mother or her breast. Delusions, hallucinations, obsessions, compulsions, phobias, hysterical conversions, morbid affects, hypochondrias, and personalization of organs or organ systems are often explicable by considering their symbolic connotations. Similarly in dreams.

Because the dream is a condensation of a host of life experiences, past and present, because it contains unconscious components, defenses, character drives in operation, and approving and condemnatory attitudes of authority (superego), a selection of areas pertinent to the immediate goals of the therapist would seem to be in order. This does not mean that we are always able to track down the essential meaning of every dream, for many of them are so spottily remembered or so highly distorted that, with all of our analytic expertise, we may be unable to understand them.

Generally, we deal with the manifest content, which reflects the problem-solving activities

of the ego or self system. A study of the manifest content will generally reveal a good deal about the defensive integrity of the ego, and specifically about the coping mechanisms the dreamer habitually employs or latently wishes to employ for purposes of problem solving in general and specifically for the problem prevalent at the time. Not only does the dream give insights into the defensive structure and unconscious needs of the dreamer, it also throws light on the contemporary social realities that precipitated the problem for which help is being sought. The individual may have rationalized social distortions by subtle psychological mechanisms of self-deception or philosophical camouflage. The scotoma that cloud perception of what is going on in the environment may lift somewhat during dreaming. This awareness may, however, be masked by converting social symbols into personal symbols. The latent content of the dream may in addition to unconscious conflicts refer to social conflicts that the individual may have been unable to process and resolve readily in his waking life. Proper interpretation can force on the individual clearer understanding of the social and environmental realities with which he must deal.

### **Techniques of Dream Interpretation**

How dreams are used in therapy will vary among different therapists. It generally suffices to ask the patient to remember and bring in any dreams. Where the patient forgets his dreams, he may be enjoined to keep a pad of paper and a pencil near the head of the bed and to record the dream when awakening. Dreams are usually freshest in mind before the day's activities crowd out memories. If there are no dreams, resistance may be operating since it is normal to dream several times during sleep. 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 stimulated during the trance state itself and discussed if desired during or after the hypnotic session.

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 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 (for example, 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 advantageously be explored 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. He 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 he may unconsciously elaborate the symbolism of the dream as a way to confuse the therapist and to pert 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.

## Case Illustrations

### Case 1

Sometimes a patient will present a long complex dream that crystallizes an awareness in symbolic terms of feelings that are being shielded from oneself. Often, as is brought out in the session that follows, the repressing agent is guilt. Because the feelings are not being acknowledged, they may be converted into symptoms—physical symptoms as in conversion

reactions, self-castigation and remorse as in reactive depressions, and fears as in phobic reactions. During therapy with empathic, encouraging, nonjudgmental therapists, patients may come to grips with their guilt and begin accepting their right to express feelings. Such was the case in my patient, a married woman of 40, sent to me by a general practitioner who could find no organic reason for the leg pains and difficulties in walking for which the patient had consulted him. After referring the patient to a neurologist and an orthopedic surgeon, who similarly could find no organic basis for her complaints, the practitioner advised the patient to receive psychological help. She accepted his advice readily and during the initial interview we decided on a short-term program.

A working alliance was readily achieved, and the patient spoke freely about her early relationship difficulties, but she could seem to find little wrong with her present situation except for a feeling of detachment from her husband, a man eight years younger than herself about whom she spoke little at first. She was, she admitted, not truly happy with her relationship, but it was tolerable and she did not believe she was too affected by it. It was better, she said, than her first marriage to an authoritative man who kept her down and minimized her abilities, criticizing her incessantly. She chose her present husband because he was gentle, noncompetitive, and easy to get along with. But, for some reason she was not happy. Her leg symptoms started after the marriage, but the patient could see no connection between the two. With the patient's permission, I interviewed her husband. He gave me some primitive, disorganized, contaminated responses to the Rorschach cards. Clinically, he impressed me as being at least borderline but probably schizophrenic.

My patient, an extremely capable and intelligent woman, rapidly caught on to what a dynamic approach was all about. There were, however, no dreams, even though I constantly reminded her of the need to report dreams to me. I kept focusing on her relationship with her husband and encouraged her to begin to come to grips with her disappointment in him. I insisted that she work on her leg symptoms, saying that they had something to do with the way she felt.

Two sessions prior to the present one, she was finally able to articulate her anger at her husband and even some hatred toward him. She noticed that her awareness of her anger tended to relieve her leg symptom. The breakthrough of these emotions, I felt, inspired dreams that convinced her of the depths of her hostility toward her husband, the relationship of this hostility to her leg symptoms, and the need to do something about her marriage. The session that follows is the seventh.

Pt. I've decided that I've gotten myself in a bad situation, (*pause*)

Th. It's a situation you've been in or one you've gotten yourself into recently?

Pt. What I've gotten myself into, and I try to act nice, but so help me God I cannot say: "Well, look sweetie [*to Alfred her husband*] I love you, and we'll work this thing out." I can't do it. I'm nice to him, but it's a very impersonal "nice," and, of course, I'm terribly aware of it. I don't know how where he is, and again I may project and I'm more aware than he is. I try to do things that he wants done and so forth, the best I can, but it's hell. Brother, do I give myself the business! You talk about symptoms, then do I get them!

Th. Then you get them after that. How do you make the connection then? What happens to you?

Pt. Oh, then that's when I feel guilty. I feel so terribly guilty. I still do today, (*pause*)

Th. You feel evidence of guilt connected—connected to what?

Pt. The way I react to Alfred's illness and personality.

Th. And how does the guilt reflect itself in symptoms?

Pt. Feet and legs always. Well, not always, but mostly I get there.

Th. How do they seem now? Feet and legs.

Pt. Very bad.

Th. They do?

Pt. Today they're bad.

Th. You connect it up with your guilt feelings toward Alfred then Pt. Well, that's what I connect up with, but I can be wrong about that too, because in similar circumstances I usually get the same thing. But yet I know what I'm doing, so I don't feel as depressed. I don't have the depression that sometimes comes with it.

Th. The knowledge of what you are doing does that help lift the symptoms too?

Pt. Not so far. At least not immediately. I think it does after a while.

Th. How long?

Pt. Well, maybe 24 hours.

Th. And after 24 hours what do you notice?

Pt. Well, then I don't have the symptoms.

Th. And then you don't think about them.

Pt. That's right, but not immediately. Immediately knowing does not immediately relieve the symptoms, but immediately getting the reaction—whatever this thing is, this guilt thing or which is combined with superego and blah, blah, blah, but let's call it guilt—that will do. I immediately get symptoms. I get symptoms fast, but immediately knowing why I'm getting them is not immediately relieving. They don't cut off that fast.

Th. Yes.

Pt. Well, they're cut off in a hurry in this way. Probably tomorrow morning when I wake up, I won't have them—but that would be a period of 24 hours after I know what I'm doing. But you see, this terrific thing of hate this week. I can scarcely be in the same room with him. It's colossal, and I had it yesterday and it's all I can do to be decent. It is a superhuman effort.

Th. Have you noticed that the hate has been piling up on the surface more and more?

Pt. Sure, sure.

Th. There was a time when you didn't have any hate for him at all.

Pt. Oh, but you know that, yes. You see now, it gets closer and closer to the surface, and it's just almost physically impossible to control it.



Th. What do you feel like doing when you get this thing, this feeling?

Pt. Well, it's a peculiar thing, I would like to make him inanimate. I said the other day, to put him in his place, I would like to make him nonfunctional so that he couldn't bother me at all. The only reason I wouldn't want to kill him is because I know that that would be on my conscience. But I'd like to hit him physically at times. I look and lie in bed and I loathe him, oh, loathe him. Well, anyway, we'll quit this and go on to something else. Sort of the same subject. It's very interesting. Last night when I went to bed early and I consciously thought to myself, all right now, this leg department, because this thing kept mounting yesterday, you see.

Th. You noticed that the symptoms began piling up?

Pt. Worse and worse, and I'm going to dream what the hell is really wrong with my legs. Unconsciously I must know what the hell is going on; now I'm going to dream. My dream is the most fabulous thing you heard in your life. Wait until you hear. You better record this—uh, I wrote it in the dark. I think I can recall it, and then I'll go and check it and see if I'm right.

Th. All right.

Pt. I dreamed that I was in a bedroom and two women were in the room with me. Now they seemed to be in some capacity like a maid and a friend, or something like that—rather impersonal capacity—but they were there. And it was all very friendly, and I forget what we were doing, whether we were getting clothes ready to wear or something. But it was all a very pleasant atmosphere. And all of a sudden I saw this very strange little creature—animals again—about this big (*spreads fingers apart about 5 inches*), and it was a creature like I had never seen before, and it was sort of trying to get up on my desk. There was a desk on the opposite wall and it was trying to get up on my desk. It could move somewhat like a squirrel or like a monkey, and I said, "Look at that thing—what is it?" And one of the women said, "Golly, I don't know what it is." "Well," I said, "that's the strangest creature I had ever seen." The other one said, "It looks like a bat, but it can't fly, it looks like a bat." And I said, "I don't want to see that thing, it is so odd." Then I sort of lay over. I was sitting up on top of the bed like I do so often— and then I sort of lay over there and I knew the creature was coming around. It came over the bed toward me and, Oh God, it was sort of a marked fear and a certain shudder. And one of the women said to me, "Well, you always said you weren't afraid of rodents." Of course, I'm not, for a long time I'm not afraid of rodents. And this little creature came over and got on me. It was only about so big—it had brown and white spots, not polka dots but mottled.

Th. Yes.

Pt. And it had arms and legs like a spider monkey. You know what a spider monkey is; its arms and legs are too long for it and very agile, and its nose and its head, well they looked like a frog. There was no differentiation between the head and the body, and its face looked somewhat froglike in that its face was flat and its snoot was square. It didn't have the face of a monkey at all, but I decided it belonged to the monkey family because of its movements. And let me see—something came in there between—oh, yes, some of the words I got were terrific. So I turned to one of the women and said, "I wonder what this thing is—and sitting up there on my shoulder." I wasn't frightened of it, but I didn't like it. I had no feeling of petting it.

Th. Yes.

Pt. You know my usual reaction about all animals. I mean if it's a cat, or a dog, or a horse, or a white mouse, or a guinea pig, or a rabbit—makes no difference to me—I would pet it. But this creature didn't particularly frighten me. I didn't have a feeling that it was a spider in the sense of my horrible feeling about insects, but I didn't want to touch it. It was just there.

Th. Uh-huh.

Pt. So this one woman said, "I wonder what it is." And she said, "It looks like an emu."

Th. An emu?

Pt. What she thought an emu is—soft American goat I think it is, I didn't look this up. I said, "No, it's an anus."

Th. It's an anus.

Pt. And then I said it was in the monkey family. So then it came over and it got on my right breast, and it jumped up and down like monkeys jump up and down and chattered, just chattered. Well, then the dream faded. And on the following day I'm on the same bed and talking on the telephone to my mother. I told her about this strange creature, and I thought about it and wondered what happened to it. It was there, I wonder what happened. I've got to find out what happened. It must be here in the house somewhere. So the maid said, "It's behind the door." So I got up and went over and behind the bedroom door—this all happened in the bedroom—this all happened in the bedroom—behind the bedroom door is this anus, I called it, folded up like a frog might fold up. Only the frog, I've never seen one that did, but they would be able to—folded up like this. Leaning up against the wall and next to it is a little anus. During the night it had had a baby. So I got off the telephone and took the two—they had awakened up and

unfolded. The big anus immediately got over on my right breast and started jumping up and chittering and chattering, and the little one exactly the same was over here on this shoulder jumping up and down and chittering and chattering. And I was quite intrigued that this anus one day old could chatter. It had learned so fast. And I thought, my God, these things must reproduce, but with terrific rapidity. This would be awful, the whole house would be full. I've got to do something. And being as I don't dislike it and I hate killing creatures, what am I going to do? What was I going to do? And then my feelings, my emotional feelings were the thing in this dream, because usually I don't realize them so much, but I did in this. In looking for the anus, the combination of not wanting to see it but wanting to know where it was, and then my terrific feeling against killing any creature—any animal—or doing away with an animal. And I got this thing, and, of course, the baby of any animal is always cute. I don't care what it is, I got the thing, and I thought by golly the only thing to do is I have to dispose of one of them. Now I have to find out which one is the one that bears, which one is female, or whether they're both female or whether they're both male. Of course, that got mixed up there, but anyways one of them must have given birth to the other one. Maybe the big one was pregnant when it came into the room yesterday, which now should be logical, but I know that all animals do not mind incest. So, therefore, if this little one that she's had is a son, then at a given length of time whatever their period would be, why I'd have a lot more anuses around the house.

Th. The son would have relations with the mother? [ *What the patient is implying is that her own relationship with her husband, symbolized by the monkey creature, is incestuous.*]

Pt. The son would have relations with the mother. Is this a lily? (*laughing*) And so I thought I'll see if I'm right now. So I started examining them, and they had no sexual organs at all. They were just in the light as silver dollars— they were the same on both ends except one end opened, which was obviously a mouth. They had no tails. They had these legs, so I gave that deal up and thought the god damned things don't have any sex. What am I going to do now, because I didn't want to kill both of them. I had this thing, and I didn't know what to do with it. Then something I missed in there was when I first asked what that thing was, and this is going way back, was that one of the women said, "I don't know what it is, but I always stay away from things that I don't know what they are." Then the two anuses (*laughing*) kept jumping up and down and chittering and chattering at me and chittering and chattering and that was the end of the dream.

Th. And that was the end of the dream. You were upset with both of them?

Pt. I was rather upset, but I wouldn't face this even in my dream; I was revolted with both of them or I was revolted with the idea of killing both because there was no way to

determine whether or not they could conceive or produce maybe thousands of these little creatures. (*pause*)

Th. Well, that's rather an interesting dream.

Pt. And the fact that I let them jump up and down on me, I let them chatter at me. And it was interesting that they were very peculiar creatures that have never been seen the like of on this earth. But I did not want to touch them or pet them or fondle them, which I do all creatures. So if that isn't something, so that is the answer to what is wrong with my feet. Now you take it from there (*laughing*).

Th. You've thrown it my way.

Pt. (*laughing*)

Th. (*laughing*) Now where do the feet come into the picture? What do you make out of the dream incidentally?

Pt. Now, of course, that is Alfred. How in God's world I could ever. ... In my conscious mind I could never get the attributes together that I really feel about him and put them in words— never—so practically completely in the dream.

Th. As you did in representing him as an anus. All right, what are your associations with that creature? What does that creature have that Alfred has?

Pt. Long arms and legs—monkeylike from the monkey family. I've always thought that Alfred was a rather queer-looking person. And I've often thought he looked rather froglike because of this great wide jaw and pop eyes. So I had this square nose on this creature. When I first see him, I don't know what it is. He's a hybrid of some type. The creature can't talk, chatters all the time and can't talk which is one of the things that aggravates me about Alfred.

Th. He chatters?

Pt. He chatters all the time, but he can't talk and jumps up and down on me.

Th. Is that what Alfred does?

Pt. Yes, I think so; it is the way I feel about what he does I'm telling you about.

Th. You also brought up from time to time that he's quite hairy.

Pt. Hairy? I could just simply fix him up for good.

Th. What about?

Pt. Then he's completely sexless.

Th. Sexless?

Pt. He wasn't male or female. I couldn't find out what he was; I looked him over and I couldn't find out what he was.

Th. That represents how you feel about Alfred? That's a pretty good description of how you feel about him?

Pt. Yeah, I don't think there's any doubt of it. When I woke up I thought, my God, that's a picture of Alfred and I couldn't believe it. Brown and white mottled. If you've ever noticed, people have colors to me. Now you're grey, and Alfred is brown, which might also cover the anus department, you see (*laughing*).

Th. Brown?

Pt. He's what I call a brown person. You're a grey person. Some people are pink people, and so forth. That may be a little farfetched, but I've always regarded people that way.

Th. Also you feel as if you are stuck with Alfred, the way you were stuck with these animals.

Pt. Yeah, I couldn't kill them. I was afraid there might get more of them, which would be terrible. He was dragging down on my breasts, which would mean put me in the mother role. In a way Alfred chatters exactly like monkeys. The monkeys chatter and climb over things and jump up and down, and these creatures had no tails, (*laughing*)

Th. Well, now how can you utilize this dream constructively for yourself? What does this explain to you that you could use in a constructive way?

Pt. Well, it explained this much to me: that as long as I feel this way about Alfred, which is the most graphic thing I've had—which doesn't necessarily say he's like that but I feel that way about him—I better do something about it.

Th. Well, how does that tie in with your legs?

Pt. Well, the way I find it—and maybe I'm fantastic on this and I wish you'd tell me (*laughing*). I tie it in with my leg symptoms because they arrived immediately upon marrying

Alfred. So it makes some sense when I said to myself very powerfully last night before I went to sleep—because it was early and I hadn't had but a couple of drinks during the evening, one as a matter of fact—before I went to bed. I said I'm going to dream about this leg thing. What does give me these symptoms because I noticed the whole thing mount yesterday, particularly when I was kind of disgusted with the whole idea that he didn't go to work on Tuesday. Well, yesterday morning when he wakened up and saw that I was more disgusted than ever, I just thought I'll see if the old unconscious will unbutton by dreaming.

Th. Apparently it came through.

Pt. It did (*laughing*), and that's how I connect the leg symptoms with Alfred because if I had had the leg symptoms before I married Alfred, I wouldn't say that. That wouldn't make too good sense, but I got them immediately after marrying him. When I say immediately, I say within 4 weeks, and I never had trouble with my legs before. I danced, I walked, I'd done everything. And I've never been without trouble since the marriage.

Th. It sounds very suspicious.

Pt. It sounds more than suspicious doesn't it? And this dream was so vivid.

Th. It sounds very, very suspicious as if you've been living with it really.

Pt. This is my bedroom, in back of the door, and I had the feeling that I must know where it is a menace. It has a menacing quality, and yet I wasn't afraid of it from the standpoint of getting stunned.

Th. What do you think has tied you down to him, while really feeling this way about him as you obviously have felt? What has tied you down to him? You don't feel any differently toward him now than you did before for a long time, do you? At least you're more conscious of certain feelings.

Pt. I'm more conscious of them, and I suppose I don't feel any different, but I couldn't admit it to myself.

Th. But how come you are tied down with him for so long—3 years? That is a long time ... to live with a monkey named anus.

Pt. I really think that's a quite brilliant dream myself (*laughing*). I had to laugh the minute I realized what I had dreamed, and then I felt terribly guilty.

Th. Did you?

Pt. Yes, of course, the reason I've lived with him all these years is just that—guilt—that's the whole thing. I felt terribly guilty, and that's why my legs are bad.

Th. If you live with a person on the basis of guilt, what do you feel about yourself for doing a thing like that?

Pt. Well, you see, that I haven't disentangled myself yet.

Th. But if on the basis of guilt, you live with somebody, what do you feel might happen in your self evaluation, in your attitudes toward yourself? [*I feel I can use confrontation to challenge her defenses since she appears to have fairly good insight into what is happening. Also we have a good working relationship and she wouldn't feel I was putting her down.*]

Pt. Depreciation.

Th. Self-depreciation. How can you respect yourself under those circumstances? Wouldn't it be expecting the impossible of yourself? And then what would you do if you didn't respect yourself? There would be ways of covering yourself under the circumstances wouldn't there?

Pt. Yeah.

Th. Not being able to express hostility, what have you been doing with it?

Pt. Knocking the hell out of myself (*laughing*). [*Her laughter is actually a self-conscious defensive maneuver. It conceals a great deal of misery and self-concern.*]

Th. You mean you're an expert on punishing yourself, aren't you?

Pt. I'm an expert on hostility and what to do with it. Well, that's the story as plain as the nose on your face, and I can see it. I'm still reacting to it, but I can still see it.

Th. All right, the potentialities for doing something about it positively are limited to a number of things. One, either you're projecting into him attitudes and feelings that you have toward men in general, or toward certain men; or, two, he's a special kind of person whom you married on a fluke and therefore you're responding to him as a special kind of person. Three, there's a possibility you may feel that he may develop, he may change, and this may justify to yourself your living with him; or four, you could leave him, period. Are there any other possibilities you can think of?

Pt. No. Well, one, I may project some, I don't project completely because we know that he was a special kind of creature. Two, I married him on a fluke in an attempt to run away from my own superego thinking if I got away from control or anything representing a parent, I wouldn't feel the way I did, and suffer the way I did. So I chose a weak man, one who wouldn't control me.

Th. In other words, if you didn't marry your parent this time, like you did your previous husband, you'd be in control of the situation. You'd be able to manipulate and handle the situation.

Pt. Three, I was normal enough apparently to make some attempt at adjusting Alfred to some sense of normality otherwise I wouldn't have worked so hard on him. I didn't know that at the time, but I must have had a very strong drive, or, believe me, I wouldn't have put in the effort and time that I did in trying to make some sort of a man out of him.

Th. Well, what sort of a job have you done with that?

Pt. I have come to the conclusion that anybody, including you, could completely waste your time in trying to adjust a homosexual to normality. I do not think it is possible.

Th. You think all the effort you have made toward adjusting him to a heterosexual life has gone to waste?

Pt. I think I probably feel more strongly than that in the case of Alfred, because he was able to make a better adjustment probably than 9 out of 10, and it leaves him being nothing. God, the homosexuals that I know, and I know plenty of them, they are homosexuals and they love the fact that I'm a girl, and I love it. And they are better adjusted people than Alfred or the other boys that I have seen and have gotten married. Some of them had one child. Jesus, they get themselves into a thing where they never get themselves out of it.

Th. In what way?

Pt. They are nothing. They never become heterosexual—they don't. And if they do, they must be hanging in the Hall of Fame, because there aren't many of them. Alfred is not heterosexual, but neither are the homosexuals, and my guy can't accommodate himself to anything. We never have sex.

Th. He's neuter?

Pt. He becomes neuter.



Th. Just like that monkey.

Pt. Yeah, honestly, that's what I think today. Ask me another day, and I might have another idea. I don't think so—I've watched, so I guess that's one place my guilt feeling arrives.

Th. That you've taken him away from homosexual life?

Pt. I've taken him away from something that he obviously enjoyed. And the way he earns his living, it isn't looked down on too much. [*Alfred is a window designer.*] Most of them are—they have a terrific time. They have a lousy old age—that's true. When they get to be old, they have these—why it's pretty bad, but even that they adjust to. A bunch of them get old together. So what, they just don't grow up in one area, so they don't grow up in it. Or they're artists or singers, or they accommodate themselves to the feminine part of their nature. Why, they have a pretty good life. Only when they get so that they realize that they aren't living a full life that they suffer so damned much, and I think that's where I feel guilty about Alfred, I really do.

Th. You kind of feel that you weaned him away from that group and that he can't go back to it.

Pt. He'll go back, but that will be as much an adjustment as it was to adjust to a heterosexual situation. And with it he will have hellish guilt because he will know there's something better, because he will have glimpsed it. I think homosexuals—their mothers should be strangled point number one—they should be let alone—I'm speaking now not of kids in their young teens, but I'm talking about guys who get to be 25 and 28 and their pattern is pretty well set. It's a peculiar thing. I have them around the house all the time and I'm fairly observant; I can't help but be it's a peculiar thing. It's true even with Alfred, and I know another one who had a similar experience—that's George who is married and has a child. He went back to homosexuality. George called me this morning, and I had a long talk with him. Nice guy, maladjusted as hell to every part of life. You get them in a room with other homosexuals, and the roving eye is really something. They can't help it; it's part of them—any more than I can put Tiger, my male dog, with a little female dog and expect him to sit and look at her. I'm sitting and telling you about psychiatry. I love this. Anyway, it's my observation—see, you asked me what I've done to Alfred. See, that's what I think I've done, and that's why I feel so goddamned guilty about leaving him. You wanted to know why I didn't leave him earlier.

Th. It's quite possible that your guilt has been such that you felt it would practically kill him to leave him, and you know that he is a rather unstable person. He's unstable, and there is no telling what may happen in him whether you live with him or not.

Pt. My living with him, I've come to realize that now, my living with him will not prevent it,

but I didn't realize that before.

Th. In other words, you're just not going to save him. If the process within him is a destructive one, it may defy anybody's ability to help him. On the other hand, you may want to handle whatever you decide to do in a careful way with him.

Pt. That's what will have to be because I don't think I know this, but it is something I feel intuitive about, if you believe in intuition. There have been a few times in my life with Alfred when I have seen him walk away from himself. That is the only way I can put it. Now he was starting to walk away from himself before he came up to see you yesterday—as if he wasn't here.

Th. That's sort of a psychotic-like retreat.

Pt. He gets what I call "over the border." (*pause*)

Th. Over the border?

Pt. Some damned thing that he will walk away from himself is the only way I can put it. He's not there—and that scares the hell out of me. Of course, I connect it with something I've done to him. Now, that may be very neurotic, but I apparently connect it with what I've done.

Th. Well, you happen to be the person he's living with now, and consequently his experiences with you can act as a trigger. But if it weren't you, it might be something else.

Pt. I realize that now, but I still blame myself on that score.

Th. Well, do you blame yourself so much that it's going to paralyze yourself from doing what you think is the best for you?

Pt. No, no, it's not going to stop me.

Th. What would be the best thing to do?

Pt. The best thing for me to do is to leave him. I'm sure of that. I don't know how the hell I'm going to do it right this minute. As you know what kind of spot I've gotten myself into financially.

Th. Financial circumstances are certainly such that you wouldn't want to do anything until you were more self-sufficient and secure?

Pt. That's right. Well, I can't, I don't know how to do it. So I've got myself in that kind of spot, and I think I feel guilty about that—getting myself in that kind of spot. But after marrying him I wanted to go down the road to destruction, and I played every card in such a manner that I did. Now, I don't feel that way about it anymore, and I can see what I've been doing to myself. But it lasted sufficiently until I was in physical pain. How I feel guilty that Alfred has to spend every cent he makes on me, which I know rationally I shouldn't because God knows he had the advantage of all the money I had for many years before our marriage. So he puts in a few months of forking up the dough and I don't see why I should feel too badly about it. But being the kind of creature I am, I act that way. I don't see anything to do except to wait until I can feel not even sure, but just even partly sure that what I'm working on now will have some merit.

Th. In terms of finances you mean?

Pt. That's right, I mean finances. If I find that it has even some merit—a limited merit—living alone, I can live on very little—why I would take the plunge then.

Th. You would?

Pt. Oh yes, I would. I really would because I don't think, I don't feel there is any foundation to build on for the two of us at all. I think it would be a crutch department from here on out for both of us. And if he's ever going to make anything of his life one way or the other—whichever way he decides to go it's high goddamn time he starts.

Th. Virtually, you know the character of his relationship with you.

Pt. The son and I'm the mother.

Th. He's the son, and the attitude and feeling he has toward you is as if you are his mother. Do you believe that?

Pt. That's why he vacillates so terrifically from this terrific love to just loathing me.

Th. And you're kind of fed up with that deal—you don't want to be his mother.

Pt. It's no decent relationship—if I'm going to be his mother I might as well really act like his mother (*laughing*). Right? It's just no good. So I can see the pattern cut out for what I have to do, and I'd rather stop beating myself on the head.

Th. Beating yourself on the feet.

Pt. During the time period that I have to go through to do it, that is something we can work out a little bit.

Th. And your own feelings about leaving him too.

Pt. That's beating myself on the feet, the guilt thing. And I don't quite know how to act with Alfred in that if I let my aggressive feelings come out, it would probably come out way overboard anyway. I've held them in a long time. I'm afraid I might do something awful to him so I keep sort of pretending around the house about this and that, and he'll say, "Oh, I love you so much." And I don't know what the hell to say to that—I mean I don't know— because what I say doesn't have any ring of truth, and that itself keeps me in an uproar. I get various reactions from it. Sometimes I shut up from anxiety. I feel very sorry, and then I look at him and think how in the hell I couldn't see it before. Now I see, I mean really see. Now little things like this are ridiculous, but they show how hard I react. We have this bed which is fixed just like your couch—it's got a back like this. It's a lounge. The bedroom is not fixed up like a bedroom; it's fixed up as another room. We sleep there and watch TV or read with our feet outstretched against this thing on my side, and he has his side. Alfred will never sit up straight in this thing; he will always lean over as close to me as he can get. My reaction is to take him and shove him away. When he gets in bed, he never lies straight he curves toward me and it just aggravates me.

Th. It does?

Pt. Sure, it aggravates the hell out of me.

Th. You don't want any monkeys jumping up and down on you.

Pt. (*laughing*) I don't want any spider monkeys jumping up and down on me, anuses (*laughing*) in other words.

## Case 2

One of the most difficult patients I have ever treated was a young college student who went into a negative transference even before she saw me at the first visit. A severe phobic reaction motivated her to seek help, but upon making the appointment she began to fantasize my forcing her to perform against her will. Sensing her resistance during the first session, I said, "I get the impression you find it hard to talk because you are afraid of my reactions." To this remark she

exploded, "I feel people have no respect for me, if I show weakness especially. I'm getting angry at you. I think you get some satisfaction about humiliating me. Like my parents, my father especially. He gets some kind of thrill out of criticizing me. I think they say, "You are shy, weak. You are embarrassed. Get up there and perform and we'll watch!" But I feel so humiliated. My whole life is spent saving face. I never let them know. They always try to shame me." My reply was to the effect that she did not think I could accept her as she was with all her faults and problems. "How could you," she retorted. The problem really was, I countered, that she could not accept herself and therefore projected this feeling onto me. With this the patient stormed out of the room. She returned, nevertheless, for her next session, and she continued to upbraid and attack me. At the twelfth session she presented this dream which indicated the beginning of resolution of her negative transference.

Pt. I was coming back from a long trip during the summer. I had been hitchhiking. I talked to people and felt discouraged. Instead of engaging in normal activities, I withdrew and said I was dead, contrary to appearances. However, I saw a tall man with a moustache, and I began to assault him verbally. I said he was dictatorial like a Nazi in dealing with me. He had been oppressing me even though he was a stranger. After a few minutes of this, I got a sudden new idea largely because this man responded sympathetically. I felt I wasn't really dead, but suffered amnesia. I was extremely happy. I realized my disappearance for 2 to 3 months was that I was in amnesia, not dead. I started to tell people I had a weird experience in which I thought I was dead. I thought it was an amazing thing—bizarre and weird. I felt I was an expert on conformity, but I had just acted as a conformist in an unusual way. I had been submissive even though I knew all about what made for conformity. But I was happy about this, to realize that I felt discouraged because I felt nobody cared about me.

In her associations she said that being away was like nobody cared for her. As a child she felt this, and she was surprised when she had been away for 2 or 3 hours to discover that her mother and father had been worried. All of her life she had felt like a strange abnormal person, and this was like being dead. The tall man with the moustache was like her father when she was 6 or 7. "I remember accusing my father of indifference or dislike, of wanting to hurt me. He gradually convinced me I was wrong. I got a sudden feeling you are like my father."

### Case 3

Frequently the transference elements are not as clearly obvious as they were in the foregoing dream, the identification of the therapist being more highly symbolized. The therapist who is on the watch for transference resistance will be alerted to translate dream symbols that forecast stormy weather ahead. Patients who have some psychological knowledge, or who have read psychological books, or who have had some therapy are often able to decode the disguised symbols themselves, operating as a cotherapist. This is illustrated by a patient with a problem of dependency who dreamt in oral terms and who wrote out the following:

#### *Wednesday night*

I am in a bakery with an unusually luscious-looking array of baked goods. I seem to remember that something I bought looked so good that I ate a piece while I was in the shop. Also, I vaguely remember arranging with the woman behind the counter to deliver some baked goods to my home later on. I remember giving her quite explicit directions about getting to my place. (My associations when I awoke went something like this, "The woman was a mother substitute. I was seeking from her the comfort I never got from my own mother. . . ." Then, "Dr. Wolberg is a mother substitute too. His voice was comforting, sympathetic; he was giving me something I'd wanted from my mother.")

#### *Thursday or Friday night*

I am in a cafeteria. Apparently I am early, for I am the only customer there. I walk down the long food table, but I can't seem to remember anything on it except a large roast turkey, which was almost at the very end of the table. When I come to the turkey, I decide that this is what I'd like, but I wonder if the cafeteria people will want to spoil its appearance by carving some off for me before the other customers get there. Someone—and again I have a vague feeling that it was a woman worker—assures me that it will be quite all right. (I don't remember any associations to this dream. As I type it now, it occurs to me that I want to be first—with my mother? perhaps with Dr. Wolberg?—but am afraid that it's not right that I should be.)

### Case 4

Perhaps the most important use of dreams in short-term therapy is, as has been indicated,

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 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 knew 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 come 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 following my interpretation of her dream.

## Case 5

The following dream illustrates the eruption of negative transference in a young man with a problem of urinary frequency. This occurred at the tenth session and was related to his having met a young lady with whom he made a date. He had a penchant for meeting controlling women who dominated him and who finally frightened him off. The urinary symptom was associated in his mind with lack of masculinity. Our relationship had been going along well and the patient had been improving, but at the last session he spoke of the slowness of his progress. The dream that he related to me in the tenth session was in six parts:

Pt (1) I met a friend in a Laundromat. I told him I was engaged and he wanted to see pictures of my girl. I kept thumbing through a lot of boyish pictures and the last one was a good one, more feminine. My associations to this is that the new girl is a physical ed teacher and I wondered how feminine she is. I do meet different people in the Laundromat I use.

(2) The second dream was that a math professor was trying to start my girl's car and he couldn't start it, but I could. [*I had a feeling here that he was being competitive with me and was putting me down for not making him well faster.*]

(3) Then I was looking for shoes in a window. I saw something I liked. I went in, and he didn't have my size. The shoes were nice masculine-looking ones. [*Was he really saying here that he couldn't fit into a man's shoes or that the storekeeper who might be me couldn't help him? Probably both.*]



(4) I was with a barber and he punched a hole in my head and he wanted to cover it with a toupee. I believe I said, "Nothing doing." I was angry at him. [*Apparently another reference to my ineffectuality and to his building resentment toward me.*]

(5) Then I was with one of the kids I grew up with. There was a toilet in the room. I was waiting for an opportunity to go. I decided to sit down—it wouldn't make me so self-conscious standing there and urinating only a few drops. But he got up and walked out.

(6) Then you were at dinner at my house. You had to go to the bathroom. You opened up the wrong door. Then you went into the bathroom and were away a long time. I wondered if you had the same problem I had.

In discussing his dream he stated that sitting down on a toilet was an escape from his embarrassment. Did it mean, I asked, also that it was a feminine gesture and a way of saying that he was not quite a man? And did he believe that I could not help him achieve his goals? The dream, I insisted, pointed out his feelings that I was ineffective. At this juncture I praised him for his ability to criticize me, and I asked him to associate to his feelings about me. This opened the door to his critical attitude toward his passive father for not doing more for him. For the next two sessions we worked on his negative transference; interestingly, his urinary symptom improved re- markedly. He was delighted also that he could act more aggressive toward his new girlfriend than he had toward any other woman in the past.

## Case 6

Illustrative of the use of dreams to select a therapeutic focus as well as a measure of progress is the case of a young single woman of 30 who had been admitted to a mental institution after she had tried to commit suicide. At the end of 18 months of hospitalization she was taken out by her parents, and I was asked to see her in consultation with the object of deciding who the best therapist for her might be. Apart from a slight emotional dulling, I could find no active evidence of schizophrenia, which was the diagnosis given her at the hospital. The dream she revealed at the initial interview was the following:

Pt. I was on a date with a man and he proposed to me. I was frightened about going to bed

with this man. Then I saw myself suckling at my mother's breast. I felt nauseated and ran away. I felt empty and helpless. Then I saw somebody holding up two fingers—one represented male and the other female. Somebody came along and took the male finger, and I was left with the female finger. I was upset at being forced to give up being a boy. I had to be a girl. This made me anxious.

The dream, which I recorded but did not interpret, gave me a clue as to her separation-inpiduation, dependency-independency problem, and I decided that this would be the dynamic focus in our therapy after we had worked out the time in my schedule. I saw her once weekly and I focused, whenever propitious, on her need for a mother figure, her fear of functioning like a woman, and her problem of identity. After 6 months of therapy at the twenty-fourth session she brought in the following two dreams:

Pt. The first dream was that I was having an affair with a teacher I had in high school. (I had a crush on this teacher when I was in school.) My mother found out and was furious. She wanted to kill me. She said I'd ruin my life. She pulled out a knife, and she told my brother and friends to get knives. I was going to get a knife and kill her. I said instead, "You really hate yourself and want to kill yourself." She tried to kill herself by throwing herself under a car. I grabbed her and said, "Please let me help you." She cried and cried and said she didn't want to live. She said she felt guilty for trying to take my life. [*The thought I had about this dream was that she felt that growing up and assuming a heterosexual role was forbidden by her mother, or rather the introjected mother within herself. Could her suicidal attempt be a desire to kill this introject?*]

The second dream was I was riding on a bicycle with my mother and brother. We stopped at a house with people I couldn't stand. Mother stayed there with a cousin Janet. My mother and my brother got on one bicycle. I was on another bicycle. They kept giving me directions, and I resented that. Then I was riding alone in the country and went over a cliff and died. [*The patient added*] I seem to be in terror of my new independence. It's like in the dream. Yet I feel a feeling of liberation. I know my relations with people since we began to talk about dependence are much better. I can get angry at my father and brother and at myself for building them up as those who can take care of me.

For the next 10 sessions we worked on her guilt feelings and killing fantasies in relation to her emerging independence. In the course of this the following dream occurred:

Pt. I am alone in a car, driving all alone. I am enjoying it. I knew where to go. My mother smiles

at me and I am happy. [*Her associations follow*] Since coming to see you I feel my activity is released. Last week I had a date and I enjoyed myself. I know you feel I'm keeping myself in a box because of guilt and I know you are right. As you say, it's better for me to make mistakes and walk by myself than to have someone carry me.

The patient herself spontaneously terminated therapy after the forty-first session. She sent me an announcement of her marriage 11 months after this. I telephoned her to come to my office for a follow-up session. The change in the patient was striking—her posture, her poise, the confident manner in her speaking. Apart from a few minor rifts with her parents, there were no upsetting episodes to speak of. She avowed being happy and adjusted to marriage, which she described as a “give-and-take proposition.” A telephone follow-up 5 years after her termination revealed that she had given birth to a child and had made an excellent adjustment.

## Case 7

The working-through of a problem in identity through transference may be seen in another case of a 32-year-old married woman with an obsessive personality structure who periodically would get strong attacks of depression and anxiety. During these episodes she became riddled with great doubts about minor choices and would badger her husband, John, and her friends to make decisions for her, which she then would reject. An attractive feminine-appearing woman, she expressed at the initial interview concern about who she was and where she was headed. During the interview I asked her to tell me about any past dreams, and she stated she could not remember her dreams. At the third session she brought in the following dream which she had written down:

We were at a resort—John and I and another couple. I was attracted to someone there who seemed to change from a man to a woman, to a girl in her 20s. There were endless details about a carnival night with animals and all sorts of games. The night before we were leaving, this girl and I were going down the stairs and tripped. She stooped down to help me. I grabbed her, pulled her down, and kissed her (I was definitely a male at this point). I put my tongue in her mouth. I was still on the bottom and she was leaning over me, but I was a man. She asked me why I hadn't let on sooner that I cared for her. I told her it wouldn't work out

because of John and it was just as well. I got up to leave. I ran down the stairs and said “goodbye.” Then I changed it to “au revoir.”

She reported that she felt terrible after this dream and that old fears of homosexuality came up. Her associations were to the effect that her sexual relations with her husband (toward whom she bore a great deal of hostility) had ceased. “When he is unhappy— which is most of the time—I have to make the first advances. But I refuse to because I don’t feel like it. I’m not interested.”

My interpretation of the dream was to the effect that she was striving to achieve strength and independence through masculinity—the symbol of strength in our culture. We discussed her anger at discovering as a child the fact that she lacked a penis and her envy of males for their sense of freedom and independence. Although she fantasied functioning like a male, she stated that there were no episodes of homosexuality. She fell in love with a young man whom she married and bore a child whom she cherished, but she continued to be dissatisfied with herself as a woman, believing that somehow she was damaged and inferior.

She developed a good relationship with me, and we continued to discuss her unhappy marital union and her conflict in relation to the dependency-independency imbalance. Evidence of transference followed the first hypnotic session, which was introduced at the sixth visit. The following dream is an example of how a response to a therapeutic technique (hypnosis here) may reveal a patient’s struggle with resistance and how it helps the therapist to organize strategies to deal with emerging resistance.

Pt. I was in Dr ’s office [*her general practitioner*] then somehow I left and it was more like a school building. I was in my old public school. I was hesitating about going back to school [*Could she be identifying me with her general practitioner and going back to school the treatment with me?*] Then the doctor saw me on the landing and told me to come in. This somehow solved the problem as it made me feel wanted and did not give me the feeling I have when I have to make the overtures. He tried to hypnotize me. [*This establishes me as the doctor in the dream.*] I started to go under deeply, but I suddenly caught myself. He tried again. He touched my breasts. When I pulled back, he got angry. I had the distinct feeling in the dream that he touched me not out of any desire, but only to make me realize that I had breasts just like any other woman and that I was like any other woman

—no better, no worse. This attitude of complete lack of putting me on a pedestal gave me all at once a feeling of freedom and a feeling of intense sorrow. It was as though I was struggling for my right to be different, but at the same time I realized that my struggle was in a wrong direction. He tried to hypnotize me again. This time there were tricks involved, making me see colored balls coming out of a bag and so forth. My rational mind kept struggling against such a possibility, and even though I saw them, I felt they really weren't there. Again, I had this feeling of our wills being pitted against each other. I wanted so much to love, but I couldn't seem to give up the struggle.

My interpretations dealt with her resistance to giving up the kind of identity that made her feel safe, which she, of course, could do if this is what she wanted. I would like to help her, but she had a right not to change if she so wished. At this point the patient started crying, and she confessed being unhappy with the way she was, but she was afraid to change. At the ninth session she spoke of a dream that she had that appeared to indicate that she trusted me more and was utilizing her relationship with me as a growth vehicle:

Pt. I had a dream of someone running after me and making love to me in the sunlight. [*Her associations were to the effect that later the next morning she was reading Jung's The Undiscovered Self.*] This gave me a wonderful feeling of completeness and a sense of stimulation and peace at the same time. A feeling of well-being so strong that I really did not feel that angry feeling I usually have when John goes out. I really did not miss him; even my fear of being alone was somewhat stilled, not completely, but a great deal. I felt a wave of strong sexual desire and wished you were there with me. I wanted to talk to you about the book. I thought it would be so pleasant to have a cup of coffee with you, and I thought, although I suppressed this thought, I wanted you to make love to me. But it was a quiet feeling with a feeling of softness, flirtatiousness, and even a little sadness. Not like the image I sometimes have of my making love to you because I want to see you aroused; I want to feel some form of passion from you just because your constant calmness seems a kind of rejection. This feeling has a great deal of hostility in it, but the feeling I had at home was different.

Why do I feel the sexual impulse when I am alone or when I feel my relatedness to the total world as when I looked in Brentano's window and saw reproductions of some of the art objects I love? The strength of the sexuality frightens me. If I had been with a man in my apartment, I do not think I could have resisted going to bed with him. In fact, the urge to adultery is very strong. I seem to want my sexual partner to aid me in keeping this relatedness to the world (to life, eternity, etc.). I know that I can't now have a complete and satisfying orgasm any other way. John's complete preoccupation with himself stands in my

way so that love making becomes an erotic episode only. My soul is not released or nourished.

In our discussion we talked about her upbringing, her intensely close relationship with her mother, and the detachment of her father, who was a somewhat shadowy figure in her life.

Several sessions later she revealed this dream:

Pt. I came to your office which was somehow different. It had a bedroom. We walked into the bedroom. Somehow we were on the bed and we were kissing. You were on top of me, and I was happy to be in that position. I felt your tongue in my mouth, and I put my hands under your shirt and felt your back. For a split second, I had the fear that I would not find your back masculine feeling like, hut it was. You refused to go any further, explaining that if we did, you would not be able to help me. You seemed sorry that it had gone that far, and I began to be frightened that it might influence our relationship. However, I also felt quite happy, and then you came in I saw that it really would be all right. There was no real change in the relationship except that I felt more feminine and perhaps a little guilty as though I had seduced you. But I was really quite pleased.

Among her associations was her statement, "My relationship with John that day was easier, and I felt as though I wanted him." She avowed the need for a strong male figure in her life to help make her feel feminine.

Therapy was terminated against her wishes but at my insistence that it was necessary for her to continue working at her problem by herself. The patient accepted this. During the next few years she came in two times because of a brief obsessional episode when she could not make up her mind in relation to her continuing career as a book editor and the schooling of her child. No more than several sessions were needed on each occasion to get her to recognize that she was trying to make herself dependent again on an authority figure who would treat her like a child. Her marital and sexual adjustment improved constantly, and the image of herself as a female became increasingly consolidated.

## Conclusion

Dreams, like conscious thinking, are dynamically motivated by urgent conscious and unconscious needs. Because reality testing, logic, and correct conceptions of time and space are more or less suspended in sleep and because repression is lowered, the dreamer may express basic wishes, conflicts, and fears that one would not ordinarily permit oneself to experience in waking life.

Dreams may thus serve not only as a revelatory screen for unconscious wishes and past memories, but also perhaps more importantly as a way of reflecting present adaptive and problem-solving activities, habitual character patterns, and the special ways an individual is interpreting and coping with current situations in the present. During therapy dreams are particularly important in (1) identifying conflicts and defenses toward providing a dynamic focus, (2) recognizing what immediate environmental events are so significant as to promote a dream and what meaning these events have for the patient, (3) understanding what is going on from the patient's standpoint in the relationship between the therapist and the patient, (4) detecting early resistances and transference distortions that potentially can block progress in treatment, (5) determining what progress the patient is making in therapy, and (6) providing a window into the patient's views of future problems and existing and latent capacities for adaptation.

In working with dreams the therapist has a tool applicable in all forms of short-term therapy that can lead to a better understanding of a patient's problems, to recognition of the quality of the working relationship, and to an overcoming of developing obstacles that threaten the effectiveness of the therapeutic process.